

OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION

Rule Review Schedule ORS 183.405

| Rule # | Title | Adoption Date | Review Due Date | Date of Review | Reviewed By | Intended Effect | Fiscal Impact Over/under estimated | Changes in Law impact | Continued Need? | Advisory Committee Report | Action Taken: Amended Repealed Reviewed | Comments |
|--------------|---------------------------------------------------|---------------|-----------------|----------------|----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|---------------------------|-----------------------------------------|----------|
| 333-008-0025 | Marijuana Grow Site Registration | 1-1-06 | 1-1-11 | 10/6/10 | Tawana Nichols | Y | N – see comments under 333-008-0110 | N | Y | Y – Current ACMM 12/6/10 | Amended Jan 2008 | |
| 333-008-0110 | Advisory Committee on Medical Marijuana | 1-1-06 | 1-1-11 | 10/6/10 | Tawana Nichols | Y | Underestimated - Although the SNFI didn't produce dollar amounts, the description of tasks and the general statement that there is work and cost involved was quite accurate except it left out the costs/tasks of fielding an ACMM. Those tasks are relatively small, about \$10,000 a year. | N | Y | Y – Current ACMM 12/6/10 | Amended Jan 2008 | |
| 333-008-0120 | System to Allow Verification of Data at All Times | 1-1-06 | 1-1-11 | 10/6/10 | Tawana Nichols | Y | N – see comments under 333-008-0110 | N | Y | Y – Current ACMM 12/6/10 | Amended Jan 2008 | |

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| 333-011-0200 | Commemorative Certificate of Stillbirth | 12-1-06 | 12-1-11 | 11/22/11 | Jennifer Woodward | Y – Parents are able to order and receive a Commemorative Certificate of Stillbirth for any fetal death for which a report was received since January 1, 1999. Hospitals have increased reporting of fetal deaths with a delivery weight below the mandatory reporting level of 350 grams in support of families who wish to order Commemorative Certificates of Stillbirth immediately or who may wish to order in the future. | N – The Center for Health Statistics was not required to develop additional reporting systems. Orders for the Commemorative Certificate were anticipated as having no significant fiscal impact. In 2010, 29 certificates were ordered for a maximum of \$580 revenue | N – There have been no changes in the law that would require the rule to be amended or repealed. | Y | 11/22/11 | None | The availability of the Commemorative Certificate of Stillbirth has been well-received. |
| 333-025-0165 | Provider Notification and Opt Out | 1-1-06 | 1-1-11 | 10/18/10 | Nanette Newell | Y | Unknown – original documents stated that it was “impossible to arrive at an aggregate estimate of the cost of implementing these rules” | N | Y | RAC not originally used | No action taken at this time. | |

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| 333-052-0030 | Program Overview | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – Since rule adoption in 2006 the federal government released the final rule requirements for the Senior Farm Direct Nutrition Program. In Oregon, the same farmers and farmers' markets operate with the Senior Farm Direct Nutrition Program as the WIC FDNP under the collective name of Farm Direct Nutrition Program. The rules were amended in 2008 to incorporate the Senior FDNP regulations in order to meet federal requirements | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0040 | Definitions | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0050 | Eligible Foods | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0060 | Farmer Participation | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0065 | Farmer Agreements | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0070 | Market Participation | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |

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| 333-052-0075 | Farmers' Market Agreements | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0080 | Farmer Participation Requirements, Violations and Sanctions | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0090 | Market Participation Requirements, Violations and Sanctions | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0100 | DHS Responsibilities | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0110 | Monitoring | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0120 | Complaints | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-052-0130 | Appeals | 6-5-06 | 6-5-11 | 6/3/2011 | Tamara Olsen | Yes | No | Yes – see above | Yes | 6/14/11 | Amended April 2008 | None |
| 333-054-0025 | Above 50% Vendors (A50) (formerly MT50s until amended in June 2009) | 12-27-06 | 12-27-11 | 12-13-11 | Tamara Olsen | Y – Upon rule adoption, the Oregon WIC Program discontinued authorizing new vendors who derive or are likely to derive more than 50% of their annual food revenue from WIC | N – Oregon WIC anticipated a financial penalty from the USDA should we fail to adopt these rules. As the rules were adopted, no penalty was | Y – In June 2009, OAR 333-054-0025 was amended to include specific language mandated by USDA regarding incentive items and the termination from the program should a currently authorized vendor found to be | Y – There is a continued need for this rule. USDA continues to mandate state WIC programs cannot authorize A50 | 12-14-11 | Amended 6/1/09 and 9/30/11 | None |

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| | | | | | | transactions. Additionally, those stores operating under this business model who were authorized prior to rule adoption were allowed to continue as authorized vendors through their current contract. | issued. It was anticipated that stores with a business model deriving 50% or more of their annual food revenue from WIC transactions would be fiscally impacted and they were. USDA mandated discontinuing WIC authorization of stores using this model and therefore no new businesses were able to open using this model. Other WIC authorized vendors, participants and staff were not impacted as anticipated. | deriving 50% or more of their annual food revenue from WIC transaction. Additionally, the rule was amended to change the identifier used for stores with this type of business model from "MT50" or "More Than 50%" to "A50" or "Above 50%." This change was made to mirror the terminology used by USDA and other state WIC programs. In September 2011, OAR 333-054-0025 was again amended where one sentence was separated into two sentences for reading clarity in light of the change from DHS "Department" to OHA "Authority" | vendors and any currently authorized vendor subsequently found to be operating as an A50 must be terminated | | | |
| 333-060-0500 | Wading Pools | 7-1-06 | 7-1-11 | 6/27/11 | Stephen Keifer | Yes – The rules have established design standards for use by pool designers, | No – The financial impacts were fairly accurate, | No | Yes – It is well documented that these | 7/5/11 | None | These rules are still current and effective, although new technology has given |

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| | | | | | | builders and others for wading, spray and interactive fountain pools. The rules have eliminated wading, spray and interactive fountain pools with no water treatment that maintained ponds of untreated water, which were a health hazard | although the number of pools that would be removed from use and rebuilt with more expensive facilities may have been underestimated. | | pools are a high risk for waterborne disease outbreaks. This is especially important as a large percentage of users are young children. | | | us the ability to put effective ultraviolet (UV) light treatment on pools for disinfection. With proper placement, virtually all of the water in a spray pool is protected by the chlorine residual and UV light system. The other pools will also benefit greatly from the UV light addition. |
| 333-060-0505 | New Wading Pool Construction | 7-1-06 | 7-1-11 | 6/27/11 | Stephen Keifer | Yes – The rules have established design standards for use by pool designers, builders and others for wading, spray and interactive fountain pools. The rules have eliminated wading, spray and interactive fountain pools with no water treatment that maintained ponds of untreated water, which were a health hazard | No – The financial impacts were fairly accurate, although the number of pools that would be removed from use and rebuilt with more expensive facilities may have been underestimated. | Yes – amended in 2009 to change the entrapment requirements to provide parallel compliance with the Virginia Graeme Baker Pool and Spa Safety Act. | Yes – It is well documented that these pools are a high risk for waterborne disease outbreaks. This is especially important as a large percentage of users are young children. | 7/5/11 | Amended Dec 2009 | These rules are still current and effective, although new technology has given us the ability to put effective ultraviolet (UV) light treatment on pools for disinfection. With proper placement, virtually all of the water in a spray pool is protected by the chlorine residual and UV light system. The other pools will also benefit greatly from the UV light addition. |

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| 333-060-0510 | Existing Wading Pools | 7-1-06 | 7-1-11 | 6/27/11 | Stephen Keifer | Yes – The rules have established design standards for use by pool designers, builders and others for wading, spray and interactive fountain pools. The rules have eliminated wading, spray and interactive fountain pools with no water treatment that maintained ponds of untreated water, which were a health hazard | No – The financial impacts were fairly accurate, although the number of pools that would be removed from use and rebuilt with more expensive facilities may have been underestimated. | Yes – amended in 2009 to change the entrapment requirements to provide parallel compliance with the Virginia Graeme Baker Pool and Spa Safety Act. | Yes – It is well documented that these pools are a high risk for waterborne disease outbreaks. This is especially important as a large percentage of users are young children. | 7/5/11 | Amended Dec 2009 | These rules are still current and effective, although new technology has given us the ability to put effective ultraviolet (UV) light treatment on pools for disinfection. With proper placement, virtually all of the water in a spray pool is protected by the chlorine residual and UV light system. The other pools will also benefit greatly from the UV light addition. |
| 333-060-0515 | Wading Pool Operation | 7-1-06 | 7-1-11 | 6/27/11 | Stephen Keifer | Yes – The rules have established design standards for use by pool designers, builders and others for wading, spray and interactive fountain pools. The rules have eliminated wading, spray and interactive fountain pools with no water treatment that maintained ponds of untreated water, which were a health hazard | No – The financial impacts were fairly accurate, although the number of pools that would be removed from use and rebuilt with more expensive facilities may have been underestimated. | No | Yes – It is well documented that these pools are a high risk for waterborne disease outbreaks. This is especially important as a large percentage of users are | 7/5/11 | None | These rules are still current and effective, although new technology has given us the ability to put effective ultraviolet (UV) light treatment on pools for disinfection. With proper placement, virtually all of the water in a spray pool is protected by the chlorine residual and UV light system. The other pools will also |

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| | | | | | | | | | young children. | | | benefit greatly from the UV light addition. |
| 333-109-0002 | Registration Requirements | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | None |
| 333-113-0007 | Specific Licenses For Well Logging | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes - Division 113 rules were amended in March 2007 to meet federal regulations in 10 CFR, Part 39 | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-113-0325 | Energy Compensation Source | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes - Division 113 rules were amended in March 2007 to meet federal regulations in 10 CFR, Part 39 | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-113-0335 | Tritium Neutron Generator Target Source | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes - Division 113 rules were amended in March 2007 to meet federal regulations in 10 CFR, Part 39 | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-113-0403 | Radioactive Contamination Control | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes - Division 113 rules were amended in March 2007 to meet federal regulations in 10 CFR, Part 39 | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-116-0027 | Implementation | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |

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| 333-116-0045 | Provisions for Research Involving Human Subjects | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-116-0255 | Surveys Of Patients And Human Research Subjects Treated With A Remote Afterloader Unit | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-0405 | Training for Use of Sealed Sources for Diagnosis | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-0425 | Surveys After Source Implant and Removal | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-0445 | Calibration Measurements of Brachytherapy Sources | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to | Yes | 10/12/11 | Amended Sept 2008 | None |

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| | | | | | | | | provide clarity to several OARs within the division. | | | | |
| 333-116-0447 | Decay of Strontium-90 Sources for Ophthalmic Treatments | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-0475 | Therapy Related Computer Systems | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-0683 | Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Less Than or Equal to 1.22 Gigabecquerels (33 millicuries) | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes – 333-116-0683 was amended in Feb 2010 to meet federal regulations in 10 CFR, Parts 32 and 35. | Yes | 10/12/11 | Amended Feb 2010 | None |
| 333-116-0687 | Qualifications for Authorized User for Oral Administration When a Written | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes – 333-116-0687 was amended in Feb 2010 to meet federal regulations in 10 CFR, Parts 32 and 35. | Yes | 10/12/11 | Amended Feb 2010 | None |

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| | Directive is Required | | | | | | | | | | | |
| 333-116-0715 | Training for the Parenteral Administration of Unsealed Byproduct Material Requiring a Written Directive | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-1000 | Report and Notification of a Medical Event | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-116-1010 | Report and Notification of a Misadministrati on | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Mar 2007 | None |
| 333-116-1015 | Report and Notification of a Dose to an Embryo/Fetus or a Nursing Child | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for grammatical and spelling corrections and to provide clarity to several OARs within the division. | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-116-1030 | Report Of A Leaking Source | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 116 rules were amended in March 2007 and Sept 2008 for | Yes | 10/12/11 | Amended Sept 2008 | None |

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| | | | | | | | | grammatical and spelling corrections and to provide clarity to several OARs within the division. | | | | |
| 333-120-0740 | Reports to Individuals Exceeding Dose Limits | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | Yes – 333-120-0740 was amended in Sept 2008 to recognize the Nuclear Regulatory Commission’s order regarding the National Source Tracking System and Increased Controls Licensees | Yes | 10/12/11 | Amended Sept 2008 | None |
| 333-122-0001 | Purpose | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0003 | Scope | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0005 | Definitions | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |

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| 333-122-0050 | Exemptions | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0075 | Registration Requirements for Industrial Radiographic X-Ray Machine Operations | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0100 | Radiation Survey Instruments | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0125 | Inspection and Maintenance of Industrial X-ray Machines, Associated Equipment, and Survey Instruments | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0150 | Permanent Radiographic Installations | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine | Yes | 10/12/11 | None | None |

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| | | | | | | | | operations and administrative controls | | | | |
| 333-122-0175 | Radiation Safety Officer | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0200 | Training | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0225 | Operating and Emergency Procedures | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0250 | Personnel Monitoring | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0275 | Radiation Surveys | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine | Yes | 10/12/11 | None | None |

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| | | | | | | | | operations and administrative controls | | | | |
| 333-122-0300 | Surveillance | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0325 | Posting | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0350 | Recordkeeping Requirements for Industrial X-Ray | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0375 | Records of Radiation Survey Instruments | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0400 | Utilization Logs | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine | Yes | 10/12/11 | None | None |

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| | | | | | | | | operations and administrative controls | | | | |
| 333-122-0425 | Records of Inspection and Maintenance of Radiation Machines, Associated Equipment, and Survey Instruments | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0450 | Records of Alarm System and Entrance Control Checks at Permanent Radiographic Installations | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0475 | Records of Training and Certification | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0500 | Copies of Operating and Emergency Procedures | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0525 | Records of Personnel Monitoring | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging | Yes | 10/12/11 | None | None |

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| | | | | | | | | technologies regarding industrial X-ray machine operations and administrative controls | | | | |
| 333-122-0550 | Form of Records | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0575 | Location of Documents and Records | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-122-0600 | Notifications | 6-16-06 | 6-16-11 | 6/14/11 | Todd Carpenter | Yes | No | No, but division 122 will be amended in the future to address emerging technologies regarding industrial X-ray machine operations and administrative controls | Yes | 10/12/11 | None | None |
| 333-123-0001 | Purpose and Scope | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | The Radiation Advisory Committee has requested that Radiation Protection Services complete inspection protocols and policies for division 123. This has been assigned to Catherine Hess. |

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| | | | | | | | | | | | | Upon completion, RPS, along with the RAC members, will revise division 123 using revised protocols and policies for guidance to meet the demand of emerging technologies by the end of the 2012 calendar year. |
| 333-123-0005 | Definitions | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0010 | General Requirements, Operating Procedures, Surveys, Dosimetry, and Instrument Calibration for Facilities Using Therapeutic Radiation Machines | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0015 | Training and Qualification Requirements for Individuals in the External Beam Radiation | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |

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| | Beam Therapy Area | | | | | | | | | | | |
| 333-123-0020 | Reports and Notifications of Unplanned Medical Treatment | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0025 | Requirements for Therapeutic Radiation Machines | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0030 | Facility Design Requirements for Therapeutic Radiation Machines | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0035 | Calibration, Acceptance Testing and Commissioning of Therapeutic Radiation Machines | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0040 | Quality Assurance and Safety Checks | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0045 | Quality Assurance Program | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |
| 333-123-0050 | Qualified Medical Physicist Support in Facilities Having | 10-19-06 | 10-19-11 | 10-12-11 | Todd Carpenter | Yes | No | No | Yes | 10/12/11 | None | See above |

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| | Therapeutic Radiation Machines with Energies of 1 Mv and Above | | | | | | | | | | | |
| 333-510-0002 | Definitions | 10-6-06 | 10-6-11 | 10-25-11 | Chris Campbell | Yes | <p>Underestimated – As indicated by the fiscal impact statement, “the extent of the fiscal and economic impact is unknown.”</p> <p>This calendar year HCRQI has performed 12 nurse staffing audits and complaint investigations. Civil penalties have not been pursued as the cost of leveling and defending the penalties exceeds any monetary gain. Reports are developed and posted on the web annually.</p> | <p>Yes - the OARs for hospitals were rewritten in 2009. The result was to incorporate the tenants of 0046 and 0047 into 333-510-0045 and therefore, 0046 and 0047 were repealed. OAR 333-510-0002 continues to contain the definitions used in the OARs, which included those germane to the nurse staffing rules. Nurse staffing and other definitions were amended.</p> | Yes | 10/26/11 | Amended 10/1/2009 | |

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| | | | | | | | There are no sources of revenue to the HCRQI program to support these activities | | | | | |
| 333-510-0046 | Audit Procedure | 10-6-06 | 10-6-11 | 10-25-11 | Chris Campbell | Yes | <p>Underestimated – As indicated by the fiscal impact statement, “the extent of the fiscal and economic impact is unknown.”</p> <p>This calendar year HCRQI has performed 12 nurse staffing audits and complaint investigations. Civil penalties have not been pursued as the cost of leveling and defending the penalties exceeds any monetary gain. Reports are developed and posted on the</p> | Yes - the OARs for hospitals were rewritten in 2009. The result was to incorporate the tenants of 0046 and 0047 into 333-510-0045 and therefore, 0046 and 0047 were repealed. OAR 333-510-0002 continues to contain the definitions used in the OARs, which included those germane to the nurse staffing rules. Nurse staffing and other definitions were amended. | No – repealed in October 2009 after tenants of 0046 and 0047 were incorporated into OAR 333-510-0045 | 10/26/11 | Repealed 10/1/2009 | |

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| | | | | | | | web annually. There are no sources of revenue to the HCRQI program to support these activities | | | | | |
| 333-510-0047 | Investigation Procedures for Investigation of Nurse Staffing Complaints | 10-6-06 | 10-6-11 | 10-25-11 | Chris Campbell | Yes | Underestimated – As indicated by the fiscal impact statement, “the extent of the fiscal and economic impact is unknown.” This calendar year HCRQI has performed 12 nurse staffing audits and complaint investigations. Civil penalties have not been pursued as the cost of leveling and defending the penalties exceeds any monetary gain. Reports are developed and | Yes - the OARs for hospitals were rewritten in 2009. The result was to incorporate the tenants of 0046 and 0047 into 333-510-0045 and therefore, 0046 and 0047 were repealed. OAR 333-510-0002 continues to contain the definitions used in the OARs, which included those germane to the nurse staffing rules. Nurse staffing and other definitions were amended. | No – repealed in October 2009 after tenants of 0046 and 0047 were incorporated into OAR 333-510-0045 | 10/26/11 | Repealed 10/1/2009 | |

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| | | | | | | | posted on the web annually. There are no sources of revenue to the HCRQI program to support these activities | | | | | |
| 333-670-0145 | Applicability of OAR 333-670-0140 | 10-6-06 | 10-6-11 | 10-13-11 | Jana Fussell | Yes | No | No | Yes | N/A – RAC not used | None | |
| 333-010-0600 | Definitions | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | These rules pertain to the Childhood Diabetes Database. The CDD was defunded and is inactive so it is not possible to do an accurate review of the rules at this time (4/2012). The funding is occasionally restored for the CDD to be operable so these rules need to remain in place even though they are not currently being used. |
| 333-010-0610 | General Authority and Purpose | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |

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| 33-010-0620 | Reporting Requirements for Schools | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |
| 333-010-0630 | Reporting Requirements for Practitioners | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |
| 333-010-0640 | Confidentiality and Access to Data | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |
| 333-010-0650 | Research Studies | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |
| 333-010-0660 | Advisory Committee | 4/13/07 | 4/13/12 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | See above |
| 333-030-0103 | Camp Administration | 7/13/07 | 7/13/12 | 7/10/12 | Steve Keifer | Yes – Better tracking of campers and visitors is more common and has been effective. The discipline policy has not had a lot of impact on most camps as they already had something, even if | No – The changes have little fiscal impact on camps. We have attempted to work with camps in complying with the rules, even trying to phase | No – We have intentions of revising the entire division 030 on organizational camps. It is unknown at this time what changes will be determined to be needed for this section. | Yes – we feel these changes have improved the organizational camp operations of borderline camps. Many camps were affected very | 7/16/12 | None | We hope to begin a review of the entire chapter 333, division 030, Organizational Camps OARs this fall. |

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| | | | | | | not in writing. We think having it in writing may have avoided some misunderstandings. Overall, we think we have seen better compliance with little negative feedback. | them in, to lessen any fiscal impact and allowing us to educate the operators. We are unaware of any camps that have had excessive fiscal impacts. | | little, as they were already doing most of the required activities. | | | |
| 333-060-0206 | Supervision – Limited-Use Pools | 7/13/07 | 7/13/12 | 7/13/12 | Steve Keifer | Yes – It has clarified the requirements for supervision at all pools. It has provided training, supervision and staffing requirements for all types of pools and expanded the lifeguard requirement to include some larger, more complex, limited-use pools. There has been almost no negative feedback on the requirements. We have noticed an improvement of in-service training and lifeguard supervision | No – We anticipated that most pools would have little fiscal impact from the rules. We have had a number of mostly new, very high-tech, limited-use pools that have had a significant financial impact from having to provide lifeguards; however, it is likely the insurance carriers would have required them to provide | No - The rules have worked out well. Since they were adopted, there has been a lot of scientific documentation that pool operator training has a positive effect on the safe operation of pools. With the mounting evidence, it is likely time to expand the certification requirements to include pool operators at some of the limited-use pools. It is thought that trained operators should be required at all pools, except those at residential facilities (e.g. apartments, RV parks, condominiums). All pools should have a trained | Yes – We have seen an increase in pool operator competency at many pools, even those not needing certified operators. We have been ahead of national movements related to the provision of and the supervision of lifeguards. | 7/17/12 | None | None |

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| | | | | | | | lifeguards anyway. It has slightly increased the time required for health department staff to inspect a pool, as there is more to look at. The costs were projected to be minor, and have proved to be accurate for most all operators and health departments | operator, but we think there are complications with enforcing the requirements at residential facilities at this time. | | | | |
| 333-060-0207 | Supervision – General-Use Pools | 7/13/07 | 7/13/12 | 7/13/12 | Steve Keifer | Yes – see above | No – see above | No – see above | Yes – see above | 7/17/12 | None | None |
| 333-060-0208 | Lifeguard Supervision & Training | 7/13/07 | 7/13/12 | 7/13/12 | Steve Keifer | Yes – see above | No – see above | No – see above | Yes – see above | 7/17/12 | None | None |
| 333-060-0209 | Pool Staff Training & Safety | 7/13/07 | 7/13/12 | 7/13/12 | Steve Keifer | Yes – see above | No – see above | No – see above | Yes – see above | 7/17/12 | None | None |
| 333-536-0105 | Operating Without a License | 1/1/08 | 1/1/13 | 7/30/12 | Chris Campbell | Yes – OAR 333-536-0105 was written in response to passage of SB 958 during the 2007 legislative | No – there was a minimal impact for these two rules. The process of | No – OAR 333-536-0105 was amended in July 2012 to correctly identify a statutory reference and | Yes | 8/21/12 | Amended 7/1/12 | None |

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| | | | | | | <p>session. Section 4 of this bill was intended to reduce the number of unlicensed in-home care agency (IHCA) providers and to hold all such providers to the standards set forth in the OARs for an IHCA. It also provided a means to require notification to clients when an IHCA was operating without a license.</p> <p>With regard to agencies operating without a license, the Division has developed procedures to determine whether an entity is operating as an IHCA, and if not licensed, the established language gives clear authority on the action that can be taken. Since 2011, less than five entities were identified as operating without a</p> | <p>notifying entities suspected of operating without a license that they must comply with OARs or risk legal action has required limited staff time. In addition, minimal staff time was required in reviewing the few informal dispute resolution requests received from IHCAs.</p> | <p>minor grammatical changes</p> | | | | |

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| | | | | | | license. A few other agencies either did not meet the definition of an IHCA or chose not to pursue licensing. | | | | | | |
| 333-536-0115 | Dispute Resolution and Formal Hearings | 1/1/08 | 1/1/13 | 7/30/12 | Chris Campbell | <p>Yes – OAR 333-536-0115 was intended to allow an IHCA to dispute survey findings and be given an opportunity to demonstrate whether the findings were inaccurate before requiring a formal hearing.</p> <p>IHCAs are allowed to dispute survey findings. As of 2011, there have been approximately five IHCAs that have disputed survey findings.</p> | No – See above | No – OAR 333-536-0115 was repealed effective July 1, 2012 no due to any changes in state regulations, rather the program's desire to align the rule with other health facility licensing rules. While the rule number was repealed, the actual rule text was moved into two new rule numbers (333-536-0017 and 333-536-0020) to provide better rule alignment across facility types. IHCAs are still allowed to dispute findings prior to formal hearing. | Yes | 8/21/12 | Repealed 7/1/12 | None |
| 333-520-0073 | Emergency Contraception | 3/7/08 | 3/7/13 | 10/30/09 | Brittany Sande/Ron Prinslow | Y | N | N | N | Y - 11/3/09 | Rule repealed 10/1/09 but identical language adopted 10/1/09 in | |

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| | | | | | | | | | | | 333-505-0120 | |
| 333-080-0040 | Definitions | 3/7/08 | 3/7/13 | 3/26/13 | Chris Campbell | Y - OAR 333-080-0040 & 333-080-0050 were adopted in accordance with Senate Bill 341 (Chapter 334, 2007 Laws), effective July 1, 2008, to require licensed health care facilities as defined in ORS 442.015 that are performing organ or tissue transplants to be regulated and use only registered organ procurement organizations, require registration of organ procurement organizations, tissue banks and eye banks with the Oregon Health Authority (formerly Department of Human Services), and to create an enforcement system for non-compliance of these rules. | Underestimated – See comments for explanation | No | Yes | 6/5/2013 | N/A | It was anticipated that there would be only three organizations in Oregon that would be required to register. As of 03/26/2013, we have 74 registered suppliers or providers with corporate locations in 22 different states. No civil penalties have been levied during the five years that this registry program has been in existence. These organizations are required to renew registration at least every three years, including providing documentation of certification and inspection and report loss of certification within 60 days. The Statement of Need and Fiscal Impact, including |

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| | | | | | | | | | | | | Statement of Cost of Compliance cited that "minimal recordkeeping will be required" and estimated a cost to the DHS Health Services Division (now Oregon Health Authority (OHA)) of "less than \$100 per year." Maintaining the registry does have a low cost. However, factoring in administrative staff time to maintain the registry and efforts to contact participants multiple times for renewals, we estimate that the cost would be perhaps up to ten-fold the anticipated \$100 per year. |
| 333-080-0050 | Registration and Civil Penalties | 3/7/08 | 3/7/13 | 3/26/13 | Chris Campbell | See above | See above | No | Yes | 6/5/2013 | N/A | See above |
| 333-003-0065 | Civil Penalties | 5/5/08 | 5/5/13 | 5/5/13 | Jere High | To reflect changes in the 2007 passed revisions to clarify roles and responsibilities of the Public Health | N - OAR 333-033-0065 (Civil Penalties): No financial resources have been expended | No | Yes - Given that minimal fiscal impacts were predicted for both OAR | 6/5/2013 | N/A | None |

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| | | | | | | <p>Division during Public Health Emergencies. HB 2185, passed in the 2007 session, amended the state's public health emergency laws in ORS 433.</p> <ul style="list-style-type: none"> The Civil Penalties outlined in OAR 333-033-0065, and the process for determining the amount of these penalties, appear to remain appropriate for potential Public Health emergencies. OAR 333-033-0200 reflects the fact that all local health departments, as part of their Federal preparedness grant requirements, must incorporate the Incident Command System (ICS) | <p>in support of this rule to date. It is probable, given a Public Health emergency, that OPHD and DOJ staff will incur man hour costs associated with implementing this rule if and when required.</p> | | <p>333-033-0065 and OAR 333-033-0200, and that these would only be indirect expenses in case of a large-scale public health emergency, this rule is still valid and should be maintained in case a large scale Public Health Emergency.</p> | | | |

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| | | | | | | <p>into their emergency plans.</p> <ul style="list-style-type: none"> OAR 333-033-0065 (Civil Penalties) has not been implemented in a Public Health emergency, yet appears to be a reasonable contingency option if the Public Health Director determines it is in the public's good. | | | | | | |
| 333-003-0200 | Public Health Emergency Plans | 5/5/08 | 5/5/13 | 5/5/13 | Jere High | <p>To reflect changes in the 2007 passed revisions to clarify roles and responsibilities of the Public Health Division during Public Health Emergencies. HB 2185, passed in the 2007 session, amended the state's public health emergency laws in ORS 433.</p> <ul style="list-style-type: none"> The Civil Penalties | N - OAR 333-033-0200 (Public Health Emergency Plans): The Local Health Department emergency planning process has benefitted from implementing this requirement through improved response | No | Yes - Given that minimal fiscal impacts were predicted for both OAR 333-033-0065 and OAR 333-033-0200, and that these would only be indirect expenses in case of a large-scale | 6/5/2013 | N/A | None |

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| | | | | | | <p>outlined in OAR 333-033-0065, and the process for determining the amount of these penalties, appear to remain appropriate for potential Public Health emergencies.</p> <ul style="list-style-type: none"> • OAR 333-033-0200 reflects the fact that all local health departments, as part of their Federal preparedness grant requirements, must incorporate the Incident Command System (ICS) into their emergency plans. • OAR 333-033-0200 (Public Health Emergency Plans): The Incident Command | <p>processes, coordination and cooperation with local, regional and state partners. The net fiscal effect is to provide emergency response planning more efficiently and effectively.</p> | | <p>public health emergency, this rule is still valid and should be maintained in case a large scale Public Health Emergency.</p> | | | |

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| | | | | | | System has been incorporated into all Local Health Department emergency plans, per Federal grant requirements. The use of ICS, a nationally recognized system, has facilitated improved response and communications between local and state partners. | | | | | | |
| 333-265-0012 | Requirements for Conducting First Responder Courses | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - To streamline and clarify current rule. To add in training and certifying requirements for first responders. To clarify training requirements for EMTs. To add in certification requirements for first time certification of first responders and a certification fee for processing | N - The fiscal impact with this change met the estimation. The fees for this licensure level have since been raised. | 333-265-0012: Amended 7/1/2010 & 1/1/2012 - Language was changed to be consistent with National Registry Standards | Y - Emergency Medical Responders is still a licensed provider level that continues to need regulated and oversight on educational standards and licensing requirements | 8/8/2013 | Amended 7/1/2010 and 1/1/2012 | None. |

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| | | | | | | <p>applications and certifications.</p> <p>First Responders/Emergency Medical Responder courses now have structure and courses are available. First Responders now work as licensed responders with verified training and background checks to ensure trustworthy individuals.</p> | | | | | | |
| 333-265-0014 | EMT and First Responder Course Requirements | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0014: Amended 7/1/2010, 1/1/2012 & 1/25/2013 - Language was changed to be consistent with National Registry Standards. The intermediate course requirements changed to include a prerequisite AEMT level. An AEMT internship was added and the Intermediate level internship was removed due to curriculum changes. | Y – See above. | 8/8/2013 | Amended 7/1/2010, 1/1/2012 and 1/25/2013 | None. |

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| 333-265-0016 | Paramedic Field Internships | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0016: Amended 7/1/2010 & 1/1/2012 - Language was changed to be consistent with National Registry Standards | Y – See above. | 8/8/2013 | Amended 7/1/2010 and 1/1/2012 | None. |
| 333-265-0018 | Course Director Qualifications for First Responder Courses | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0018: Amended 7/1/2010 & 1/1/2012 - Language was changed to be consistent with National Registry Standards | Y – See above. | 8/8/2013 | Amended 7/1/2010 and 1/1/2012 | None. |
| 333-265-0022 | Program Administrator and Faculty Responsibilities | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0022: Amended 7/1/2010 & 1/1/2012 - Language was changed to be consistent with National Registry Standards | Y – See above. | 8/8/2013 | Amended 7/1/2010 and 1/1/2012 | None. |
| 333-265-0023 | First Responder and EMT Examinations | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0023: Amended 7/1/2010, 1/1/2012 & 1/25/2013 - Removed Intermediate cognitive examination and all language around the examination topic because of new curriculum and AEMT prerequisite. | Y – See above. | 8/8/2013 | Amended 7/1/2010, 1/1/2012 and 1/25/2013 | None. |
| 333-265-0180 | EMT-Intermediate Bridge Course | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0180: Repealed 7/1/2010- This rule was repealed due to a EMT- | Y – See above. | 8/8/2013 | REPEALED 7/1/2010 | None. |

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| | | | | | | | | Intermediate course curriculum being established and all EMT-Intermediates who were in need of this bridge had completed or were no longer eligible. | | | | |
| 333-265-0190 | Effective Date of Rules | 6/16/08 | 6/16/13 | 7/25/13 | Kimberly Torris | Y - See above. | N - See above. | 333-265-0190: Repealed 1/25/2013 - Removed language about rule effective date from previous rule change | Y – See above. | 8/8/2013 | REPEALED 1/25/2013 | None. |
| 333-010-0100 | Description of the Breast and Cervical Cancer Program | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | Y - The intended effect of the adoption of OAR 333-010-0100 through 333-010-0195 was to facilitate administration of the Breast and Cervical Cancer Program (BCCP) by establishing clear and consistent policies through a set of administrative rules. Specifically, the rules were intended to provide BCCP providers with a clear set of guidelines regarding BCCP program requirements and | N - There was no anticipated fiscal or economic impact created by these rules. There were no fees established because of these rules. **Please see note within Comments | Y - The following amendments and adoptions were made to the BCCP OARs in order to align with revisions to the Breast and Cervical Cancer Program (BCCP) eligibility and to comply with revised presumptive treatment enrollment rules under SB433 (2011). <ul style="list-style-type: none"> • 333-010-0100: Amended 1/17/2012 • 333-010-0105: Amended 1/17/2012 • 333-010-0110: Amended 1/17/2012 | Y - There is a continued need for rules 333-010-0100 through 333-010-0195. The BCCP continues to provide lifesaving breast and cervical screening services to approximately 5000 medically underserved women across Oregon. With a statewide | 7/2/2013 | Amended 1/17/2012 | **Note: The program anticipates the potential need for future changes to rules 333-010-0115 (Client Enrollment) and 333-010-0150 (Timely Submission of Claims and Data). These rules establish client enrollment for a one-year period and state that all claims for services must be submitted within 12 months of the date of service. The program is solely grant funded and supporting the 12 month budget |

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| | | | | | | <p>expectations and to enable the program to create streamlined medical services agreements with its providers. With a BCCP statewide network of hundreds of medical providers, the adoption of the OARs has met its intended effect of providing the program and its medical providers with a clear set of guidelines regarding program requirements and expectations. In addition, the rules have also enabled the BCCP to successfully implement and maintain a streamlined system of medical services agreements with its providers.</p> | | <ul style="list-style-type: none"> • 333-010-0115: Amended 1/17/2012 • 333-010-0130: Amended 1/17/2012 • 333-010-0197: Adopted 1/17/2012* <p>*Adopted in 2012 (Presumptive Eligibility for BCCTP), 333-010-0197 is not due for review until 2017, but is included to provide context for the listed amendments.</p> <p>Specific reasons for the above amendments/adoptions:</p> <ol style="list-style-type: none"> 1. Compliance with SB 433 (Oregon Laws 2011), effective January 1, 2012. To enable women who have received qualified breast and/or cervical cancer diagnoses, including certain pre-cancerous conditions, outside of BCCP but who meet BCCP eligibility criteria, to enroll in the Breast | <p>network of approximately 300 enrolling and ancillary providers, there is a continued need for a clear set of guidelines regarding BCCP program requirements and expectations. In addition, the rules have enabled the BCCP to implement and maintain a system of streamlined medical services agreements with its providers.</p> | | | <p>differential has been a challenge, creating a barrier to accurate budget forecasting and putting the program at risk of over expenditures due to payments owed to providers for which there may be no funding available. An adjustment to these rules may be needed in the future to better enable the BCCP to project a budget in alignment with grant requirements, while covering claims within the grant funded cycle.</p> <p>In addition, if feasible as technical/housekeeping change, the term "Office of Family Health" or "OFH" in OAR 333-010-0100 through 333-010-0195 should be replaced with the term "Center for</p> |

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| | | | | | | | | <p>and Cervical Cancer Treatment Program (BCCTP, formerly BCCM) regardless of whether the diagnosing provider is a participant in the BCCP network. Prior to the passage of SB433, the BCCTP was only accessible by women who were diagnosed while enrolled in the BCCP program, and cervical services were not available to symptomatic women age 39 and under.</p> <p>2. To enable women age 39 or under displaying symptoms indicating cervical cancer to access screening and diagnostic services through the BCCP program. Although women 39 and under are still technically eligible, the BCCP suspended under-40 cervical symptomatic screening enrollments this year</p> | | | | Prevention and Health Promotion.” |

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| | | | | | | | | due to funding restrictions. This is a program administration decision and does not require changing the OAR. In addition, this change is important because it enables women diagnosed with cervical cancer or specific precancerous conditions to be eligible for treatment through the Breast and Cervical Cancer Treatment Program (BCCTP), regardless of age. | | | | |
| 333-010-0105 | Definitions | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | Amended 1/17/2012 | See above |
| 333-010-0110 | Client Eligibility | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | Amended 1/17/2012 | See above |
| 333-010-0115 | Client Enrollment | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | Amended 1/17/2012 | See above |
| 333-010-0120 | Covered Services | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0125 | Excluded Services | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |

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| 333-010-0130 | Standards of Care for Breast and Cervical Cancer Screening and Diagnostic Services | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | Amended 1/17/2012 | See above |
| 333-010-0135 | Provider Enrollment | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0140 | Billing | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0145 | Claims and Data Submission | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0150 | Timely Submission of Claims and Data | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0155 | Payment | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0160 | Requirements for Financial, Clinical and Other Records | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0165 | Compliance with Federal and State Statutes | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0170 | Denial or Recovery of Reimbursement Resulting | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |

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| | from Review or Audit | | | | | | | | | | | |
| 333-010-0175 | Recovery of Overpayments to Providers Resulting from Review or Audit | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0180 | Provider Sanctions | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0185 | Provider Appeals | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0190 | Provider Appeals (Level 1) – Claims Reconsideration | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-010-0195 | Provider Appeals (Level 2) – Contested Case Hearing | 6/16/08 | 6/16/13 | 7/1/13 | Darren Yesser | See above | See above | See above | See above | 7/2/2013 | | See above |
| 333-076-0190 | Emergency Preparedness | 8/15/08 | 8/15/13 | 9/19/13 | Chris Campbell/ Liz Heckathorn | To implement HB 2371, passed in the 2007 legislative session, requiring health care facilities licensed by the State Public Health Division to develop and practice emergency plans for disasters. Requires licensed health | N - The statement “minimal fiscal impact” is used in the “Fiscal and Economic Impact.” The section has not sought provider input to determine actual costs of the | Y - OAR 333-076-0190 was amended in December 2010 to make minor housekeeping/ technical changes only. | Y | 10/14/2013 | Amended 12/15/10 | None. |

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| | | | | | | <p>facilities licensed by the State Public Health Division to develop plans, be in compliance with State Fire regulations, and practice their disaster plans.</p> <p>Compliance rate among providers is excellent.</p> | development and implementation of the emergency preparedness. | | | | | |
| 333-015-0062 | Vehicles | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | <p>Y - Implementation of the Indoor Clean Air Act based on changes to the Act made by the 73rd legislative assembly (Senate Bill 571; Oregon 2007 Laws Chapter 602, effective January 1, 2009) aims to reduce exposure to harmful secondhand smoke and help smokers quit. The Oregon Indoor Clean Air Act was amended to expand the scope of the law to include bars and taverns, bar areas of restaurants, bingo</p> | <p>Underestimated - A cost assessment for the expenses accrued due to exemptions in the ICAA showed expenses included legal fees, staff time, and application processing. The total cost from enactment of the law in June 2007 through December 2010 was \$135,000 more than original estimate.</p> | <p>Y - The 2011 Oregon Legislative Assembly passed House Bill 2726 (Oregon Laws 2011, chapter 433), which went into effect on June 30, 2011, and amended the Oregon Indoor Clean Air Act (ICAA). HB 2726 changed the ventilation requirements for cigar bars, created three categories of smoke shop certification, established certification renewal requirements for two categories of smoke shops, increased the maximum fine amount for violations within a 30-day period from \$2,000 to \$4,000, and mandated</p> | <p>Y - 20% of Oregonians smoke and tobacco use continues to be the number one cause of death and disability in Oregon, particularly among people with fewer resources. This rule has greatly reduced Oregonians' exposure to secondhand smoke, but</p> | 8/19/2013 | | <p>Concepts identified for next OAR revision:</p> <p>Certification application abandonment – to clear backlog of incomplete applications. Applicants must start over if they fail to bring application to completion within a certain period of time</p> <p>Less detailed complaint-response procedures in rules</p> <p>Add rule with general procedures for</p> |

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| | | | | | | <p>halls and bowling centers. Cigar bars and smoke shops are exempted under a set of specific criteria. Rules are necessary to provide governments, businesses, and the public with the basic framework for implementing the Act.</p> <p>Oregon's comprehensive statewide smoke-free law bans smoking in workplaces, restaurants, and aims to reduce exposure to harmful secondhand smoke and help smokers quit. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), exposure to secondhand smoke among employed Oregon adults has decreased by 13% from 2008 (before</p> | | that the Oregon Health Authority (OHA) promulgate new rules to implement the law. | <p>not all workers receive this protection. An estimated 200,000 Oregon adults are still exposed to secondhand smoke while working in places where smoking may not be prohibited, such as food service (outdoor dining areas), hotels, casinos, home care and construction.</p> | | | <p>unannounced site visits</p> <p>Add revocation-specific penalty schedule to rules</p> <p>Clarify the complaint response procedure for certified smoke shops and cigar bars (IRLs do not apply to exempt businesses)</p> |

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| | | | | | | <p>ICAA implementation) to 2011 (after implementation) from 15% in 2008 to 13% in 2011.</p> <p>The law has also been associated with significant declines in hospitalizations for acute myocardial infarction (AMI) and stroke. In the 2-years following implementation of the law, monthly AMI hospitalizations declined by 6.8% and monthly stroke hospitalizations declined by 2.8%. These results are consistent with findings previously reported in the literature, and demonstrate the tangible population health benefits of reducing exposure to secondhand smoke.</p> | | | | | | |
| 333-015-0064 | Outdoor Smoking Areas | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | Y – See above | Underestimated – see above | Y – see above | Y – see above | 8/19/2013 | Amended 2/1/2012 | See above |

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| | | | | | | | | 333-015-0064, Outdoor Smoking Areas: Amended 2/2012 This amendment was needed to bring this rule into line with the regulatory framework by adding accessibility ramps to the list of parts of public places or places of employment that must be separated from outdoor smoking areas by at least 10 feet. | | | | |
| 333-015-0066 | Cigar Bars | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | Y – See above | Underestimated – see above | Y – see above 333-015-0066, Cigar Bars: Amended 2/2012 This rule was revised to implement the new statutory requirement concerning cigar bar ventilation systems, and to change how seating capacity is displayed on the site map that businesses are required to submit as part of the certification application. The revised rule also clarifies the ongoing obligations related to cigar bar certification. | Y – see above | 8/19/2013 | Amended 2/1/2012 | See above |

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| 333-015-0068 | Smoke Shops | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | Y – See above | Underestimated – see above | Y – see above 333-015-0068, Smoke Shops: Amended 2/2012 As required by HB 2726, this rule was revised to establish procedures for: certifying three categories of smoke shops, renewing and transferring certification, and permitting a certified business to change its location | Y – see above | 8/19/2013 | Amended 2/1/2012 | See above |
| 333-015-0069 | Revocation of Cigar Bar and Smoke Shop Certification | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | Y – See above | Underestimated – see above | Y – see above 333-015-0069, Revocation of Cigar Bar and Smoke Shop Certification: Amended 2/2012 As required by HB 2726, this rule was revised to allow the Oregon Health Authority to revoke the certification of a cigar bar or smoke shop and prohibit the business from reapplying for up to two years if the business violates the Act or these rules. | Y – see above | 8/19/2013 | Amended 2/1/2012 | See above |

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| 333-015-0082 | Public Places Regulated by Other State Agencies or Local Governments | 8/15/08 (ef 1/1/09) | 8/15/13 | 8/16/13 | Kimberly LaCroix | Y – See above | Underestimated – see above | Y – see above <u>333-015-0082</u> , Public Places Regulated by Other State Agencies or Local Governments: Amended 2/2012 This rule was amended to align the enforcement of laws by Local Public Health Authority relating to smoking and enforcement with HB 2726. | Y – see above | 8/19/2013 | Amended 2/1/2012 | See above |
| 333-120-0340 | Application for Use of Higher Assigned Protection factors | 9/15/08 | 9/15/13 | 9/20/13 | Todd Carpenter | Y – To provide further guidance authorizing the use of higher protection factors when using respiratory protection while performing activities in a contaminated atmosphere. This rule was adopted to comply with implemented CFRs for compatibility with NRC regulations per state agreement. | N – No fiscal impacts were identified during the adoption of this rule. Presently, fiscal impacts have not been communicated to Radiation Protection Services from radioactive materials licensees that are affected by this rule | N – There have been no subsequent changes requiring the amendment or repeal of 333-120-0340 | Y – This rule is required for federal compatibility | 10/1/2013 | None | None |
| 333-120-0800 | Reports of Transactions Involving | 9/15/08 | 9/15/13 | 9/20/13 | Todd Carpenter | Y – Requires licensees and regulators to track | N – See above | Y – 333-120-0800 was amended in February 2010 to adopt the initial | Y – This rule is required for | 10/1/2013 | Amended 2/16/10 | None |

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| | Nationally Tracked Sources | | | | | and secure radioactive materials that could be a threat to public health and safety by utilizing the Nuclear Regulatory Commission's centralized database. This rule was adopted to comply with implemented CFRs for compatibility with NRC regulations per state agreement. | | inventory report requirements within the current rule in order to meet federal category "B" designation for compatibility purposes with the Nuclear Regulatory Commission's regulations. | federal compatibility | | | |
| 333-053-0030 | Description of the WIC Program | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y - To administer the federal requirements for authorization and oversight of those participating in and receiving benefits from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The WIC Program has used these rules to effectively administer the federal requirements for authorization and oversight of program participants. | N - As anticipated, there was no fiscal impact of this rule. | Y - All rules in chapter 333, division 53 are being amended (with the exception of 0070 & 0090 described below) effective December 1, 2013. The Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296, mandated that all WIC State agencies implement Electronic Benefit Transfer (EBT) by October 1, 2020. The Oregon WIC Program will implement EBT in 2014. Clarifications and adjustments to processes and procedures used by the Oregon WIC Program | Y - There is a continued need for these rules to administer the federal requirements for authorization and oversight of WIC program participants. | 10/21/2013 | Amended effective 12/1/13 | None |

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| | | | | | | | | to administer participants are required to reflect EBT management practices. These clarifications and adjustments have been made to definitions, eligibility, participant information, violations, claims, and administrative review. | | | | |
| 333-053-0040 | Definitions | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see above | Y – see above | 10/21/2013 | Amended 10/2011; Amended effective 12/1/13 | None |
| 333-053-0050 | Participant Eligibility | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see above | Y – see above | 10/21/2013 | Amended effective 12/1/13 | None |
| 333-053-0060 | Participant Information | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see above | Y – see above | 10/21/2013 | Amended effective 12/1/13 | None |
| 333-053-0070 | WIC Identification Cards | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y - 333-053-0070 (WIC Identification Cards) is being REPEALED effective December 1, 2013. 333-053-0070 is being repealed and 333-053-0075 is being adopted to reflect the EBT changes from WIC Identification Cards to eWIC Cards. | N – see explanation of repeal | 10/21/2013 | REPEALED effective 12/1/13 | None |

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| 333-053-0080 | Participant Violations | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see 333-053-0030 above | Y – see 333-053-0030 above | 10/21/2013 | Amended effective 12/1/13 | None |
| 333-053-0090 | Participant Sanctions | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y - 333-053-0090 (Participant Sanctions) is being REPEALED effective December 1, 2013. 333-053-0090 is being repealed as the relevant violations and sanctions for EBT have been merged into 333-053-0080. | N – see explanation of repeal | 10/21/2013 | REPEALED effective 12/1/13 | None |
| 333-053-0100 | Participant Claims | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see 333-053-0030 above | Y – see 333-053-0030 above | 10/21/2013 | Amended effective 12/1/13 | None |
| 333-053-0110 | Administrative Review | 11/5/08 | 11/5/13 | 10/18/13 | Sue Woodbury | Y – see above | N – see above | Y – see 333-053-0030 above | Y – see 333-053-0030 above | 10/21/2013 | Amended effective 12/1/13 | None |
| 333-010-0200 | Description of the WiseWoman Program | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y - Rule adoption has met the intended effect to facilitate administration of the WISEWOMAN Program by establishing a clear set of guidelines regarding WISEWOMAN program requirements and expectations. However, it has become apparent that our program | N - There was a small fiscal or economic impact anticipated from the adoption of these rules for participating partners in terms of compliance. However, there was no fiscal impact reported and fees were not established | N | Y | N/A – no RAC used | N/A | In the last 3 years, the CDC has modified a number of guidelines on an annual basis. It has become apparent that the WISEWOMAN Program Manual would achieve the intended effect of communicating guidelines regarding program requirements and expectations to |

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| | | | | | | <p>manual would achieve this same effect with more flexibility for policy and program changes initiated by our funder, The Centers for Disease Control and Prevention (CDC). In the last 3 years, the CDC has modified a number of guidelines on an annual basis. It has become apparent that a Program Manual would achieve the intended effect of communicating guidelines regarding program requirements and expectations to WISEWOMAN providers with a medical service agreement. This could be done in a more timely manner and allow the program to remain in compliance with our funder.</p> | because of these rules. | | | | | <p>WISEWOMAN providers with a medical service agreement. This could be done in a more timely manner and allow the program to remain in compliance with our funder.</p> |

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| 333-010-0205 | Definitions | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0210 | Client Eligibility | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The WISEWOMAN eligibility guidance has changed from the previous funding cycle. There is also the possibility that guidance will change in the current funding cycle. Due to the Affordable Care Act implementation, Congress may amend the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Public Law 101-354 to include new eligibility guidelines for the NBCCEDP and WISEWOMAN programs. | Y | N/A – no RAC used | N/A | See above |
| 333-010-0215 | Client Enrollment | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0220 | Provider Enrollment | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0225 | Standards of Care for WISEWOMAN | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The values that determine the threshold for abnormal and/or | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |

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| | Program Screening and Services | | | | | | | disease diagnosis are determined by the CDC and will change with national guidelines as they become available. The WISEWOMAN Program Manual and website are modified to reflect change in guidance. | | | | |
| 333-010-0230 | Submission of Information by Ancillary Providers | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | N/A | See above |
| 333-010-0235 | Covered Services | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The WISEWOMAN program’s funder has changed the covered services effective 7/1/13. The program is provided guidance with a tight turnaround time for implementation. On average the program must make changes to its covered services within 90 days of notification. The funder reserves the right to change the covered and excluded services on an annual basis. | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0240 | Excluded Services | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The WISEWOMAN program’s funder has changed the covered | Y | N/A – no RAC used | N/A | See above |

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| | | | | | | | | services effective 7/1/13. The program is provided guidance with a tight turnaround time for implementation. On average the program must make changes to its covered services within 90 days of notification. The funder reserves the right to change the covered and excluded services on an annual basis. | | | | |
| 333-010-0245 | Claims & Billing | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The program anticipates a change to OAR 333-010-0245(2)(d). The timeline for claim submission will be changed from 12 months to 90 days. The program is solely grant funded and supporting the 12 month budget differential has created a barrier to accurate budget forecasting and placed the program at risk of over expenditure. | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0250 | Payment | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |

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| 333-010-0255 | Denial or Recovery of Reimbursement Resulting from Review or Audit | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | N/A | See above |
| 333-010-0260 | Recovery of Overpayments to Providers Resulting from Review or Audit | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0265 | Client Data Submission | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | Y – The program anticipates a change to OAR 333-010-0265(2). The timeline for data submission will be changed from 90 days to 45 days to support program planning and evaluation efforts. | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0270 | Requirements for Financial, Clinical & Other Records | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0275 | Compliance with Federal and State Statutes | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |

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| 333-010-0280 | Provider Sanctions | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0285 | Provider Appeals (Level 1) Claims Reconsideration | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-010-0290 | Provider Appeals (Level 2) Contested Case Hearing | 02/13/09 | 02/13/14 | 2/11/14 | Erica Sandoval | Y – see above | N – see above | N | Y | N/A – no RAC used | Amended effective 4/18/14 | See above |
| 333-565-0010 | Civil Penalties | 4/20/09 | 4/20/14 | 4/2/14 | Jana Fussell | Y – This rule gives the Certificate of Need program a way, short of going to court, to ensure compliance with its statutes, administrative rules, and orders. It was intended to provide an additional tool that would be potentially less costly, more efficient, and more practical than looking to the courts to enforce compliance. We have not had to undertake any actions to enforce | N – Neither over nor under estimated | N | Y | 4/2/2014 | N/A | None |

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| | | | | | | compliance since adoption of this rule. | | | | | | |
| 333-054-0027 | How a Farmer Becomes WIC Authorized | 6/1/2009 | 6/1/2014 | 5/15/14 | Jazette Johnson | Y – The WIC Program has used these rules to effectively administer the requirements for authorization and oversight of WIC authorized farmers | N | Y – All rules in chapter 333, division 54 were amended in December 2013. The Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296, mandated that all WIC State Agencies implement Electronic Benefit Transfer (EBT) by October 1, 2020. The Oregon WIC program is currently working to implement EBT. Clarifications and adjustments to processes and procedures used by the Oregon WIC Program to administer farmers and vendors were required to reflect EBT management practices | Y – With the changes noted, there is a continued need for this rule to administer the federal requirements for authorization and oversight of WIC authorized farmers | 5/19/2014 | Amended 9/30/11 | None |
| 333-054-0035 | Farmer Agreements | 6/1/2009 | 6/1/2014 | 5/15/14 | Jazette Johnson | Y – See above | N | Y – See above | Y – see above | 5/19/2014 | Amended 9/30/11 | None |
| 333-054-0055 | Farmer Violations and Sanctions | 6/1/2009 | 6/1/2014 | 5/15/14 | Jazette Johnson | Y – See above | N | Y – See above | Y – see above | 5/19/2014 | Amended 9/30/11 | None |
| 333-054-0065 | Farmer Disqualifications | 6/1/2009 | 6/1/2014 | 5/15/14 | Jazette Johnson | Y – See above | N | Y – see above | Y – See above | 5/19/2014 | | None |

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| 333-500-0005 | Applicability | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | <p>The intended effect of this rule change was to provide better organization of the rules, clearer wording and processes, and align the rules with Centers for Medicare and Medicaid Services (CMS) regulations. These CMS regulations (42 CFR 482) contain the health and safety requirements that hospitals must meet to participate in Medicare and Medicaid programs.</p> <p>YES - Prior to the rule revision, hospital OARs did not address multiple elements and were disorganized.</p> | NO - It is believed that there was a fiscal impact to hospitals in order to update policies and procedures, however, given that hospitals were required to comply with CMS regulations prior to the rule adoption, the impact should have been minimal. | YES - Rules were amended in order to address provisions of SB 158 (2009), HB 2100-Section 195a (2011), changes to CMS regulations (2012), and minor housekeeping changes. These revisions also addressed stakeholder requests to reduce regulatory burden in order to create a more efficient hospital system. Rules addressed updating definitions, fees, policies and procedures, investigations, disclosure and consent provisions and quality assessment and performance improvement issues. | YES - Rules have been established in order to implement and comply with Oregon and federal laws. | 12/23/2014 | Amended 12/15/10 and 1/1/2013 | None |
| 333-500-0025 | Indorsement of Satellite Operations | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-500-0032 | Classification | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 1/1/2013 | None |
| 333-500-0034 | Application Review | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |

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| 333-500-0036 | Approval of License Application | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-500-0038 | Denial of License Application | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 1/1/2013 | None |
| 333-500-0045 | Submission of Plans | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-500-0065 | Waivers | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-501-0005 | Complaints | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-501-0010 | Investigations | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-501-0015 | Surveys | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-501-0020 | Violations | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-501-0025 | Informal Enforcement | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-501-0030 | Formal Enforcement | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-501-0035 | Nurse Staffing Audit Procedures | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |

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| 333-501-0040 | Investigation Procedures for Investigation of Nurse Staffing Complaints | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-501-0045 | Civil Penalties for Violations of Nurse Staffing Laws | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-501-0050 | Civil Penalties for Violation of Smoking Prohibition | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-501-0055 | Civil Penalties, Generally | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 | None |
| 333-505-0033 | Patient Rights | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 12/15/10 and 1/1/2013 | None |
| 333-505-0080 | Tuberculosis Control | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 1/1/2013 | None |
| 333-505-0090 | Request for Tissues and Organs | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-505-0100 | Training for Requestors | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-505-0110 | Hospital Compliance | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-505-0120 | Emergency Contraception | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |

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| 333-520-0035 | Pharmacy Services | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | Yes – See above | Yes – See above | 12/23/2014 | Amended 1/1/2013 | None |
| 333-520-0120 | Psychiatric Services | 10/1/2009 | 10/1/2014 | 11/23/2014 | Mellony Bernal | Yes – see above | No – See above | No | Yes – See above | 12/23/2014 | | None |
| 333-535-0001 | Referenced Codes and Standards (& Table 6, 333-535-0310) | 10/1/2009 | 10/1/2014 | 9/30/14 | Annabelle Henry | Y - OAR 333-535-0001 and Table 6 to OAR 333-535-0310 were adopted as part of a broader rulemaking package designed to streamline rules relating to new construction and alterations of existing hospitals. These revisions were necessary to incorporate technological advances and general health care practice changes. OAR 333-535-0001 identifies the specific edition of regulatory codes and standards referenced in division 535 of the agency's administrative rules. Its provisions were intended to clarify the regulatory | N | N | Y - The adopted rule and table continues to achieve its intended effect. | 10/1/2014 | N/A | None |

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| | | | | | | requirements that applicants would be obligated to satisfy. Table 6 clarified minimum requirements for electrical receptacles, also known as convenience outlets, in various areas. | | | | | | |
| 333-270-0010 | Purpose | 12/3/09 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Establish a registry within the Oregon Health Authority for the collection and dissemination of physician orders for life-sustaining treatment (POLST) to help ensure that persons' end-of-life care preferences are recognized and provided at point of care. POLST forms detailing a person's preference for treatment options are provided to the registry and in turn, information is provided upon request to licensed health care providers who work for a | NO - Because completion of a POLST form is a standard business practice it is believed that there was no increase in costs to health care provider offices, clinics, agencies and facilities. The Division contracts with OHSU to operate the registry within its budget. | NO | YES - Rules were adopted pursuant to ORS 127.675 | 12/23/2014 | None | None |

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| | | | | | | <p>hospital emergency department or acute care unit, licensed ambulance services or non-transporting emergency service agency.</p> <p>Require medical professionals (physicians, nurse practitioners and physician assistants) to submit completed POLST forms for patients who do not opt out and revise or revoke forms if necessary.</p> <p>Create a POLST Registry Advisory Committee (PRAC) to oversee, implement, operate and evaluate the registry including reviewing requests from researchers to access registry data.</p> <p>YES - The PRAC was established and held its first meeting in October 2009 and</p> | | | | | | | |

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| | | | | | | meets quarterly. At the end of calendar year 2013, over 150,000 POLST forms were received and over 100 calls per month were made to the Registry Hotline. A steady increase in the number of requests for POLST forms continues. Outreach to health care institutions, providers, and organizations continues and has led to increased submission rates. The registry is a valuable resource for research staff interested in end-of-life-care. Five research projects have been considered by the PRAC and have been published. | | | | | | |
| 333-270-0020 | Scope and Applicability | 12/3/09 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |

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| 333-270-0030 | Definitions | 12/3/09 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-270-0040 | Submission of POLST Forms | 12/3/2009 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-270-0050 | Access to the Registry | 12/3/2009 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-270-0060 | Confidentiality of Registry Information | 12/3/2009 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-270-0070 | POLST Registry Advisory Committee | 12/3/2009 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-270-0080 | Access to Registry Information by Researchers | 12/3/2009 | 12/3/2014 | 11/22/2014 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 12/23/2014 | None | None |
| 333-060-0128 | Submerged Suction Outlets and Drains | 12/23/2009 | 12/23/2014 | 12/24/14 | Steve Keifer | To bring us into compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act (VGB) legislation YES - It has subsequently been changed to be more proactive. | NO - No significant costs on new pools. VGBPSSA required compliance for existing pools. | YES – Amended, effective 9/1/14. The changes were designed to eliminate the Virginia Graeme Baker (VGB) liability and require compliance with our rule requirements. It does not affect any pools already VGB compliant | YES - As revised in 2014 | 12/24/2014 | Amended 9/1/2014 | None |
| 333-062-0103 | Submerged Suction Fittings and Drains | 12/23/2009 | 12/23/2014 | 12/24/14 | Steve Keifer | Yes – See above | No – See above | Yes – See above | Yes - As revised in 2014 | 12/24/2014 | Amended 9/1/2014 | None |

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| 333-015-0100 | Authority and Purpose | 12/29/2009 | 12/29/2014 | 12/11/14 | Jennifer Young | <p>To provide consumers, at the point of purchase, with basic nutrition and caloric information.</p> <p>NO - Oregon's menu labeling law has not been implemented; therefore the rule adoption has not had its intended effect. Prior to Oregon's menu labeling implementation date, menu labeling requirements were included in the Patient Protection and Affordable Care Act of 2010. Section 4205 requires restaurants and similar retail food establishments with 20 or more locations to list calorie content information for standard menu items on menu boards and menus. While we have waited for the federal rule, no action has been</p> | N/A - This question is not applicable as the Oregon Menu Labeling Law has not been implemented. | NO - There have been no changes in the Oregon law, however the federal law requires restaurants and similar food establishments with 20 or more locations to list calorie content information, and Oregon's law requires restaurants with 15 or more locations to provide calorie content and additional nutrition information. Therefore, Oregon restaurants with between 15-19 locations fall into a gap of possibly being covered by Oregon's law. | YES - Having this rule in place will be necessary as the Oregon Health Authority determines next steps for possible implementation of the state law for restaurants that fall within the Oregon menu labeling law and outside the federal menu labeling law (chain restaurants with between 15-19 locations). | 12/23/2014 | None | The Food and Drug Administration (FDA) issued final rules in November 2014. Implementation of these rules goes into effect December 1, 2015. |

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| | | | | | | taken toward implementing Oregon's menu labeling law. | | | | | | |
| 333-015-0105 | Definitions | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0110 | General Provisions | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0115 | Written Formats for Nutrition Information | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0120 | Nutrition Labeling of Variable Menu Items | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0125 | Nutrition Labeling of Combination Meal Menu Items | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0130 | Nutrition Information for Shared Menu Items or Shared Combination Meal Menu Items | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0135 | Acceptable Methods for Determining Typical | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |

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| | Nutrient Values for Required Nutrition Information | | | | | | | | | | | |
| 333-015-0140 | Verifiable and Accurate Information | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0145 | Nutrition Information for Self-Service Items | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0150 | Trans Fat | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0155 | Rounding Rules | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0160 | Alcoholic Beverages | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-015-0165 | Disclaimers and Additional Nutrition Information | 12/29/2009 | 12/29/2014 | 12/11/2014 | Jennifer Young | No – See above | N/A – See above | No – See above | Yes – See above | 12/23/2014 | None | See above |
| 333-116-0485 | Other Medical Uses of Byproduct Material or Radiation from Byproduct Material | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes - To meet federal compatibility with the Nuclear Regulatory Commission and to commence a civil penalty program for licensees and registrant failing to become compliant with Oregon | No - Division 124 is transparent to the reader relating to non-compliance. Each category of violations within the rules provides the fiscal impact to | No | Yes - All rules listed are current and are used as guidance for regulatory oversight. | 2/9/2015 | None | None |

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| | | | | | | Administrative Rules relating to radiation. Rules listed have been reviewed by the Nuclear Regulatory Commission for compatibility standards and agrees that these rules submitted by Oregon Health Authority meet federal regulatory requirements. Division 124 allows Radiation Protection Services to apply civil penalties for non-compliance purposes. | the licensee or registrant. All other rules do not have a fiscal impact. Radiation Protection Services has not received any comments relating to fiscal impacts upon adoption of these rules. | | | | | |
| 333-118-0051 | Deliberate Misconduct | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-118-0052 | Exemption for Low Level Materials | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-118-0053 | Exemption from Classification as Fissile Material | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-118-0125 | External Radiation | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |

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| | Standards for All Packages | | | | | | | | | | | |
| 333-118-0162 | Opening Instructions | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-124-0001 | Purpose and Scope | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-124-0010 | Civil Penalties | 2/16/2010 | 2/16/2015 | 2/2/2015 | Todd Carpenter | Yes – See above | No – See above | No | Yes – See above | 2/9/2015 | None | None |
| 333-018-0013 | Electronic Laboratory Reporting | 3/11/2010 | 3/11/2015 | 3/12/2015 | Stephen Ladd-Wilson | Yes To require high-volume Oregon labs (>30 reports/month) to send reportable laboratory results in standardized, electronic format (HL7) to increase disease-surveillance efficiencies. Electronic lab reporting for high-volume labs has been win-win | No | No | Yes, this rule is fundamental to communicable disease work | 3/13/2015 | Amended 8/19/11 | None |
| 333-018-0017 | Reporting of Veterinary Diseases | 3/11/2010 | 3/11/2015 | 3/12/2015 | Stephen Ladd-Wilson | Yes To require laboratory reporting of specific veterinary diseases with potential public health impact on humans. We are | No | No | Yes, this rule is fundamental to communicable disease work | 3/13/2015 | None | None |

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| | | | | | | receiving veterinary disease reports. | | | | | | |
| 333-026-0030 | Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19 | 3/11/2010 | 3/11/2015 | 3/12/2015 | Stephen Ladd-Wilson | Yes To establish, as required by ORS 431.262, procedures for and amounts of civil penalties that the Oregon Health Authority is empowered to impose for violation of reporting rules. Although no civil penalties have been assessed, they have been threatened on at least one occasion, with subsequent compliance by the hospital. | No As expected, several hours of Assistant Attorney General time have been employed in notifying the hospital of potential civil penalties. | No | Yes, this rule is fundamental to communicable disease work | 3/13/2015 | None | None |
| 333-061-0324 | Area of Public Health Concern | 4/19/2010 | 4/19/2015 | 4/3/2015 | Dave Leland | Yes – To implement specific statutory authority for OHA to require domestic well testing for additional contaminants other than bacteria, nitrate, and arsenic if there is ground water contamination identified in a specific geographic area, and | No – The fiscal impact was estimated to be incidental for the OHA, and indeterminate for well owners since we had no way to estimate how much sampling would | No | Yes – Provides a tool for protecting domestic well users from ground water contamination, should it occur. | 4/21/2015 | None | None |

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| | | | | | | OHA declares an area of public health concern. However, no such ground water contamination areas have come to light to date. | actually occur, if any. | | | | | |
| 333-070-0075 | Authority, Purpose, Applicability | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – The intended effect of this rule was for the Oregon Health Authority to: 1) Ensure a qualified and properly-trained workforce to perform renovation, repair and painting (RRP) of pre-1978 homes and child-occupied facilities; 2) Protect the health of building occupants from lead-based paint hazards and the hazards of improperly conducted RRP work practices; 3) Ensure compliance with RRP activities involving lead-based paint; and | Underestimated – The Statement of Need and Fiscal Impact states, “DHS estimates approximately 2,000 entities will be required to obtain certification from DHS to become certified renovation firms.” This estimate was based on the number of school districts, property management companies and child care facilities in | Yes - OAR 333-070 is based on the Environmental Protection Agency’s 2008 Lead-Based Paint Renovation, Repair and Painting (RRP) Rule (40 CFR Part 745), which was adopted in 2008 and became fully effective April 22, 2010. The federal RRP Rule was amended in 2010 and 2011, as outlined below: 1) 2010 Opt-Out Amendment: a. Eliminate d “opt-out” provision that exempted renovation firms from training and work practice requirements for residences without a child under age 6 or pregnant woman residing in the home. | Yes - Oregon received authorization from the Environmental Protection Agency on May 3, 2010 to administer the Renovation, Repair and Painting (RRP) Program. This rule allows OHA to implement the program in accordance with federal law. | 4/1/2015 | Temp 9/24/10-3/22/11; amended 6/16/11 | Please note that the Oregon Lead-based Paint Program is jointly implemented by two agencies, the Oregon Health Authority and the Oregon Construction Contractors Board. This rule refers to OHA’s portion of the program. |

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| | | | | | | <p>Increase knowledge of lead hazards among key partners, stakeholders and the general public.</p> <p>This rule adoption resulted in the following effects:</p> <p>1) <i>Ensure a qualified and properly-trained workforce to perform renovation, repair and painting (RRP) of pre-1978 homes and child-occupied facilities:</i></p> <p>a. Established requirements for training to ensure proficiency of individuals conducting renovation, repair or painting in pre-1978 homes and child-occupied facilities. 1,238 training courses in the Renovator discipline have been held and 10,856 individuals have been trained</p> | <p>Oregon. However, it is difficult to accurately predict the percentage of these entities that may opt to hire licensed contractors and thus not require OHA certification. It is likely that the size of OHA's regulated community was overestimated, and that limited program capacity and funding to conduct outreach to the regulated community also limited the number of firms certified by the program. As a result, the amount of fee dollars coming into the program was</p> | <p>2) 2011 Clearance Amendment:</p> <p>a. Allowed a certified renovator to conduct paint chip sampling;</p> <p>b. Standards for e-learning in accredited training programs;</p> <p>c. Minimum enforcement provisions for authorized state and tribal renovation programs;</p> <p>d. Clarifications on requirements for vertical containment on exterior renovation projects, prohibited or restricted work practice provisions, and requirements for high-efficiency particulate air (HEPA) vacuums.</p> <p>As a result of these amendments to the federal rule, OHA amended OAR 333-070 in 2011 as follows:</p> <p>1) Housekeeping changes, including removal of unnecessary definitions, rewording of</p> | | | | |

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| | | | | | | <p>since the rule was adopted.</p> <p>b. Established requirements for accreditation of training programs to ensure quality instruction in effective work practices. 29 training programs have been accredited since the rule was adopted.</p> <p>c. Established requirements for certification of individuals and firms who perform renovation, repair and painting in target housing and child-occupied facilities. 127 firms have been certified by OHA since the rule was adopted.</p> <p>2) <i>Protect the health of building occupants from lead-based paint hazards and the hazards of improperly conducted RRP work practices:</i></p> | overestimated. As of March 2015, the number of firms certified by OHA is 127. | <p>other definitions, and standardization of terms;</p> <p>2) Creation of a mechanism for training programs, individuals and firms to become accredited/certified in Oregon if they are currently accredited/certified by EPA or another authorized state;</p> <p>3) Raise the maximum heat gun temperature in the Work Practice Standards sections of OAR 333-069 and OAR 333-070 to 1100°F; and</p> <p>4) Eliminate all references to the “opt out” provision in OAR 333-070.</p> | | | | |

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| | | | | | | <p>a. Established work practice standards for the performance of renovation, repair and painting activities for certified individuals and certified renovation firms.</p> <p>3) <i>Ensure compliance with RRP activities involving lead-based paint:</i></p> <p>a. Established policies and procedures for compliance and enforcement activities to ensure that firms and contractors adhere to the rule through investigation of worksite complaints, worksite inspections, developing enforcement policies and procedures, and conducting enforcement actions as appropriate. OHA has received and responded to</p> | | | | | | |

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| | | | | | | <p>approximately 250 tips and complaints since 2010. OHA began conducting inspections in 2014, and completed 17 as of December 2014.</p> <p>4) <i>Increase knowledge of lead hazards among key partners, stakeholders and the general public:</i></p> <p>a. Established requirements for disclosure of lead-based paint hazards to owners and occupants of target housing and child-occupied facilities before renovations begin.</p> <p>b. Increased awareness and knowledge of RRP by Oregon homeowners, landlords, renters, community members, renovators and firms through outreach and education activities. Since 2010, OHA</p> | | | | | | |

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| | | | | | | <p>has sent out over 15,000 brochures to targeted stakeholder groups and provided articles for various agency newsletters. The program also promotes RRP services of certified firms and professionals by posting a list of certified firms on the program website and distributing certification information and educational materials at outreach events.</p> <p>c. Provision of technical assistance on accreditation, training, certification and compliance by the program to the public and regulated community. The Program regularly answers questions from the public as well as its regulated community via phone and email. The Program answers technical questions</p> | | | | | | |

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| | | | | | | and provides compliance assistance to its regulated community. Per quarter, the program responds to an average of 150 lead-based paint phone calls and emails and receives over 15,000 website hits. The Program also supports a statewide toll-free phone and email service known as the Leadline. | | | | | | |
| 333-070-0080 | Adoption by Reference | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | | See above |
| 333-070-0085 | Definitions | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0090 | Work Practice Standards | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0095 | Information Distribution Requirements for the Pre-Renovation Notification Rule (406[b]) | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |

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| 333-070-0100 | Renovator Certification and Dust Sampling Technician Certification and Responsibilities | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0105 | Certified Renovation Firm Certification and Responsibilities | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0110 | Certified Renovation Firm Recordkeeping and Reporting Requirements | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0115 | Inspections and Enforcement | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0120 | Certification Fees and Refunds | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0125 | Training Program Accreditation Required | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | | See above |
| 333-070-0130 | Minimum Personnel Requirements | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |

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| | for Training Program Accreditation | | | | | | | | | | | |
| 333-070-0135 | Minimum Curriculum Requirements for Training Program Accreditation | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0140 | Re-Accreditation of Training Programs | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0145 | Suspending, Revoking, or Denying a Training Program's Accreditation; Civil Penalties | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-070-0150 | Training Program Record Keeping Requirements | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | | See above |
| 333-070-0155 | Training Program Reciprocity | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Training Program Reciprocity, was repealed on 6-16-11. This section established requirements for training programs to apply for reciprocity of accreditation from other jurisdictions. This option was retained in the rule by adding language to | Yes – see above | 4/1/2015 | REPEALE D 6/16/11 | See above |

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| | | | | | | | | 333-070-0125 and 333-070-0160 as part of the amendments listed above. | | | | |
| 333-070-0160 | Accreditation Fees | 4/26/2010 | 4/26/2015 | 3/26/2015 | Brett Sherry | Yes – see above | Underestimated – see above | Yes – see above | Yes – see above | 4/1/2015 | Amended 6/16/11 | See above |
| 333-540-0005 | Purpose and Scope | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes - OARs 333-540-0005 through 0090 were adopted pursuant to legislation (SB 158) that passed during the 2009 Oregon legislative session in order to address gaps in oversight and address roles and responsibilities of a caregiver registry. At the time the measure passed, there was no state licensing or Medicare oversight of health care staffing agencies that provide care to vulnerable individuals in their homes and no requirements that a provider must furnish disclosure and consent information that would assist a consumer in their | No - A caregiver registry must pay a \$1,500 initial licensure fee and an annual fee of \$750 for re-licensure. OHA staff must conduct a survey in order to determine compliance with state regulations and the fee covers this work performed by staff. We have no information about current fiscal impact on licensed registries. Fees collected by the OHA for purposes of determining | No | Yes - Rules are required as a result of legislation. | 6/26/2015 | None | None |

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| | | | | | | <p>decision making. The rules provide a process for licensing; address organizational standards and quality of client care; process for handling complaints; and investigation of complaints, conducting surveys, and discipline for caregiver registries by assessing a civil penalty.</p> <p>Five registries were licensed in 2011 and 1 registry was licensed in 2013 for a total of 6. There have been no complaint investigations and only a few minor deficiencies identified during re-licensure surveys which did not affect the quality of client care. It's worth noting that there are only a total of 8 clients being served by 4 agencies relicensed in</p> | <p>compliance with regulations cover the expenses of work. There is no cash surplus. As stated previously, we have no information about current fiscal impact on licensed registries. This small program currently covers costs of the regulatory work.</p> | | | | | |

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| | | | | | | 2014/15. Early estimations projected a larger program with more licensed entities serving more clients. | | | | | | |
| 333-540-0010 | Definitions | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | Yes - In 2011, SB 104 (section 10) was passed changing the definition of Caregiver Registry at the request of stakeholders. This definition change represents minor technical fixes and does not change our regulatory work. As such, OAR 333-540-0010 needs to be amended to reflect the new definition at the next opportunity. | Yes – See above | 6/26/2015 | None | None |
| 333-540-0015 | Application for Caregiver Registry License; Renewal | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0020 | Licensure Fees | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0025 | Caregiver Registry Organization, Administration, and Personnel | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |

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| 333-540-0030 | Requirements for Placement on Caregiver Registry; Continuing Education | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0035 | Criminal Background Checks | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0040 | Caregiver Registry Records | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0045 | Caregiver Registry Disclosure Statements | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0050 | Complaints | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0055 | Investigations | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0060 | Surveys | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0065 | Violations | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0070 | Informal Enforcement | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0075 | Formal Enforcement | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |

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| 333-540-0080 | Civil Penalties | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0085 | Return of Agency License | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-540-0090 | Applicability of Rules | 7/1/2010 | 7/1/2015 | 6/4/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – See above | 6/26/2015 | None | None |
| 333-265-0015 | Advanced Emergency Medical Technician Field Internships | 7/1/2010 | 7/1/2015 | 7/16/2015 | Mellony Bernal | Yes - In 2009, the Oregon Legislature passed HB 2059 which created mandatory reporting requirements for prohibited and unprofessional conduct on licensed health care professionals, including EMS providers. The bill defined prohibited and unprofessional conduct which identified "recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client." The following rules were adopted in order to | No - The fiscal impact addressed licensing fees which were increased as part of this rulemaking filing. The money generated from fees is the only funding available to cover the cost of the EMS/TS program's responsibility to regulate EMS providers including receiving and reviewing prohibited or unprofessional conduct reports, | (2012) Passage of SB 234 (2011) changed certification to license (2013) Specified type of field experience required for internship | Yes - Rules are required as a result of legislation and aligning with the NREMT national standards. | 8/7/2015 | Amended 1/1/2012 and 1/25/2013 | None |

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| | | | | | | address the requirements of the bill: <ul style="list-style-type: none"> • 333-265-0083 – Identifies a minimum list of criteria that the OHA, Public Health Division considers to be contrary to “recognized standards of ethics” for EMS providers; • 333-265-0085 – Specifies the investigation process that the Division takes when receiving information about reportable events including a report of prohibited or unprofessional conduct; and • 333-265-0087 – Clarifies the possible disciplinary actions the Division will take as a result of | any resulting investigations and enforcement actions. | | | | | |

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| | | | | | | <p>investigation findings.</p> <p>In response to EMS providers seeking to regain their licensed status after their license has expired, the Division adopted 333-265-0105 which establishes license reinstatement criteria.</p> <p>Lastly, OAR 333-265-0015 was adopted to align advanced EMT education (AEMT) requirements with national EMS educational standards in accordance with the National Highway Transportation Safety Administration-EMS Division.</p> <p>Since these rules have been adopted, the EMS/TS program has:</p> <ul style="list-style-type: none"> Reviewed approximately 1,682 reports of | | | | | | |

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| | | | | | | prohibited or unprofessional conduct; 251 of which resulted in an investigation. <ul style="list-style-type: none"> • Current data is not available on the number of all EMS providers that sought to reinstate their license after expiration. The Division does receive numerous requests. • AEMTs are meeting the requirements adopted. | | | | | | |
| 333-265-0083 | Conduct or Practice Contrary to Recognized Standards of Ethics | 7/1/2010 | 7/1/2015 | 7/16/2015 | Mellony Bernal | Yes – See above | No – See above | Passage of SB 234 (2011) aligned EMS license naming standards with National Registry for EMTs (NREMT). In addition, EMS/TS program provided further clarification on the definition of sexual misconduct. | Yes – See above | 8/7/2015 | Amended 1/1/2012 | None |

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| 333-265-0085 | Investigations | 7/1/2010 | 7/1/2015 | 7/16/2015 | Mellony Bernal | Yes – See above | No – See above | (2012) Passage of SB 234 (2011) aligned EMS license naming standards with NREMT (2013) Grammatical corrections | Yes – See above | 8/7/2015 | Amended 1/1/2012 and 1/25/2013 | None |
| 333-265-0087 | Discipline | 7/1/2010 | 7/1/2015 | 7/16/2015 | Mellony Bernal | Yes – See above | No – See above | Passage of SB 234 (2011) aligned EMS license naming standards with NREMT | Yes – See above | 8/7/2015 | Amended 1/1/2012 | None |
| 333-265-0105 | Reinstatement of First Responder and EMT Certification | 7/1/2010 | 7/1/2015 | 7/16/2015 | Mellony Bernal | Yes – See above | No – See above | (2010 & 2011) Temporary and subsequent permanent rule filing was completed to correct errors made in the 7/1/2010 rule filing so that certificate holders could proceed with reinstatement of expired certification as intended and to create consistency between rules and statutes. (2012) Passage of SB 234 (2011) aligned EMS license naming standards with NREMT (2013) Clarifies when retaking and passing course and examinations | Yes – See above | 8/7/2015 | Amended 1/6/11; 1/1/12; 1/25/13 | None |

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| | | | | | | | | is necessary after a license has expired | | | | |
| 333-003-0116 | Out-of-State Health Care Providers | 8/12/2010 | 8/12/2015 | 4/5/2016 | Eric Gebbie | Y - To allow and plan the deployment of in- and out-of-state healthcare providers during a major emergency. The rules have allowed the Public Health Division to plan, exercise and use in actual events the volunteer services of healthcare providers in regular exercises and after public health crises. | N – Fiscal impact has been within expectations. | Y - The rules were further amended after passage of SB 563 in 2011 allowing the volunteer registry to include previously licensed healthcare providers (such as retirees) and allowing for deployments to other states experiencing emergencies. | Y - There is clear, ongoing and increased need for this rule, as evidenced by increased demand for the volunteer registry by volunteers, partners and communities that have benefited from the volunteer services. | 4/6/2016 | | The rules have been foundational to the State Emergency Registry of Volunteers in Oregon (SERV-OR) and the Medical Reserve Corps volunteer units, coordinated by the Public Health Division. |
| 333-003-0118 | Duties of Registrants | 8/12/2010 | 8/12/2015 | 4/5/2016 | Eric Gebbie | Y – See above | N – See above | Y – See above | Y – See above | 4/6/2016 | Amended 4/1/12 | See above |
| 333-003-0210 | Liability Protection; Workers' Compensation | 8/12/2010 | 8/12/2015 | 4/5/2016 | Eric Gebbie | Y – See above | N – See above | Y – See above | Y – See above | 4/6/2016 | Amended 4/1/12 | See above |
| 333-035-0045 | Purpose | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes - In order to address inadequate oversight of hospice programs and response to concerns raised by the Department of | No - An annual licensing fee of \$750 was established with passage of SB 161. The Statement of | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |

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| | | | | | | <p>Justice that regulatory authority over hospice facilities was inappropriately assigned to an agency outside of state government, SB 161 was passed requiring the OHA-Public Health Division to license and regulate hospice facilities. Prior to passage of SB 161, on-site surveys of hospice programs varied from six to ten years given funding under the Medicare Survey Grant.</p> <p>In order to be licensed, hospice facilities are required to complete an application; pay an annual fee; comply with federal CMS conditions of participation (42 CFR 418) and Oregon regulations; obtain criminal background checks on all its employees,</p> | <p>Need and Fiscal Impact anticipated a minimal fiscal impact to 50 hospice programs including the license fee and costs related to training staff, changes to existing policies, and criminal background check requirements.</p> <p>With the passage of the IMPACT in 2014, the federal survey interval changed from every 6.5 years to every 3 years beginning in April 2015. OHA is currently evaluating any effects on licensing and oversight costs for the hospice</p> | | | | | |

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| | | | | | | <p>contractors, and volunteers; and submit to complaint investigations and surveys. On-site surveys are to be conducted once every three years; however, the legislation allows the Division to accept CMS certification or the federal certification of an accrediting organization in lieu of conducting its own on-site survey.</p> <p>There are currently 61 licensed hospice programs that provide hospices services to Oregon clients.</p> <ul style="list-style-type: none"> • 54 hospice programs have been surveyed by the Division • 49 hospice programs are Medicare certified, 8 of which have been certified by an | providers in the future. | | | | | |

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| | | | | | | accrediting organization. 40 complaint investigations have been conducted in 21 hospice programs | | | | | | |
| 333-035-0050 | Definitions | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0055 | Licensing and Fees | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0060 | Criminal Background Checks | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0065 | Complaints | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0070 | Investigations | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0075 | Surveys | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0080 | Violations | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |

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| 333-035-0085 | Informal Enforcement | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0090 | Formal Enforcement | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0095 | Civil Penalties | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0100 | Approval of Accrediting Organizations | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-035-0105 | Applicability of Rules | 9/1/2010 | 9/1/2015 | 8/3/2015 | Mellony Bernal | Yes – See above | No – See above | No | Yes – Rules are required as a result of legislation | 8/20/2015 | None | None |
| 333-102-0032 | Self Luminous Products and Sources Containing Radium-226 | 9/1/2010 | 9/1/2015 | 8/29/2015 | Todd Carpenter | Yes – OAR 333-102-0032 allows a person with products possessing low levels of radium-226 to be issued a general license to become exempt from the regulatory requirements. Defines possession limits of radium 226 | No – No fiscal impact was generated with these rules. | No | Yes | 9/18/2015 | None | Rules are in place to meet 10 CFR parts 1 – 50 to meet national regulatory standards. |
| 333-120-0545 | Disposal of Certain | 9/1/2010 | 9/1/2015 | 8/29/2015 | Todd Carpenter | Yes – OAR 333-120-0545 outlines the disposal | No – See above | No | Yes | 9/18/2015 | None | See above. |

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| | Byproduct Material | | | | | methods of certain byproduct materials other than source or radioactive materials. Defines waste pathways for certain low level by-product material (radium 226) | | | | | | |
| 333-076-0250 | Violations | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-076-0250 – Violation Provides clarification on what is considered a violation. | No - The purpose of the statutory provision was to seek additional funding for the increase in complaint investigations. While the Division is collecting fees for these investigations, it is important to note the following: - Full compliance survey fees are high, however, the Centers for Medicare and Medicaid Services no longer | No | Yes - The rules continue to provide appropriate guidance and information to ASCs and hospitals. Fees need to continue to be collected for hospital complaint investigations. | 1/14/2016 | None | None |

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| | | | | | | | mandates a full compliance survey when a hospital may not be meeting a federal condition of participation. It is now optional and thus rare; - An average complaint investigation is more complex and labor intensive than was done in 2009; and - The administrative burden for tracking and billing is very labor intensive. | | | | | |
| 333-076-0255 | Informal Enforcement | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-076-0255 – Informal Enforcement Provides clarification on expectations relating to deficiencies found during an investigation or survey, and what is | No – see above | No | Yes – see above | 1/14/2016 | None | None |

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| | | | | | | required of an ASC if deficiencies are found. | | | | | | |
| 333-076-0260 | Formal Enforcement | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-076-0260 – Formal Enforcement Provides clarification on possible license suspension or revocation if substantial failure to comply with rules and regulation are noted during an investigation or survey. | No – see above | No | Yes – see above | 1/14/2016 | None | None |
| 333-076-0265 | Civil Penalties, Generally | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-076-0265 – Civil Penalties, Generally Clarifies the reason the Division may issue a civil penalty and the amount. | No – see above | No | Yes – see above | 1/14/2016 | None | None |
| 333-076-0270 | Approval of Accrediting Organizations | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-076-0270 – Approval of Accrediting Organizations Provides guidance on how an accrediting organization may seek approval from | No – see above | No | Yes – see above | 1/14/2016 | None | None |

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| | | | | | | the Division to accredit ASCs in Oregon. | | | | | | |
| 333-500-0031 | Fees for Complaint Investigations and Compliance Surveys | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-500-0031 – Fees for Complaint Investigations and Compliance Surveys The purpose of this statutory provision and subsequent rule was to seek additional funding in order to address a 370% increase in complaint investigations from 1994 (35 complaints) to 2007 (130 complaints). In that time frame, staff positions were reduced from 16 to 10. In 2011, HB 2100 was introduced and passed in order to revise the impractical and inequitable limitations caused by the initial language. The 2009 legislation limited the complaint fee based on one year of data which would result in some | No – see above | OAR 333-500-0031 was amended on 1/1/13. In 2011, HB 2100 was introduced and passed in order to revise impractical and inequitable limitations passed in 2009. The 2009 legislation limited the complaint fee based on one year of data which would result in some hospitals having to pay higher fee costs and others would never be required to pay for a complaint investigation. The revised language used a combination of past history and absolute caps to determine annual limitation for an individual hospital's complaint fees. | Yes – see above | 1/14/2016 | Amended 1/1/2013 | None |

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| | | | | | | hospitals having to pay higher fee costs and others would never be required to pay for a complaint investigation. The revised language used a combination of past history and absolute caps to determine annual limitation for an individual hospital's complaint fees. | | | | | | |
| 333-501-0060 | Approval of Accrediting Organizations | 12/15/10 | 12/15/15 | 12/15/15 | Mellony Bernal | Yes - 333-501-0060 – Approval of Accrediting Organizations Provides guidance on how an accrediting organization may seek approval from the Division to accredit hospitals in Oregon. | No – see above | No | Yes – see above | 1/14/2016 | None | None |
| 333-008-0045 | Interim Changes | 12/28/10 | 12/28/15 | 9/7/2016 | Andre Ourso and Margaret Lut | Y - To distinguish Interim Changes from Annual Renewal for patient applications as these require | Underestimated - the original estimate did not include the increase of change requests that | OAR 333-008-0045 was amended on 10/1/2011, 1/13/2014, 1/15/2014 (temp), 7/11/2014, 3/1/2016, and 6/28/16 | Y - The rule outlines the process of notifying the program of changes for medical | 9/16/16 | Amended 10/1/11; 1/13/14; 7/11/14; 3/1/2016; 6/28/16 | N/A |

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| | | | | | | different processes. | would be submitted or the amount of time it would take to process change requests. | <p>10/1/2011 – The 2011 Legislative Session adopted a Public Health budget that required an increase in fees charged to Oregon Medical Marijuana Program applicants to generate revenue to fund other public health programs. Part of the new fee package was to charge a replacement card fee. It was hoped that charging a fee would encourage people to not lose their cards and reduce workload to the program.</p> <p>1/13/2014 – The word “non-refundable” was added in regards to the fee to receive a replacement card.</p> <p>1/15/2014 (temp) – The rule was temporarily amended to add reference to</p> | marijuana cardholders. | | | |

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| | | | | | | | | <p>new temporary medical marijuana dispensary rules.</p> <p>7/11/2014 - The temporary reference to dispensary rules was made permanent.</p> <p>3/1/2016 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules was entirely revised to comply with the new statutes.</p> <p>6/28/2016 - The 2016 Legislative Session adopted HB 4014 which removed residency requirements for growers. The OAR was modified to remove the requirement that a person responsible for a marijuana grow site notify the program if</p> | | | | |

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| | | | | | | | | they have a change in residency. | | | | |
| 410-121-4000 | Purpose | 5/5/11 | 5/5/16 | 4/11/17 | Drew Simpson | Y - To provide the standards for operating the Prescription Drug Monitoring Program. To clarify requirements and purposes, establish definitions, and establish access process and requirements to access electronic records. This rule has provided the standards for operating the Prescription Drug Monitoring Program. The rule has clarified requirements and purpose, established definitions, and established access to electronic records. | N - There was no fiscal impact estimated to the agency or local government. All program cost were covered by the fees collected from those authorized to prescribe or dispense controlled substances and who are licensed by a required board. | No | Y - As long as the Prescription Drug Monitoring Program is operational these rules will be needed. They provide the standards for operating the Prescription Drug Monitoring Program. The rules clarify requirements and purpose, establish definitions, and establish processes to protect access to the data. | 4/28/17 | Renumbered to 333-023-0800 1/1/16 | None |
| 410-121-4005 | Definitions | 5/5/11 | 5/5/16 | 4/11/17 | Drew Simpson | Y – See above | N – See above | Y - Amended effective 11/19/13 as a result of the passage of SB 470 (2013). Since the implementation of the PDMP in 2011, additional | Y – See above | 4/28/17 | Amended 11/19/13; Renumbered to 333-023-0805 1/1/16; | None |

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| | | | | | | | | <p>needs were identified to help improve the use and effectiveness of the system including: the collection of additional data to help monitor prescribing, delegate access by practitioner and pharmacist staff, access by the State Medical Examiner, and access by practitioners in states bordering Oregon. In 2013 Senate Bill 470 was passed that amends PDMP statute to address these needs and subsequent amendments needed to be made to the administrative rules.</p> <p>Amended effective 1/10/17 – House Bill 4124 (2016) mandated that new functionality be added to the prescription drug monitoring program, the rule was amended to address the new functionality. This included adding new definitions, establishing processes for providing new functionality to users/entities, clarifying</p> | | | amended 1/10/17 | |

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| | | | | | | | | technical requirements and provisions. | | | | |
| 410-121-4010 | Reporting Requirements | 5/5/11 | 5/5/16 | 4/11/17 | Drew Simpson | Y – See above | N – See above | Y - Amended effective 11/19/13 as a result of the passage of SB 470 (2013). Since the implementation of the PDMP in 2011, additional needs were identified to help improve the use and effectiveness of the system including: the collection of additional data to help monitor prescribing, delegate access by practitioner and pharmacist staff, access by the State Medical Examiner, and access by practitioners in states bordering Oregon. In 2013 Senate Bill 470 was passed that amends PDMP statute to address these needs and subsequent amendments needed to be made to the administrative rules. Amended effective 1/1/16 to revise reporting requirements for the Prescription Drug Monitoring Program, based on the passage of | Y – See above | 4/28/17 | Amended 11/19/13; Renumbered to 333-023-0810 and amended 1/1/16 | None |

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| | | | | | | | | SB 71 (2015). The reporting requirement was changed from one week to 72 hours after dispensing a controlled substance. | | | | |
| 410-121-4015 | Notifications to Patients | 5/5/11 | 5/5/16 | 4/11/17 | Drew Simpson | Y – See above | N – See above | No | Y – See above | 4/28/17 | Renumbered to 333-023-0815 1/1/16 | None |
| 410-121-4020 | Information Access | 5/5/11 | 5/5/16 | 4/11/17 | Drew Simpson | Y – See above | N – See above | Y - Amended effective 11/19/13 as a result of the passage of SB 470 (2013). Since the implementation of the PDMP in 2011, additional needs were identified to help improve the use and effectiveness of the system including: the collection of additional data to help monitor prescribing, delegate access by practitioner and pharmacist staff, access by the State Medical Examiner, and access by practitioners in states bordering Oregon. In 2013 Senate Bill 470 was passed that amends PDMP statute to address these needs and subsequent amendments | Y – See above | 4/28/17 | Amended 11/19/13; Renumbered to 333-023-0820 1/1/16; amended 1/10/17 | None |

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| | | | | | | | | needed to be made to the administrative rules. Amended effective 1/10/17 – House Bill 4124 (2016) mandated that new functionality be added to the prescription drug monitoring program, the rule was amended to address the new functionality. This included adding new definitions, establishing processes for providing new functionality to users/entities, clarifying technical requirements and provisions. | | | | |
| 333-019-0003 | Providing Information to the Oregon Health Authority or Local Public Health Administrator | 8/19/11 | 8/19/16 | Paul Cieslak | 9/16/16 | Y - OAR 333-019-0003 was intended to effect the following: - Compliance with the requirement of ORS 433.001(1)(d) to "prescribe measures and methods for investigating the source and controlling | N - By clarifying these aspects of public health investigation and control of communicable diseases, the rule may actually be saving the state money — in time not spent | No | Y - The need for information on potential sources of infection and potentially exposed persons will persist until every tear is wiped away and death | 9/16/16 | None | N/A |

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| | | | | | | <p>reportable disease." The new rule made clear that such measures may include not only interviews of persons with reportable diseases, but of controls (as might be employed in a case-control study), health care providers, and employees of a health care facility; querying health care personnel or records regarding potential sources of infection, routes of transmission, and potentially exposed persons; and obtaining samples for testing as necessary.</p> <p>-Compliance with the requirement of</p> | <p>responding to questions or getting attorneys involved.</p> <p>This rule was estimated to have negligible fiscal impact</p> | | shall be no more. | | | |

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| | | | | | | <p>ORS 433.004(4) to "establish by rule the manner in which information may be requested and obtained under subsection (3) of this section."</p> <p>Several situations have arisen in which OHA needed access to the kinds of information in this rule: to investigate potential transmission of hepatitis B or C during surgical procedures; investigation of "prolotherapy" administered by a physician whose clinic was implicated in hepatitis C transmission in California; follow up of patients and health care</p> | | | | | | |

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| | | | | | | workers potentially exposed to measles, to verify vaccination status and offer prophylaxis as needed; investigation of an outbreak of mycobacterial infections associated with joint prostheses. We have been able to assure health care workers and facilities of their obligations under this rule and of the confidentiality protections that attended their provision of information. The need to interview controls occurs regularly, especially in attempting to implicate statistically the vehicles of | | | | | | |

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| | | | | | | foodborne disease outbreaks. | | | | | | |
| 333-019-0042 | Tuberculosis Screening in Correctional Facilities | 12/14/11 | 12/14/16 | 12/22/16 | Heidi Behm | Y - To ensure incarcerated persons with tuberculosis risk factors are screened for tuberculosis by correctional facilities. Correctional facilities, jails in particular, are now screening inmates for tuberculosis. Not all jails were doing so prior to this rule. Jails will be surveyed on screening practices in 2017. | N - Correctional facilities have not required to report on fiscal impact. The rule has no cost to OHA. | N - There have been no changes in law regarding tuberculosis screening of inmates. | Y - Yes. Tuberculosis is an airborne disease. Oregon data shows a high percentage of persons with TB disease report a history of incarceration. | | | |
| 333-047-0010 | Definitions Used in the Vaccine Accountability Rules | 1/1/12 | 1/1/17 | 1/3/17 | Amanda Timmons | Y - Oregon's vaccine distribution system supplies close to \$50,000,000 worth of taxpayer funded vaccine to hundreds of clinics across the state. The vaccine is given to clinics to administer to federally and state- | N | N - The rules have not been amended since certification in 2012. | Y - This rule has been effective in significantly reducing the amount of publicly-purchased vaccines wasted due to inappropriate | 1/25/17 | None | None |

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| | | | | | | <p>defined eligible clients in need of such services. Poor clinical administration and vaccine storage procedures have in the past resulted in the need to revaccinate thousands of Oregonians, and the loss of millions of dollars in wasted vaccine and lost revenue at private clinics. Over \$500,000 in taxpayer funded vaccine was lost in 2009. The adoption of rules in division 47 and amendments of rules in division 49 resulting from the passage of HB 2371A during the 2011 legislative session has enhanced access to high-quality education and accountability tools to prevent such losses and set</p> | | | <p>storage and handling procedures. Since administrative staffs in medical clinics experience a high-rate of turnover, there is a continued need to compel training for staff handling and storing vaccines.</p> <p>OAR 333-047-0050 was related to implementation of these rules for providers already enrolled in the Vaccines for Children program. The need for this rule expired in 2012.</p> | | | |

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| | | | | | | <p>accountability standards.</p> <p>The number of unexpired vaccines compromised by inappropriate storage and handling practices has been reduced; 76% VFC-participating clinics have fewer than 5% of all vaccine inventory lost due to spoiled, wasted or expired doses. At least two staff members at each clinic site meet annual vaccine storage, handling and administration training requirements.</p> | | | | | | |
| 333-047-0030 | Training | 1/1/12 | 1/1/17 | 1/3/17 | Amanda Timmons | Y – See above | N | N – See above | Y – See above | 1/25/17 | None | None |
| 333-047-0040 | Accounting for Vaccine | 1/1/12 | 1/1/17 | 1/3/17 | Amanda Timmons | Y – See above | N | N – See above | Y – See above | 1/25/17 | None | None |
| 333-047-0050 | Timeline for Reporting | 1/1/12 | 1/1/17 | 1/3/17 | Amanda Timmons | Y – See above | N | N – See above | Y – See above | 1/25/17 | None | None |

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| 333-010-0032 | Reporting Requirements for Clinical Laboratories | 1/1/12 | 1/1/17 | 12/13/16 | Jeff Soule | <ol style="list-style-type: none"> 1. Added reference to reporting requirement in ORS to include benign tumors of the brain and central nervous system to the list of cases reportable to the Oregon State Cancer Registry (OSCaR); 2. Added requirement that clinical laboratories report cases of certain pre-malignant conditions including intraepithelial neoplasia of the cervix, anus, vagina and vulva; and <p>Modified OSCaR patient notification requirement to allow OSCaR to curtail patient notification activities based on budgetary considerations.</p> | N | N | Y - The regulatory revisions described above were intended as permanent improvements in State Cancer Registry operations, and as such, should continue indefinitely as part of the Registry regulations. | 2/13/17 | None | None |

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| | | | | | | <p>Y - The rules amendment referenced in Item #1 above was strictly an administrative correction to bring the OSCaR OAR's into alignment with the corresponding sections of the ORS, which were amended in 2003 to provide for reporting of benign brain and CNS tumors to OSCaR. In comparison, Item #2 provided for an expansion of the Oregon cancer reporting regulations to require reporting of the pre-malignant conditions listed under Item #2 that in turn supported a CDC pilot project to conduct surveillance of certain HPV-related pre-cancerous lesions. The pilot project has been successful, and is expanding to include analysis of</p> | | | | | | |

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| | | | | | | path lab reporting from across Oregon. Item #3, which added flexibility to the OSCaR patient notification requirement has supported review of the patient notification process, including a cost-benefit analysis which is currently under review by OSCaR management. | | | | | | |
| 333-010-0197 | Presumptive Eligibility for BCCTP | 1/17/12 | 1/17/17 | 12/21/16 | Darren Yesser | Y - This rule aligned the Oregon Breast and Cervical Cancer Program (BCCP), now ScreenWise, with SB 433 (2011 legislative session), enabling all ScreenWise-eligible women with a qualifying breast or cervical cancer diagnoses to be presumptively enrolled in the state Medicaid Breast and Cervical Cancer Treatment Program | Underestimated - As anticipated, there has been no fiscal impact for the Breast and Cervical Cancer screening program (BCCP), now ScreenWise, within the Public Health Division. It was initially anticipated that the Division of Medical | Y - This rule was temporarily amended 10-15-15 thru 4-8-16 and permanently amended on 4-1-16. This amendment aligned the rule with an updated ScreenWise program eligibility policy that pre-authorization was no longer required to enroll eligible women under 40. | Y - There is a continued need for this rule to enable eligible women diagnosed with breast or cervical cancer to be presumptively enrolled in the state Medicaid Breast and Cervical Cancer Treatment | 1/25/17 | Temp 10/15/15 thru 4/8/16; Perm 4/1/16 | None |

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| | | | | | | <p>(BCCTP), regardless of whether they were enrolled in ScreenWise and/or diagnosed by a participating ScreenWise provider. Prior to SB 433, BCCTP was only accessible to ScreenWise-enrolled women who were diagnosed by a ScreenWise provider. This rule clarified the fact that, per SB433, the ScreenWise screening program was no longer the sole access point for BCCTP, thereby expanding access to treatment.</p> <p>Any licensed health care provider who can diagnose breast or cervical cancer may now presumptively enroll a ScreenWise-eligible patient into BCCTP. This referral process does not require the provider</p> | <p>Assistance Programs (DMAP) would incur the costs of covering an additional 12 women per month for treatment through Medicaid. The average monthly increase was closer to 14 women per month until January 2014 when Medicaid expansion took effect. Since then, more women have been granted full Medicaid coverage, and the number of women on the BCCTP program has continued to decline at an average of about 23 per month.</p> | | <p>Program (BCCTP), regardless of whether they were enrolled in ScreenWise and/or diagnosed by a participating ScreenWise provider. This rule supports the fact that the ScreenWise screening program is no longer the sole access point for the BCCTP.</p> | | | |

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| | | | | | | or patient to be part of the ScreenWise program. | | | | | | |
| 333-157-0073 | Temporary Restaurant Definitions | 3/1/12 | 3/1/17 | 6/1/17 | Dave Martin | <p>Y - These rules implemented statutory changes to the temporary restaurant program that reduced the licensing and inspection burden on the industry and local health departments but also provided for adequate public health protection to consumers.</p> <p>The temporary restaurant industry, in particular farmer's markets, has flourished since the adoption of these rules. These changes significantly reduced the licensing costs to industry. For example, prior to the rule change, a food booth at a farmer's market would be required to obtain a separate license for each month of</p> | N - The rule allows the issuance of seasonal temporary restaurant licenses that reduce the inspection burden for local health departments. To qualify for a seasonal license, an operator must complete a one-time operational review that is approved by the local health department. Local health departments can charge a fee to cover the time necessary to review the application and we are not aware of any complaints | N | Y - There are several thousand temporary restaurant licenses issued every year for food served at events throughout Oregon, such as fairs, carnivals and festivals and these rules will continue to be necessary as long as these events are held. | 7/10/2017 | None | None |

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| | | | | | | operation. Under the new rules, seasonal licenses can be obtained that are good for three months at a time. This results in an annual cost reduction from 12 to 4 licenses. In addition, it has reduced the number of inspections required to be conducted by local health departments. | related to a fiscal impact. After our initial rule adoption process, there has been no significant impact on OHA because any consultation and technical assistance related to these rules is part of current staff duties. | | | | | |
| 333-157-0077 | Temporary Restaurant Licensing and Inspection | 3/1/12 | 3/1/17 | 6/1/17 | Dave Martin | Y – See above | N – See above | OAR 333-157-0077 was amended on 9/4/12 to reflect new terminology that resulted from the adoption of the 2009 FDA Food Code by reference. These changes were not substantive in nature. | Y – See above | 7/10/17 | Amended 9/4/2012 | None |
| 333-700-0004 | Referenced Codes and Standards | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y - Referenced Codes and Standards was implemented in order to adopt by reference standards and applicable editions specified throughout the rules and in order to align standards with those required | N - No additional fees were assessed to facilities that chose to provide mobile dialysis services. It was noted that additional record keeping would be required and | OAR 333-700-0004 amended 2/1/15 This rule was amended to update prescribed standard editions to align with updated federal regulations. | Y - The rules continue to provide appropriate guidance and information to outpatient renal dialysis facilities. Although no facility has | 4/26/17 | Amended 2/1/15 | N/A |

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| | | | | | | <p>by federal regulations.</p> <p>The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. Although the Outpatient Mobile Dialysis rule was adopted at the request of a stakeholder, no facility has requested approval from the Health Care Regulation and Quality Improvement Program to implement these mobile services.</p> | that there may be increased staffing costs in rare cases since staffing ratios are already implemented in most facilities. | | requested approval to provide outpatient mobile dialysis, the program believes it is feasible that some facilities may do so in the future. | | | |
| 333-700-0017 | Application Review | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | <p>Y - Adopted in order to provide better clarification, guidance and direction, as well as align language with other regulated facility types</p> <p>The rules adopted have provided</p> | N- See above | OAR 333-700-0017 amended 2/1/15 This rule was amended to clarify that an on-site certification survey is conducted only if the facility has requested Medicare and Medicaid certification. | Y – See above | 4/26/17 | Amended 2/1/15 | N/A |

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| | | | | | | clearer guidance and direction with respect to standard licensing operating procedures. Although the Outpatient Mobile Dialysis rule was adopted at the request of a stakeholder, no facility has requested approval from the Health Care Regulation and Quality Improvement Program to implement these mobile services. | | | | | | |
| 333-700-0018 | Approval of License Application | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0019 | Denial of License Application | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0053 | Complaints | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0057 | Investigations | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0061 | Violations | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |

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| 333-700-0062 | Informal Enforcement | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0063 | Formal Enforcement | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0064 | Civil Penalties | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0072 | Waivers | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y – See above | N- See above | N/A | Y – See above | 4/26/17 | | N/A |
| 333-700-0073 | Outpatient Mobile Dialysis | 4/1/12 | 4/1/17 | 4/12/17 | Mellony Bernal | Y - Outpatient Mobile Dialysis was adopted at the request of a stakeholder and allows a dialysis facility to provide staff assisted dialysis at a patient's home or care facility versus the patient having to receive services at a dialysis facility. The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. Although the Outpatient Mobile Dialysis rule was adopted at the | N- See above | N/A | Y – See above | 4/26/17 | | N/A |

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| | | | | | | request of a stakeholder, no facility has requested approval from the Health Care Regulation and Quality Improvement Program to implement these mobile services. | | | | | | |
| 333-076-0001 | Referenced Codes and Standards | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | <p>Y - Referenced Codes and Standards was implemented in order to adopt by reference applicable editions for standards specified in the Physical Environment rule (OAR 333-076-0185) and in order to align standards with those required by federal regulations.</p> <p>The rule provides specification on the standards necessary for new buildings or alterations to existing facilities.</p> | N - There was no fiscal impact for this rule. The Referenced Codes and Standards was adopted in order to specify specific editions for standards that apply to the Physician Environment rule (OAR 333-076-0185.) | Y - The Centers for Medicare and Medicaid Services recently published final rules for "Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers," (Federal Register, Vol. 81, No. 180, September 16, 2016). The final federal rule amends current fire safety standards by adopting the 2012 Life Safety Code and eliminates references to earlier editions. The rule also adopts the 2012 edition of the Health Care Facilities Code with some exceptions. Providers affected by this federal | Y - Provides specification on which editions apply for standards for purposes of new building construction or alterations to existing facilities. | 5/18/17 | None | None |

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| | | | | | | | | rule change must comply and implement by November 16, 2017. In addition, stakeholders from the various licensed facility types have requested the Division explore adopting FGI guidelines which may alleviate the need for the long list of codes and standards currently referenced. | | | | |
| 333-003-0117 | Registration of Formerly Licensed Health Care Providers; Renewal | 4/1/12 | 4/1/17 | 6/2/17 | Eric Gebbie | Y - Permit the registration of previously licensed health care providers in the State Emergency Registry of Volunteers in Oregon (SERV-OR), and address the registration, training, background check process, activation and extended liability protection and workers' compensation for those previously licensed health professionals. We have two previously | N - Very few previously licensed healthcare providers have taken advantage of the rule change and sought to become or maintain registration with SERV-OR after their health care provider license expires. As estimated, the Oregon Health | No | Y - The Division and stakeholders continue to need the ability to address the registration, training, background check process, activation and extended liability protection and workers' compensation for qualified | 6/2/2017 | None | None |

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| | | | | | | <p>licensed volunteers who are registered and have met all of the requirements. We have an additional 40 volunteers who are working towards meeting all of the requirements for previously licensed SERV-OR volunteers.</p> <p>This rule has allowed OHA/PHD/HSPR Program to register and deploy previously licensed healthcare volunteers via the SERV-OR system for disaster training and response.</p> | Authority-Public Health Division dedicated a modest amount of staff time to initial implementation of the rules via the SERV-OR program, in partnership with local Medical Reserve Corps units within the Registry. | | emergency service volunteers permitted by the rules, including the registration of previously licensed health care providers. | | | |
| 333-003-0119 | Criminal Background Checks | 4/1/12 | 4/1/17 | 6/2/17 | Eric Gebbie | Y – See above | N – See above | No | Y – See above | 6/2/2017 | None | None |
| 333-027-0017 | Approval of License Application | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well | N - At the time rules were filed, there were 74 licensed home health agencies. As of the January 20, 2017 there were | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard | 5/18/17 | None | None |

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| | | | | | | as align language with other regulated facility types. | <p>75 licensed home health agencies.</p> <p>Based on data submitted from home health agencies in response to questions about the current number of employees and employee turn-over rate, the Division estimated that approximately 465 home health agency employees would be subject to the criminal records check requirement The cost of the records check was estimated to be \$30. Additionally, it was estimated that the cost of background re-checks every</p> | | licensing operating procedures. | | | |

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| | | | | | | | <p>three years was estimated at \$93,000.</p> <p>The Division does not collect ongoing data from agencies on the number of employees or the number of background checks completed so it is unable to quantify whether the fiscal impact was over or underestimated. However, given that there is only one additional agency that has been licensed in the last five years, it is believed that the estimate is not underestimated.</p> | | | | | |
| 333-027-0018 | Denial of License Application | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect | N- See above | N | Y - The rules adopted have provided clearer guidance and | 5/18/17 | None | None |

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| | | | | | | to standard licensing operating procedures, as well as align language with other regulated facility types. | | | direction with respect to standard licensing operating procedures. | | | |
| 333-027-0029 | Denial, Suspension, or Revocation of License | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0033 | Return of Agency License | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0036 | Surveys | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to | 5/18/17 | None | None |

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| | | | | | | procedures, as well as align language with other regulated facility types. | | | standard licensing operating procedures. | | | |
| 333-027-0037 | Complaints | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0038 | Investigations | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0064 | Criminal Records Check | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted to address legislative requirements in HB 2650 requiring agencies to conduct criminal background checks prior to hiring or contracting with an individual and before | N- See above | N | Y - Required to comply with ORS 443.004 | 5/18/17 | None | None |

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| | | | | | | <p>allowing an individual to volunteer. The legislation prescribes that any person who has or will have direct contact with a patient receiving home health services may not be employed, contract with or volunteer with an agency in any capacity if the criminal background check revealed conviction of a specified list of crimes.</p> <p>Was adopted to comply with ORS 443.004. The intent of the statute is to ensure that vulnerable persons are protected from possible physical or financial harm. In the past five years, the Division has issued 43 citations to home health agencies relating to criminal background check requirements</p> | | | | | | | |

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| | | | | | | including failure to perform criminal records check on employees prior to hire date; policies that did not meet specified requirements; and failure to conduct background checks every three years. | | | | | | |
| 333-027-0175 | Violations | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0180 | Informal Enforcement | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |

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| 333-027-0185 | Formal Enforcement | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-027-0190 | Civil Penalties | 4/1/12 | 4/1/17 | 4/14/17 | Mellony Bernal | Y - Adopted in order to provide better clarification, guidance and direction with respect to standard licensing operating procedures, as well as align language with other regulated facility types. | N- See above | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | 5/18/17 | None | None |
| 333-536-0007 | Classification | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y - Adopted given the number of agencies providing medication and nursing services who were deficient in safe practices. An In-Home Care Medication Services Subcommittee was established with the goal of reaching an agreement on the | N - At the time rules were filed, there were 130 licensed in-home care agencies. As of January 1, 2017 there were 150 licensed in-home care agencies including subunits. | N | Y - The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures, as demonstrated | 6/29/17 | None | None |

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| | | | | | | <p>safe delivery of medication to in-home care clients. The Subcommittee agreed that licensure classifications were needed to clearly identify the types of services being provided by an in-home care agency. Depending on the level of service provided, additional caregiving training and staffing support are required.</p> <p>The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures.</p> <p>Given the adoption of 333-536-0007, the number of licensed in-home care agencies are classified as follows:</p> <ul style="list-style-type: none"> • 17 Limited • 02 Basic • 09 Intermediate | <p>Based on data submitted from in-home care agencies in response to questions about the current number of employees and employee turnover rate, the Division estimated that approximately 1,450 individuals would be subject to the criminal records check requirement. The cost of the records check was estimated to be \$30. Additionally, it was estimated that the cost of background re-checks every three years was estimated at \$156,000.</p> | | <p>by the continuing need for technical assistance and regulatory enforcement activities. The criminal background check rule is required to comply with ORS 443.004.</p> | | | |

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| | | | | | | <ul style="list-style-type: none"> • 102 Comprehensive • An additional 20 subunits are licensed that provide services for a parent agency regardless of classification. <p>In the past five years, the Division has issued 81 citations to in-home care agencies for failure to follow increased training or staffing requirements based on their classification type.</p> | The Division does not collect ongoing data from agencies on the number of employees or the number of background checks completed so it is unable to quantify whether the fiscal impact was over or underestimated. | | | | | |
| 333-536-0021 | Approval of License Application | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | <p>Y - Adopted in order provide better clarification, guidance and direction, as well as align language with other regulated facility types.</p> <p>The rules adopted have provided clearer guidance and direction with respect</p> | N – See above | N | Y – See above | 6/29/17 | None | None |

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| | | | | | | to standard licensing operating procedures. | | | | | | |
| 333-536-0023 | Denial of License Application | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0031 | Fees | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0033 | Denial, Suspension or Revocation of License | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0041 | Surveys | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0042 | Complaints | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0043 | Investigations | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0093 | Criminal Records Checks | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y - Adopted to address legislative requirements in HB 2650 requiring agencies to conduct criminal background checks prior to hiring or contracting with an individual and before allowing an individual to volunteer. The legislation prescribes | N – See above | N | Y – See above | 6/29/17 | None | None |

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| | | | | | | <p>that any person who has or will have direct contact with a patient receiving in-home care services may not be employed, contract with or volunteer with an agency in any capacity if the criminal background check revealed conviction of specified crimes.</p> <p>OAR 333-536-0093 was adopted to comply with ORS 443.004. The intent of the statute is to ensure that vulnerable persons are protected from possible physical or financial harm. In the past five years, the Division has issued 117 citations to in-home care agencies relating to criminal background check requirements including failure to perform criminal records check on</p> | | | | | | |

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| | | | | | | employees prior to hire date; policies that did not meet specified requirements; and failure to conduct background checks every three years. | | | | | | |
| 333-536-0110 | Violations | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y - Adopted in order provide better clarification, guidance and direction, as well as align language with other regulated facility types. The rules adopted have provided clearer guidance and direction with respect to standard licensing operating procedures. | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0117 | Informal Enforcement | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0120 | Formal Enforcement | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |
| 333-536-0125 | Civil Penalties | 7/1/12 | 7/1/17 | 6/19/17 | Mellony Bernal | Y – See above | N – See above | N | Y – See above | 6/29/17 | None | None |

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| 333-055-0006 | Definitions | 9/19/12 | 9/19/17 | 8/28/17 | Mellony Bernal | <p>Y – Adopted as a result of SB 104 (sections 8 and 9) passed during the 2011 legislative session which amended who could provide training on lifesaving treatments and decreased the minimum age requirement that persons may receive training on the treatment of allergic reactions and hypoglycemia.</p> <p>OAR 333-055-0006 was adopted to identify specific definitions applicable to the administrative rules.</p> <p>Definitions align with statute and provide clarification that Paramedics, under the direction of their supervising physician, are allowed to train individuals in the</p> | <p>N - The EMS and Trauma Systems Program is responsible for providing copies of the training protocol to individuals at their request. The protocol is available on the web as well as in hardcopy.</p> <p>As specified in the fiscal impact statement, the EMS and Trauma Systems program does not track the number of individuals trained or who conducts training so it is not feasible to determine whether there were increased or decreased costs to organizations or</p> | <p>Y - Passage of SB 875 during the 2015 legislative session added training on the treatment of adrenal crisis to affected statutes requiring rules to be amended. Definitions for adrenal crisis and adrenal insufficiency were added.</p> | Y – continues to provide clarity. | 11/7/17 | Amended 2/6/16 | None |

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| | | | | | | treatment of allergic response. | | individuals that provide the training. A majority of the training is conducted by school nurses in order to train school staff. | | | | |
| 333-055-0021 | Eligibility for Training | 9/19/12 | 9/19/17 | 8/28/17 | Mellony Bernal | Y – Adopted as a result of SB 104 (sections 8 and 9) passed during the 2011 legislative session which amended who could provide training on lifesaving treatments and decreased the minimum age requirement that persons may receive training on the treatment of allergic reactions and hypoglycemia. OAR 333-055-0021 was adopted to clearly identify who is eligible to receive training on the recognition of symptoms for allergic | N – See above. | Y - Passage of SB 875 during the 2015 legislative session added training on the treatment of adrenal crisis to affected statutes requiring rules to be amended. Eligibility for training was amended to cross reference additional rules. | Y – continues to provide clarity. | 11/7/17 | Amended 2/8/16 | None |

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| | | | | | | <p>response to allergens and for hypoglycemia, in addition to administering epinephrine or glucagon.</p> <p>Eligibility for training makes it clear that individuals 18 years of age or older may receive training.</p> | | | | | | |
| 333-052-0043 | Senior Participant Eligibility and Benefits | 12/20/12 | 12/20/17 | 12/18/17 | Erin Macauley | <p>Y - During the 2012 fiscal year, the WIC program assumed responsibility for the administration of the Senior Farm Direct Nutrition Program. This program was previously administered by the Department of Human Services, Self-Sufficiency Programs, Aging and People with Disabilities (APD). The rule additions, amendments and alterations were a direct result of the</p> | <p>N - The anticipated costs associated with these rules changes was accurate and has not created an adverse impact on the program or administration.</p> <p>There were adequate funds allocated for the transition, implementation, and administration of the Senior</p> | <p>Amended 1/30/14 and 1/1/16.</p> <p>At this time, all previous revisions are still accurate and no other Division or federal changes require amendments to division 52.</p> <p>Previous changes in 2014 to rules 0043 and 0044 included amending current definitions, Senior and WIC participant eligibility requirements and complaint processing. Changes in 2016 to section 0043</p> | <p>Yes - The Oregon WIC Program is still and will continue to be the designated administrator of the Senior and WIC participant Farm Direct Nutrition Programs. The rule(s) define eligibility and benefit utilization and disbursement</p> | 12/22/17 | Amended 1/30/14 & 1/1/16 | None |

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| | | | | | | <p>oversight shift and included eligibility and benefit parameters. The previous administering body subsequently repealed their rules. Additional rules were added to clearly identify WIC participants participating in the Oregon FDNP program and their eligibility and benefit parameters, which are separate and unique from the Senior Oregon FDNP.</p> <p>The adoption of these rules set a clear path for eligibility and benefits for both the Senior and WIC participant populations. It has also allowed for the successful administration of the Senior FDNP in addition to the WIC participant FDNP.</p> | FDNP. There were no unforeseen costs that created an adverse impact. | included revisions to the income eligibility requirements to come in line with the ACA coverage updates and the minimum age requirement was updated for fiscal purposes. | which are crucial variables for successful administration . | | | |

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| 333-052-0044 | WIC Participant Eligibility and Benefits | 12/20/12 | 12/20/17 | 12/18/17 | Erin Macauley | Y – See above | N – See above | Amended 1/30/14 At this time, all previous revisions are still accurate and no other Division or federal changes require amendments to division 52. Previous changes in 2014 to rules 0043 and 0044 included amending current definitions, Senior and WIC participant eligibility requirements and complaint processing. | Y – See above | 12/22/17 | Amended 1/30/14 | None |
| 333-004-0200 | Agency Appeals | 12/26/12 | 12/26/17 | 11/27/17 | Emily Elman | Y - The intent of the rule adoption was to describe the agency appeals process, including administrative review and contested case hearings for the Oregon ContraceptiveCare (CCare) program. The rule adoption also outlined the claims re-determination process. All rules adopted had their | N - There were no unanticipated additional costs to state agencies, providers, units of local government or the public. | N | Y - The CCare Program continues to operate and requires the rule adoption made in 2012. | 11/28/17 | None | None |

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| | | | | | | intended effect in describing the agency appeals and claims re-determination process. | | | | | | |
| 333-004-0210 | Claim Re-Determination | 12/26/12 | 12/26/17 | 11/27/17 | Emily Elman | Y – See above | N – See above | N | Y – See above | 11/28/17 | None | None |
| 333-004-0220 | Agency Appeals – Administrative Review | 12/26/12 | 12/26/17 | 11/27/17 | Emily Elman | Y – See above | N – See above | N | Y – See above | 11/28/17 | None | None |
| 333-004-0230 | Agency Appeals – Contested Case Hearings | 12/26/12 | 12/26/17 | 11/27/17 | Emily Elman | Y – See above | N – See above | N | Y – See above | 11/28/17 | None | None |
| 333-250-0031 | Ambulance Service Requirements with Use of Qualified Drivers | 1/25/13 | 1/25/18 | | | | | | | | Repealed 3/21/17 | |
| 333-265-0011 | Applications for Approval of EMT-Intermediate Courses | 1/25/13 | 1/25/18 | | | | | | | | Repealed 3/30/17 | |
| 333-265-0024 | EMT-Intermediate Provider Examination | 1/25/13 | 1/25/18 | 1/8/18 | Mellony Bernal | Y - OAR 333-250-0024 was one of two rules adopted to address requirements for EMT-Intermediate provider exams. The | N - The EMS and Trauma Systems Program remains responsible for creating the | Y - OAR 333-265-0024 was amended on March 30, 2017 to clarify an EMS provider's eligibility to take the EMT Intermediate exam, updates terminology and | Y - The rule is still necessary to provide information about the EMT-Intermediate | 3/14/18 | Amended 3/30/17 | None |

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| | | | | | | rule clarifies who can host an EMT-Intermediate exam, retesting options for an EMS provider that fails an exam, time limitation to complete exam after completing required courses, and examination officer eligibility. In the fall of 2011, the NREMT announced the transition from EMS provider levels of certification designated in the 1990s to new titles with new responsibilities. Because of these changes, the Oregon Health Authority introduced legislation that passed in 2011 (SB 234) to align Oregon laws with national standards. However, while the National Registry transitioned EMT-Intermediates (Intermediate) to the new Advanced EMT | EMT-Intermediate curriculum and instructional guidelines to the trainers of these courses. This work is done using existing resources. | removes language that would be considered out of compliance with the Americans with Disabilities Act. | exam including who can host an exam and testing qualifications. | | | |

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| | | | | | | <p>(AEMT) classification, rural agencies in Oregon requested that Oregon administrative rules retain the Intermediate classification. Due to recruitment and resource barriers for employing a Paramedic, retaining the Intermediate classification allows rural agencies to employ an Intermediate who is able to administer certain medications that an AEMT cannot.</p> <p>As of January 12, 2018, there are 750 licensed EMT-Intermediates in Oregon compared to 1,018 licensed at the end of 2012. These numbers suggest that agencies continue to rely on this classification and Oregon should retain</p> | | | | | | | |

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| | | | | | | curricula necessary to train EMS providers at this level. | | | | | | |
| 333-119-0041 | Cleaning and Sanitation | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - Requires the registrant to maintain minimal sanitation requirements for the tanning device customer. This rule is enforced. | N - No fiscal impact was observed with these adopted rules. | OAR 333-119-0041 was amended January 2015 to remove the requirement that the facility operator must use a sanitizer specifically manufactured for sanitizing ultraviolet light equipment. Rule now allows for the use of a EPA or FDA bactericide registered product. | Y – to protect public health | 3/14/18 | Amended 1/1/15 | None |
| 333-123-0055 | Electronic Brachytherapy | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0060 | Facility Design Requirements for Electronic Brachytherapy Devices | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |

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| 333-123-0065 | Electrical Safety for Electronic Brachytherapy Devices | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0070 | Control Panel Functions | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0075 | Timer | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0080 | Medical Physicist | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0085 | Operating Procedures | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are | N - No fiscal impact was observed with | OAR 333-123-0055 through 0115 will need to | Y – to protect public health | 3/14/18 | None | None |

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| | | | | | | enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | these adopted rules. | be amended as the technology evolves. | | | | |
| 333-123-0090 | Safety Precautions for Electronic Brachytherapy Devices | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0095 | Electronic Brachytherapy Source Calibration Measurements | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0100 | Periodic and Day-of-Use Quality Assurance Checks for Electronic Brachytherapy Devices | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0105 | Therapy Related Computer Systems | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |

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| | | | | | | brachytherapy devices used for cancer therapies. | | | | | | |
| 333-123-0110 | Training | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-123-0115 | Mobile Electronic Brachytherapy Service | 1/29/13 | 1/29/18 | 2/5/18 | Todd Carpenter | Y - OAR 333-123-0055 through 333-123-0115 are enforced relating to the use of electronic brachytherapy devices used for cancer therapies. | N - No fiscal impact was observed with these adopted rules. | OAR 333-123-0055 through 0115 will need to be amended as the technology evolves. | Y – to protect public health | 3/14/18 | None | None |
| 333-010-0400 | Description of Dental Pilot Projects | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y - OAR 333-010-0400 through 333-010-0470 allows the Oregon Health Authority's Dental Pilot Project Program to provide administrative oversight over dental pilot projects as defined in Senate Bill 738, which passed during the 2011 legislative session. The rules provide administrative | Underestimated - The Oregon Health Authority (OHA) estimated a fiscal impact of 1.5 FTE to implement the activities under the rules. The fiscal impact was to be addressed through a Dental Pilot Projects Fund | Y - On December 12, 2016, OAR 333-010-0405, 0415 & 0435 were amended to provide administrative guidance and clarification to the required content of dental pilot projects' evaluation and monitoring requirements. The amended rules add requirements for project evaluation and define the term "evaluator" for the purposes of the project evaluation. Additionally, | Y - Yes, Senate Bill 606 that passed during the 2015 legislative session extended the sunset date for the Dental Pilot Projects Program until January 2, 2025. The Oregon Health | 3/14/18 | None | None |

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| | | | | | | <p>guidance to the required content of dental pilot project applications, process for review, approval and monitoring of dental pilot projects, and steps to terminate or conclude a dental pilot project. The intent of the rules is to provide guidance to dental pilot projects to ensure that resources are used efficiently, patient safety is ensured, and outcomes are reasonably evaluated.</p> <p>The Dental Pilot Project Program was developed; two pilot projects are currently operating in Oregon under the program. The goal of the Dental Pilot Project Program is to encourage the development of innovative practices</p> | <p>established in Senate Bill 738, passed during the 2011 legislative session. OHA could not begin accepting dental pilot project applications until there was enough money in the Fund to at least support a coordinator position. Unfortunately, no grants, gifts or contributions were provided to the Dental Pilot Projects Fund. During the 2013 legislative session, House Bill 5008 passed that provided OHA with \$100,000 GF special purpose appropriations for staffing related to dental pilot projects. OHA used the</p> | <p>the amended rules allow for coordinated care organizations to apply as a sponsor of a dental pilot project. This keeps current with health transformation in Oregon, as coordinated care organizations were formally enacted into law after the original administrative rules were written.</p> | <p>Authority will be accepting dental pilot project applications and providing oversight of approved applications until then.</p> | | | |

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| | | | | | | <p>in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.</p> | <p>funds to hire a part-time, limited duration Dental Pilot Project Program Coordinator in 2014. OHA began accepting dental pilot project applications in 2015.</p> <p>During the 2015 legislative session, Senate Bill 606 passed that extended the sunset date on the Dental Pilot Project Program established in SB 738 by 5 years to January 2, 2025 instead of 2018. The bill also provided \$100,000 GF for OHA to hire a part-time research analyst (0.5 FTE) for the Dental Pilot Project</p> | | | | | |

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| | | | | | | | <p>Program. The part-time limited duration coordinator position was resolved with the passage of Senate Bill 660. The purpose of SB 660 was to establish a mandatory certification program for local school dental sealant programs and included \$200,000 GF for a 1.0 FTE coordinator position. The intent behind the funding was to have the coordinator position operate both the certification program and Dental Pilot Project Program.</p> | | | | | |

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| | | | | | | | The workload of the Dental Pilot Project Program requires a full-time 1.0 FTE, so coordination of the mandatory certification program has been distributed to the workload of two other staff people in the Oral Health Unit. | | | | | |
| 333-010-0405 | Definitions | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | Amended 12/12/16 | None |
| 333-010-0410 | Minimum Standards | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0415 | Application Procedure | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | Amended 12/12/16 | None |
| 333-010-0420 | Trainees | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0425 | Instructor and Supervisor Information | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0430 | Curriculum | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |

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| 333-010-0435 | Evaluation and Monitoring | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | Amended 12/12/16 | None |
| 333-010-0440 | Informed Consent | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0445 | Application Review Process | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0450 | Project Approval | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0455 | Program Responsibilities | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0460 | Modifications | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0465 | Completion of Project | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-010-0470 | Suspension or Termination of Project | 2/4/2013 | 2/4/2018 | 1/25/18 | Cate Wilcox | Y – See above | See above | Y – See above | Y – See above | 3/14/18 | None | None |
| 333-022-0200 | Definitions | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y - This rule adoption was intended to make the relevant OARs consistent with the statutory changes for ORS 433.045, 433.055, 433.065, 433.075 and 433.085 resulting from the passage, in 2012, of Senate Bill 1507. SB | N - There was no anticipated fiscal nor economic impact and none have been reported. | N - There have been no further changes in the relevant Oregon Revised Statute since these rule changes. | Y - The rules continue to delineate clear requirements to meet the statutory intent. | 3/14/18 | None | Continued clarity around HIV testing and normalization of this health service promotes both routine screening and targeted testing for individuals most at risk. It lessens the barrier of separate processes specific |

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| | | | | | | <p>1507 removed requirements for obtaining special informed consent prior to collecting a specimen for HIV testing. Instead of informed consent, these changes required that health care providers notify the individual receiving service that the test for HIV will be performed and the individual is allowed an opportunity to decline that testing service. The revised statute declares that the "notification and opportunity to decline testing required... may be verbal or in writing, and may be contained in a general medical consent."</p> <p>The Oregon Health Authority is charged under ORS 433.065 and 433.080, with the responsibility and authority to prescribe by rule procedures</p> | | | | | | <p>for HIV testing. The normalization of such testing theoretically reduces inadvertent stigmatization for consumers. The occupational exposure rules more clearly delineate occupational applications and exceptions to confidentiality guidelines for individual safety and maximally effective health care. The occupational rules are more user friendly in format.</p> |

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| | | | | | | <p>for the testing of source patients or workers after substantial exposures in occupational and health care settings. In addition to revisions necessitated by SB 1507, existing rules were unnecessarily complex, not grouped together and grouped with rules unrelated to HIV testing or bloodborne exposure. The rule revision also included language addressing permitted disclosure of HIV test results by health care providers and facilities in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA). The rule specified circumstances under which public health providers may disclose HIV test</p> | | | | | | |

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| | | | | | | <p>results. Permission is outlined for public health to disclose the identity of an individual with a positive HIV test result for purposes of notification of another person, for whom a substantial exposure to that individual occurred, in an effort to minimize risk to the exposed person. Similarly, HIV test results may be shared with, and by, a health care provider for purposes of facilitating or arranging treatment.</p> <p>It does appear that the rule adoption has had its intended effect, although we do not collect data that would relate to evaluating the impact of the rules changes. Programmatic subjective impressions are that the rules have lessened the</p> | | | | | | |

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| | | | | | | cumbersome aspects of requiring a separate informed consent for one specific laboratory test in health systems and/or provider offices and in community settings where HIV testing occurs. | | | | | | |
| 333-022-0205 | HIV Testing, Notification, Right to Decline | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |
| 333-022-0210 | Confidentiality | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |
| 333-022-0300 | Procedures for Requesting a Source Person Consent to an HIV Test Following an Occupational Exposure | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |
| 333-022-0305 | Petition for Mandatory Testing of Source Persons | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |
| 333-022-0310 | Substantial Exposure While Being | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |

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| | Administered Health Care | | | | | | | | | | | |
| 333-022-0315 | Employer Program for Prevention, Education and Testing | 2/4/2013 | 2/4/2018 | 2/1/2018 | Ruth Helsley | Y – See above. | N – See above. | N- See above. | Y – See above. | 3/14/18 | None | See above |
| 333-053-0075 | eWIC Cards | 11/6/2013 | 11/6/2018 | 11/2/2018 | Erin Macauley | <p>Yes - The purpose of this rule was to define issuance and distribution of the WIC Electronic Benefit Transfer (eWIC) cards to participants and secondary authorized shoppers. The rule also defines card activation and replacement. These rules were added in response to the federal rule for all state agencies to transition to Electronic Benefit Transfer (EBT) by 2020.</p> <p>This rule was required as part of the federal requirement for all state agencies to transition from paper</p> | No - There was no financial impact associated with this rule because the state was successful in complying with the federal rule to implement WIC EBT. This change did affect other state agencies, entities, or businesses. | No - The federal rule to implement and utilize WIC EBT is still in effect. No amendment to this rule is required at this time. Repealing the rule would put the state agency out of compliance with the potential of a financial penalty being issued by the federal program for non-compliance. | Yes - The transition and implementation of state agencies to utilize WIC EBT is a federal rule still in effect. | 11/27/18 | None | None |

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| | | | | | | food instrument vouchers to Electronic Benefit Transfer (EBT). The state of Oregon has fully implemented EBT and eWIC cards are being issued, activated, and replaced according to this rule. | | | | | | |
| 333-054-0033 | Provision of Incentive Items | 11/6/2013 | 11/6/2018 | 11/2/2018 | Erin Macauley | Yes - The purpose of these rules was to define that incentives could not be offered to only WIC participants and that any allowable and authorized incentive must be offered to all store patrons equally. The rules define what incentives are allowable and will be considered by the Authority for authorization and what incentives are not allowable and will not be considered by the Authority for authorization. State agencies must have a policy for incentive items offered by | No - There was no financial impact associated with this rule because the state was successful in complying with the federal rule to implement WIC EBT. This change did affect other state agencies, entities, or businesses. | No - The federal rule to implement and utilize WIC EBT is still in effect. No amendment to this rule is required at this time. Repealing the rule would put the state agency out of compliance with the potential of a financial penalty being issued by the federal program for non-compliance. The federal rule for state agencies to define their policy for vendor incentive items is still in effect. | Yes - The transition and implementation of state agencies to utilize WIC EBT is a federal rule still in effect. | 11/27/18 | None | None |

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| | | | | | | <p>authorized vendors/stores as part of the federal rule.</p> <p>This rule was added to address federal rule to implement WIC EBT and to address federal rule regarding vendor/store incentive items and the state agency policy. These rule changes continue to successfully address the state agency's transition to WIC EBT.</p> | | | | | | |
| 333-055-0100 | Purpose | 11/19/2013 | 11/19/2018 | 11/16/2018 | Laura Chisholm | <p>Yes –</p> <ul style="list-style-type: none"> To define protocols and criteria for training on lifesaving treatments for opiate overdose. To promote an effective and consistent approach to overdose recognition and | No - While cost of compliance to state and local government was accurately estimated, the cost to community organizations of providing naloxone kits may have been underestimated. This may be due to changes in | Y - An informal survey of stakeholders who previously served on the Rules Advisory Committee (RAC) (and their delegates) indicated that the rule should be either repealed or amended. The processes specified in the rule are likely to have been superseded by subsequent legislation (HB 3440, 2017), which would indicate repeal. | This is currently unclear, given that statutory changes related to the passage of HB 3440 (2017) (which removed bystander training and certification requirements for naloxone | 11/27/18 | None | An opinion on these rules and their conflict with current statute is pending from the Department of Justice. Pending the AAG's response, they will very likely need to be either updated or repealed. |

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| | | | | | | <p>response training statewide.</p> <ul style="list-style-type: none"> To support civil liability protections for trained individuals who in good faith provide treatment for an apparent opiate overdose. <p>The rule had its intended effect on the first two objectives: to define protocols and criteria for training and to promote an effective and consistent approach. On the third objective, supporting civil liability protections, one respondent (1/7) disagreed.</p> | the price of naloxone and changes in the standard of practice around how many doses to include in a kit. Costs to small businesses were accurately estimated. | However, some stakeholders have noted that updating the rule could further reduce barriers to naloxone distribution. | administration from statute) may have removed the need for these rules. Former RAC members were evenly split on this question. | | | |
| 333-055-0105 | Definitions | 11/19/2013 | 11/19/2018 | 11/16/2018 | Laura Chisholm | Y – see above | N – see above | Y – see above | | 11/27/18 | None | |
| 333-055-0110 | Educational Training | 11/19/2013 | 11/19/2018 | 11/16/2018 | Laura Chisholm | Y – see above | N – see above | Y – see above | | 11/27/18 | None | |
| 333-055-0115 | Certificate of Completion of Training | 11/19/2013 | 11/19/2018 | 11/16/2018 | Laura Chisholm | Y – see above | N – see above | Y – see above | | 11/27/18 | None | |

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| 333-106-0735 | Breast Density Notification | 1/1/2014 | 1/1/2019 | 12/10/18 | Todd Carpenter | Y - Establishing Oregon Administrative Rules addressing the successful passage of Senate Bill 420 (2013). The Senate Bill directed a health facility to inform the patient that dense breast tissue has been discovered through mammogram imaging. All patients with dense tissue must are now provided with written information in a form prescribed by Administrative Rule from a facility that has performed a mammogram if imaging shows the patient has dense breast tissue. | No | Written comments received after the adoption of the rule requested Oregon Health Authority to examine the need for the notification be given to the patient at the radiologist's discretion and should the statement <i>"Together, you can decide if additional breast imaging tests such as a breast ultrasound, Magnetic Resonance Imaging (MRI) or Breast-Specific-Gamma-Imaging (BSGI) would be beneficial based on your risk factors and physical examinations"</i> be amended by removing the term Breast Specific Gamma Imaging (BSGI) from the statement within the rule? – The rule was subsequently amended effective January 1, 2015 by rule advisory committee. | Y - Senate Bill 420 has been adopted into Oregon Revised Statute. | 1/9/2019 | Amended 1/1/2015 | N/A |
| 333-011-0205 | County Vital Records Services | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y - The goal of these rules was to implement vital records and vital statistics laws that went into effect on | N - There has been no significant fiscal and economic impact because of these rules. | 333-011-0205, amended 1/1/16 to clarify that county registrars can issue certified copies of death records from a paper record that is at the | Y - These rules are needed to ensure implementation of ORS 432 | 1/9/2019 | Amended 1/1/2016 | N/A |

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| | | | | | | <p>January 1, 2014. House Bill 2093 passed by the Oregon legislature in June 2013. This bill reorganized and updated the Oregon vital records and statistics law. The subjects of the rules include reports of live births, reports of death, reports of fetal deaths, marriages, Oregon registered domestic partnerships, dissolution of marriage or domestic partnership, amendments of vital records, and county vital records offices.</p> <p>The rules allow the Center for Health Statistics to implement sections of the law that went into effect on January 1, 2014. Rules also needed to be updated to follow the new law.</p> | <p>Most of the rules clarified work processes or were updated to match current terminology in the new law. There was no cost to public or other state or local government agencies because of the rules. Small businesses did not have additional cost of compliance.</p> | <p>county and to clarify that fees collected by county registrars are in the amounts authorized in 333-011-0340.</p> | <p>which govern the operations of the Center for Health Statistics.</p> | | | |

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| 333-011-0210 | Prenatal Care Information | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0215 | Registering Live Births that Occur Outside of a Facility with a Licensed Birth Attendant or Non-licensed Midwife within One Year of the Date of Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0220 | Registering Live Births that Occur Outside of a Facility and Without a Licensed Attendant within One Year of the Date of Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0225 | Registering Live Births that Occur in a Licensed Medical Facility More Than One Year after the Date of Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |

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| 333-011-0230 | Registering Live Births that Occur Outside a Facility More Than One Year after the Date of Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0235 | Documentation in Support of an Application to Register a Delayed Report of Live Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0240 | Review and Filing of Delayed Registration of Birth | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0245 | Denial of Application for Delayed Registration of Live Birth after Two Years | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0250 | Court Ordered Birth Records | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0255 | Infants of Unknown Parentage | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0260 | Amendment of the Same Item More than Once | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |

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| 333-011-0265 | Amending Birth Records | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | 333-011-0265, amended 1/1/18. This rule was revised to implement HB 2673 passed by the Oregon legislature in May 2017. The law creates an administrative process to change name and sex on a birth record when the change is requested to because the individual's sex on their birth certificate does not match their gender identity. | Y – See above | 1/9/2019 | Amended 1/1/2018 | N/A |
| 333-011-0270 | Voluntary Acknowledgment of Paternity | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0280 | Extension of Time for Submission of Report of Death or Fetal Death | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0285 | Report of Fetal Death Which Occurred Outside a Licensed Medical Facility | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0300 | Amendments to Death Records | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |

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| 333-011-0305 | Marriage and Oregon Registered Domestic Partnership Records | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0310 | Record of Dissolution | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0320 | Preservation of Vital Records | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0325 | Confidentiality and Disclosure of Information from Vital Records or Vital Reports | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-011-0330 | Authentication of Applicant | 1/1/2014 | 1/1/2019 | 12/24/18 | Jennifer Woodward | Y – See above | N – See above | N/A | Y – See above | 1/9/2019 | | N/A |
| 333-019-0052 | Communication during Patient Transfer of Multidrug-Resistant Organisms | 1/1/2014 | 1/1/2019 | 12/13/18 | Rebecca Pierce | Y - This rule was intended to set expectations for the communication between healthcare settings of essential information related to patients infected or colonized with infectious pathogens. The purpose of the rule is to ensure that when patients infected (or | N - The fiscal impact of noting infectious status on a form was estimated to be negligible; we have no evidence to date that unanticipated fiscal impacts have occurred. | N/A - The agency is not aware of any changes in law that would require amendment or repeal of this rule. | Y - The rule ensures that essential communication is occurring between healthcare facilities. Appropriate notification of infectious disease status of patients | 2/25/2019 | | N/A |

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| | | | | | | <p>colonized) with multi-drug resistant organisms or pathogens that require transmission-based precautions are transferred to another facility, that the transferring facility communicate with the receiving facility to make them aware of the diagnosis. This allows the receiving facility to implement the necessary infection control measures to prevent spread at their facility.</p> <p>Healthcare facilities are routinely notifying one another upon transfer of a patient infected or colonized with multidrug-resistant organisms or pathogens that require transmission-based precautions. Compliance with this requirement continues to increase</p> | | | results in more rapid isolation and prevention efforts and therefore prevents outbreaks, patient morbidity and mortality, and associated high cost treatments. | | | |

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| | | | | | | with additional educational efforts- hospitals' self-reported compliance with the rule increased from 77% on a 2015 survey to 87% on the 2016 survey. We continue to assess current levels of compliance via our facility surveys. | | | | | | |
| 333-056-0045 | Exemption for Placenta Removal from a Health Care Facility | 1/1/2014 | 1/1/2019 | 1/18/2019 | Stephen Ladd-Wilson | Y - The Oregon Health Authority is required to write rules implementing House Bill 2612 (Oregon Laws 2013, chapter 109), which became law during the 2013 legislative session; it entitles postpartum mothers, or their designees if they are incapacitated, to take their placentas with them after discharge from the health care facility wherein the mother had given birth if certain criteria are met. (HB 2612 (Oregon Laws 2013, | No | No | Y – ORS 459.400 requires this rule | 2/27/2019 | | None |

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| | | | | | | <p>chapter 109): https://olis.leg.state.or.us/liz/2013R1/Measures/Text/HB2612/Enrolled</p> <p>The intended effect of allowing mothers or their designees to take their placentas with them after discharge from the health care facility, pending testing criteria, has been achieved.</p> | | | | | | |
| 333-028-0200 | Purpose | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | <p>Y - To create a definition for school-based health centers (SBHCs) in Oregon whereby the state would create a set of standards that SBHCs would be required to meet in order to be considering "certified". Subsequent rules allow certified SBHCs to be eligible for state funding awards.</p> | No | No | Y - There are currently 76 certified SBHCs that follow requirements and processes outlined in the rules for certification. There are communities interested and actively planning for future SBHC certification. | 1/9/2019 | | N/A |

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| | | | | | | A set of standards for certification have been adopted for SBHCs. Certified sites are then eligible for state funding awards. | | | The rules outline the process for initial certification and re-certification that SBHCs are following. | | | |
| 333-028-0210 | Definitions | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | Y – See above | No | No | Y – See above | 1/9/2019 | | N/A |
| 333-028-0220 | Certification Requirements | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | Y – See above | No | Y - Amendments were needed to update the SBHC Standards for Certification to align with best practice. Minor programmatic processes and timelines were adjusted associated with certification and verification activities. | Y – See above | 1/9/2019 | Amended 10/1/2015 ; 7/1/2017 | N/A |
| 333-028-0230 | Application and Certification Process | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | Y – See above | No | Y - Amendments were needed to update the SBHC Standards for Certification to align with best practice. Minor programmatic processes and timelines were adjusted associated with certification and verification activities. | Y – See above | 1/9/2019 | Amended 7/1/2017 | N/A |
| 333-028-0240 | Verification | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | Y – See above | No | Y - Amendments were needed to update the SBHC Standards for | Y – See above | 1/9/2019 | Amended 7/1/2017 | N/A |

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| | | | | | | | | Certification to align with best practice. Minor programmatic processes and timelines were adjusted associated with certification and verification activities. | | | | |
| 333-028-0250 | Compliance | 1/1/2014 | 1/1/2019 | 12/27/18 | Rosalyn Liu | Y – See above | No | Y - Amendments were needed to update the SBHC Standards for Certification to align with best practice. Minor programmatic processes and timelines were adjusted associated with certification and verification activities. | Y – See above | 1/9/2019 | Amended 7/1/2017 | N/A |
| 333-053-0000 | Suspension of WIC Program | 1/30/2014 | 1/30/2019 | 1/25/2019 | Erin Macauley | Y - The adoption of these rules address the temporary suspension of WIC program benefits for Participants, and temporary suspension of authorized WIC Vendor and CVB Farmer agreements in the event of a government or program closure, or the lack of government funding for the program. The previous rules only | N - The Authority has not had to suspend Participant benefits or Vendor and CVB Farmer Agreements since the adoption of these rules and is unable to address if the fiscal impact of this rule was underestimated. The fiscal | Y - OAR 333-053-0000 was amended and effective 10/1/2018. The rule was changed to address the revisions made to ORS 411.095 as part of SB 225 (2015). The statute revisions reduced the requirement of program notification to participants in the event of government changes to a benefit or standard. This amendment gives the Authority the latitude necessary to comply with the Federal Regulation requirements for | Y - As of this rule review date (01/25/2019), the program is currently depending on these rules to frame the communication timeline and all required steps to adequately notify Participants of benefit suspension | 2/25/2019 | Amended 10/1/2018 | The addition of these rules to division 53 and division 54 and the subsequent revisions associated with ORS 411.095 was extremely timely. There have been a few cases of short government or program closures since the adoption of the rule that did not result in Participant benefit suspension or Vendor and CVB Farmer agreement suspension, but the |

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| | | | | | | <p>address termination of Participant benefits and termination of Vendor and CVB Farmer agreements. The addition of suspensions gives the state an option to resume benefits and agreements once funding is restored or when a program is re-opened without requiring a lengthy Participant benefit re-certification and Vendor or CVB Farmer re-contracting process.</p> <p>While the Oregon WIC Program has not yet had to suspend Participant benefits or Vendor and CVB Farmer Agreements, it has given the Authority the latitude to prepare to take suspension actions and also not require Participant re-certification or Vendor and CVB</p> | <p>impact of this rule is still an estimate. The program has transitioned from paper food instruments to WIC Electronic Benefit Transfer (EBT) since the adoption of these rules which reduces the risk of Participants and/or Vendors and CVB Vendors redeeming benefits during the suspension period.</p> | <p>participant notification and accommodates for unknown changes in the status of the government changes and standards.</p> | <p>and Vendors and CVB Farmers of agreement suspension during the current federal government shutdown. These rules are needed indefinitely to address present and future changes in the event of government or program closure and funding deficits.</p> | | | <p>rules gave the Authority the prospective latitude to address the issues if suspension was imminent. As of the date of this rule review (01/25/2019) during a federal government shutdown that could impose the first Participant benefit suspension and Vendor and CVB Farmer agreement suspension, it is crucial that these rules be maintained indefinitely.</p> |

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| | | | | | | Farmer contract renewal. Having these rules is crucial as of the date of this review (01/25/2019), to address the current shutdown state of the federal government which is the funding source of this program. | | | | | | |
| 333-054-0052 | Suspension of Vendor Agreements | 1/30/2014 | 1/30/2019 | 1/25/2019 | Erin Macauley | Y – See above | N – See above | N/A | Y – See above | 2/25/2019 | None | See above |
| 333-081-0000 | Purpose | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y - Oregon Administrative Rules 333-081-0000 through 0090 adopted standards for the purpose of regulating organizations that engage in the collection and distribution of human bodies and body parts used for medical research and education. Prior to passage of HB 3345 (2013) and the resulting administrative rules, there were two non-transplant anatomical | Underestimated: The Authority stated in its fiscal impact that the licensure process would be minimal, and the fees collected would be less than the actual costs to operate the program. The Authority proposed that it would reprioritize its work to cover the workload. | N- There have been no changes to the current law at this time. | Y - NARROs are a growing industry and the agency anticipates more license applications in the future. | 2/27/2019 | None | ORS 438.720(1)(b) limits oversight and inspection to compliance with set scope of requirements in ORS 438.710 and 438.715. Thus, the legislature would need to act to expand oversight the additional notifications and disclosures, such as adverse event reporting, financial referral benefits and others. |

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| | | | | | | <p>research recovery organizations conducting business in Oregon that were unregulated by the state.</p> <p>The purpose of the rules adopted is to address licensure, oversight and accountability of these organizations.</p> <p>At the time the legislation passed in 2013, there were two organizations operating in Oregon. As of January 1, 2019, there are four NARROs that have been licensed and inspected by the Authority (two in Multnomah County, one in Clackamas County and one in Marion County.)</p> <p>Oversight over these organizations is very limited and does not necessarily offer the accountability</p> | <p>Since passage of this bill and adoption of rules, the number of NARROs operating in Oregon has doubled. While there are only four organizations currently conducting business in Oregon, recent reports and additional legislation under consideration suggest that this is a growing industry which may result in increased workload.</p> <p>Additionally, recent investigations into this industry has required additional work including</p> | | | | | | |

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| | | | | | | <p>expected by the public for the full scope of activities conducted by these organizations. Public interest is evident through multiple (13 total requests to date) public records requests and media inquiries. The surveys conducted by the Authority are limited in scope and focus only on statutorily mandated documentation requirements. As such, many organizations are found in compliance with administrative rules and yet may not provide the whole story of compliance, such as information that may be found in accreditation and other legal records. The extensive allegations reported in the media and an FBI investigation of one facility bring into question what</p> | <p>responding to frequent public records requests.</p> | | | | | |

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| | | | | | | additional safeguards or disclosures to the public may be needed. | | | | | | |
| 333-081-0005 | Definitions | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0010 | Application for Licensure | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0015 | Review of License Application | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0020 | Approval of License Application | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0025 | Denial of License Application | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0030 | Expiration and Renewal of License | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0035 | Fees | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0040 | Denial, Suspension or Revocation of License | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0045 | Return of License | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |

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| 333-081-0050 | Surveys | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0055 | Approval of Accrediting Bodies | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0060 | Complaints | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0065 | Investigations | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0070 | Records | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0075 | Notice | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0080 | NARRO Duties | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0085 | Informal Enforcement | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-081-0090 | Formal Enforcement | 2/1/2014 | 2/1/2019 | 2/4/2019 | Mellony Bernal | Y – See above | Underestimated: See above | N- See above. | Y – See above. | 2/27/2019 | None | See above. |
| 333-028-0260 | Funding Criteria for Certified SBHCs | 4/1/2014 | 4/1/2019 | 3/7/2019 | Rosalyn Liu | Y - To create rules pertaining to the criteria for continuation funding for certified school-based health centers (SBHCs), awarding grants for | No | No | Y - There are 76 certified SBHCs that are currently funded, in addition to sites requesting to | 3/14/2019 | None | None |

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| | | | | | | <p>communities planning for certified SBHCs and incentive funding for support of health system transformation by: (1) increasing SBHCs as patient centered primary care homes; (2) improving care coordination between coordinated care organization and SBHCs; and (3) improving effectiveness of care delivery.</p> <p>Yes, there has been continued funding for certified SBHCs and planning grants. Incentive funds were also released for the three areas to support health system transformation efforts.</p> | | | be certified that will be funded in future years. There are currently SBHC planning grants in communities and the possibility of future funds to support planning communities. | | | |
| 333-028-0270 | Funding Criteria for SBHC Planning Communities | 4/1/2014 | 4/1/2019 | 3/7/2019 | Rosalyn Liu | Y – See above | No | No | Y – See above | 3/14/2019 | None | None |

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| 333-028-0280 | Funding Criteria for Incentive Funds | 4/1/2014 | 4/1/2019 | 3/7/2019 | Rosalyn Liu | Y – See above | No | No | Y – See above | 3/14/2019 | None | None |
| 333-061-0232 | General Requirements Applying to Water System Operators | 5/8/2014 | 5/8/2019 | 5/31/19 | Anthony Fields | Y – To address a then recent discovery of intentional falsification of official records. Prior to this rule change DWS had no ability to assess a violation for submitting inaccurate records relating to water treatment or distribution activities. This rule provides that capacity and thus has met its intended purpose. | N – We anticipated little to no fiscal impact to the program, and we have observed no fiscal impact since its adoption. | N - There have been no revisions to the rule since its adoption, nor do we anticipate needing to do so. | Y – While drinking water operators generally adhere to the highest professional standards voluntarily, we are a regulatory program and must occasionally take legal action to enforce safe drinking water rules. As the consequences of failing to monitor or meet safe drinking water standards often results in fines and legal sanctions, the potential for falsification of | 6/13/2019 | None | None |

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| | | | | | | | | | records will continue to exist. As a result, the ability to directly address these instances must also be maintained. | | | |
| 333-072-0200 | Purpose | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y - Establish requirements for notice of patient choice and health care practitioner financial disclosures due to passage of SB 683 (2013 Oregon Laws, Chapter 552). Provides necessary information for practitioners to notify patients of financial interest and choice to receive services elsewhere. | N - Only minor costs were anticipated in order for practitioners to develop forms and create necessary posted notice. It was also anticipated that minor costs would result for health professional licensing boards to enforce provisions of the bill and rule. The Authority has no data on any practitioners who have violated provisions of the | No | Y – Provides further details and clarification for implementing ORS 441.098. | 5/31/19 | None | None |

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| | | | | | | | rules that may have led to an enforcement action from a licensing board. | | | | | |
| 333-072-0205 | Applicability | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y – See above. | N – See above | No | Y – See above | 5/31/19 | None | None |
| 333-072-0210 | Definitions | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y – See above | N – See above | Y - Rule was amended in order to add naturopathic physician to the definition of health practitioner given passage of SB 856 (2017 Oregon Laws, Chapter 356). | Y – See above | 5/31/19 | Amended 1/1/2018 | None |
| 333-072-0215 | Requirements for Notification of Patient Choice | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y – See above | N – See above | Y - Rule was amended to set forth the form, manner and information required for health practitioners to provide notice of patient choice. | Y – See above | 5/31/19 | Amended 1/16/2015 | None |
| 333-072-0220 | Requirement for Notice of Financial Interest | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y – See above | N – See above | No | Y – See above | 5/31/19 | None | None |
| 333-072-0225 | Violations and Enforcement | 6/2/2014 | 6/2/2019 | 5/28/19 | Mellony Bernal | Y – See above | N – See above | No | Y – See above | 5/31/19 | None | None |
| 333-018-0127 | Annual Influenza Summary | 6/9/2014 | 6/9/2019 | 5/28/19 | Dat Tran | Y - This rule was intended to create a standardized system to track rates of | N – The fiscal impact of this rule to the Public Health | OAR 333-018-0127 was amended effective 3/24/15 to add dialysis facilities, and effective | Y - As of the 2018-2019 influenza season, | 6/7/19 | Amended 3/24/2015 ; 8/16/2016 | None |

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| | | | | | | <p>healthcare worker (HCW) influenza vaccination over time across facility types, to enable benchmarking, and ultimately to improve rates of influenza vaccination among healthcare workers to meet the Department of Health and Human Services Healthy People 2020 goal.</p> <p>Since the adoption of this rule in 2009 for hospitals and its expansion to other facility types over the years, mean HCW influenza vaccination rates for all facility types have increased from 52% in the 2011-12 influenza season to 69% in the 2014-15 season and 76% in the 2017-18 season. 2017-2018 is the first season that met the 2015 Healthy People mean rate goal of 75% for all facility types</p> | <p>Division was estimated as minimal, and we have no evidence to date that unanticipated fiscal impacts have occurred. The economic impact of this rule to the Public Health Division was estimated to be minimal so is unlikely to have been overestimated.</p> | <p>8/16/16 to add licensed hospital satellite facilities to HCW influenza vaccination reporting. We are not aware of any changes in law that would require further amendment or repeal of this rules.</p> | <p>ambulatory surgery centers, inpatient psychiatric facilities, hospital outpatient departments, and outpatient dialysis facilities no longer need to report HCW influenza vaccination rates through NHSN for CMS reporting purposes. The maintenance of this rule will ensure that Oregon facilities report their HCW influenza vaccination rates to OHA, allowing for benchmarking</p> | | | |

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| | | | | | | combined, with both hospitals and dialysis facilities also meeting this goal. | | | and promotion of strategies facilities can employ to increase rates of HCW influenza vaccination. While hospitals and dialysis facilities recently met the 2015 Healthy People target rate of 75%, neither ambulatory surgery centers nor skilled nursing facilities have met this target. Moreover, with the exception of dialysis facilities, all facility types in Oregon are quite a way away from the | | | |

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| | | | | | | | | | 2020 target of 90%. | | | |
| 333-008-1000 | Applicability | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | <p>Y - The Medical Marijuana Dispensary Program was created by HB 3460, passed in 2013, to regulate and inspect facilities that transfer marijuana to Oregon Medical Marijuana Program cardholders. The program required facilities to meet standards for security, record keeping, location, testing, labeling, and other issues related to public and patient safety. The rulemaking established permanent rules for the program.</p> <p>The adoption of the rules allowed for the Agency to create a registration system for medical marijuana dispensaries. The rules also set standards for</p> | Underestimated: It was roughly estimated that 100 to 300 medical marijuana dispensaries would be subject to these rules. The amount of applications received and needing to be processed was more than double than was expected. | <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes</p> | Y - There are Medical Marijuana Dispensaries still registered with the program and a new dispensary has recently applied. | 7/25/19 | Amended 3/1/2016; 6/28/2016 | None |

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| | | | | | | dispensaries and allowed for dispensaries to be inspected. | | were made to more accurately reflect the intent of the rules filed on 3/1/16. | | | | |
| 333-008-1010 | Definitions | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | <p>1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC's Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500</p> | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 1/1/2018 | None |

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| | | | | | | | | to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made. | | | | |
| 333-008-1020 | Application for Medical Marijuana Facility Registration | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | <p>1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible</p> | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 ; 11/28/16; 5/31/2017 ; 1/1/2018 | None |

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| | | | | | | | | <p>for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> <p>11/28/16 – Housekeeping amendments were made during this rulemaking. They included clarifying parameters around dispensaries and sharing space with other businesses and compliance dates for dispensaries related to transfers in of tested marijuana items.</p> <p>5/31/17 – Housekeeping amendments regarding the application process</p> | | | | |

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| | | | | | | | | <p>for dispensaries were made during this rulemaking. They include changes to circumstances when a refund of application fees would be issued to a dispensary and clarifying requirements for new and renewal applications for dispensaries.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC's Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made.</p> | | | | |
| 333-008-1030 | Fees | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | 3/1/16 - The 2015 Legislative Session adopted HB3400 which | Y – See above | 7/25/19 | Amended 3/1/2016; | None |

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| | | | | | | | | <p>made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>5/31/17 – Housekeeping amendments regarding the application process for dispensaries were made during this rulemaking. They include changes to circumstances when a refund of application fees would be issued to a dispensary and clarifying requirements for new and renewal applications for dispensaries.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC's Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school.</p> | | | 5/31/2017 ;1/1/2018 | |

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| | | | | | | | | In addition, reference to statute numbers were updated and other minor housekeeping changes were made. | | | | |
| 333-008-1040 | Application Review | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | <p>1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county</p> | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 ; 1/1/2018 | None |

| Rule # | Title | Adoption Date | Review Due Date | Date of Review | Reviewed By | Intended Effect | Fiscal Impact Over/under estimated | Changes in Law impact | Continued Need? | Advisory Committee Report | Action Taken: Amended Repealed Reviewed | Comments |
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| | | | | | | | | <p>to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC’s Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor</p> | | | | |

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| | | | | | | | | housekeeping changes were made. | | | | |
| 333-008-1050 | Approval of Application | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | 1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback. 3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes. | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016 | None |
| 333-008-1060 | Denial of Application | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | 1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback. 3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 | None |

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| | | | | | | | | <p>were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> | | | | |
| 333-008-1070 | Expiration and Renewal of Registration | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | 1/28/15 – Amendments made during this rulemaking were intended | Y – See above | 7/25/19 | Amended 1/28/2015 ; | None |

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| | | | | | | | | <p>to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the</p> | | | <p>3/1/2016; 6/28/2016 ; 5/31/2017 ; 1/1/2018; 8/17/2018</p> | |

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| | | | | | | | | <p>dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> <p>5/31/17 – Housekeeping amendments regarding the application process for dispensaries were made during this rulemaking. They include changes to circumstances when a refund of application fees would be issued to a dispensary and clarifying requirements for new and renewal applications for dispensaries.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC's Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to</p> | | | | |

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| | | | | | | | | be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made. 8/17/18 – Clarification to rule language was made around dispensaries using CTS. | | | | |
| 333-008-1080 | Notification of Changes | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1090 | Required Closures | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1100 | Business Qualifications for Medical Marijuana Facility Registration | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1110 | Locations of Medical Marijuana Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | 1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback. 3/1/16 - The 2015 Legislative Session adopted HB3400 which | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 ; 11/28/16; 1/1/2018 | None |

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| | | | | | | | | <p>made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> | | | | |

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| | | | | | | | | <p>11/28/16 – Housekeeping amendments were made during this rulemaking. They included clarifying parameters around dispensaries and sharing space with other businesses and compliance dates for dispensaries related to transfers in of tested marijuana items.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC's Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made.</p> | | | | |

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| 333-008-1120 | Person Responsible for a Medical Marijuana Facility (PRF) | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1130 | Criminal Background Checks | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1140 | Security for Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1150 | Alarm System for Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1160 | Video Surveillance Equipment for Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1170 | Required Camera Coverage and Camera Placement for Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1180 | Video Recording Requirements for Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/2/2016 | |
| 333-008-1190 | Testing | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 11/28/16 | |

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| 333-008-1200 | Operation of Registered Facilities | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | <p>1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier</p> | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 ; 11/28/16; 5/31/2017 ; 1/1/2018; 8/17/2018 | None |

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| | | | | | | | | <p>capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> <p>11/28/16 – Housekeeping amendments were made during this rulemaking. They included clarifying parameters around dispensaries and sharing space with other businesses and compliance dates for dispensaries related to transfers in of tested marijuana items.</p> <p>5/31/17 – Housekeeping amendments regarding the application process for dispensaries were made during this rulemaking. They include changes to circumstances when a refund of application fees would be issued to a dispensary and clarifying</p> | | | | |

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| | | | | | | | | <p>requirements for new and renewal applications for dispensaries.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC’s Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made.</p> <p>8/17/18 – Clarification to rule language was made around dispensaries using CTS.</p> | | | | |
| 333-008-1210 | Record Keeping | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1220 | Labeling | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 5/31/2017 | |

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| 333-008-1230 | Transfers to a Registered Facility | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | Y – See above | Underestimated: See above | <p>1/28/15 – Amendments made during this rulemaking were intended to reduce confusion and streamline agency processes based on staff and participant feedback.</p> <p>3/1/16 - The 2015 Legislative Session adopted HB3400 which made significant changes to the Oregon Medical Marijuana Act. The rules were revised to comply with the new statutes.</p> <p>6/28/16 - The 2016 Legislative Session adopted HB 4014 and SB 1511 which made some amendments to the specified rules. Amendments made include removing residency requirements for a person responsible for a dispensary and allowing a city or county to adopt an ordinance allowing a medical marijuana dispensary to be located within 500 ft of a school if a physical or geographic barrier</p> | Y – See above | 7/25/19 | Amended 1/28/2015 ; 3/1/2016; 6/28/2016 ; 11/28/16; 5/31/201; 1/1/2018 | None |

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| | | | | | | | | <p>capable of preventing children from traversing to school separates the dispensary from the school. In addition, housekeeping changes were made to more accurately reflect the intent of the rules filed on 3/1/16.</p> <p>11/28/16 – Housekeeping amendments were made during this rulemaking. They included clarifying parameters around dispensaries and sharing space with other businesses and compliance dates for dispensaries related to transfers in of tested marijuana items.</p> <p>5/31/17 – Housekeeping amendments regarding the application process for dispensaries were made during this rulemaking. They include changes to circumstances when a refund of application fees would be issued to a dispensary and clarifying</p> | | | | |

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| | | | | | | | | <p>requirements for new and renewal applications for dispensaries.</p> <p>1/1/18 – The 2017 Legislative Session adopted SB 1057 and HB 2198 which made changes to dispensary rules. Rules implementing the use of OLCC’s Cannabis Tracking System (CTS) were adopted along with clarification around a dispensary being able to be located between 500 to 1000 feet of a school. In addition, reference to statute numbers were updated and other minor housekeeping changes were made.</p> | | | | |
| 333-008-1250 | Inspections | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1260 | Violations | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-008-1280 | Confidentiality | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |

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| 333-008-1290 | Change of Location | 7/11/2014 | 7/11/2019 | 7/8/19 | Margaret Flerchinger | | | | | | Repealed 3/1/2016 | |
| 333-060-0700 | Enforcement | 9/1/2014 | 9/1/2019 | 8/20/19 | Brett Sherry | Y - Adopting these Oregon Administrative Rules addresses routine inspection, violations and correction action for public pool and spa operators. It offers operators the right to a hearing. Also added are pool enclosure criteria, identifying situations when the operator should close their pool for immediate health and safety concerns, until the situation is resolved. The rule identifies that the licensing agency has the authority to order the pool closed if the operator has not acted to close the pool and identifies the operator's right to a hearing if the closure is disputed. The rule additions do not change the | N - Rule Advisory Committee members (including pool operators and local inspectors) could not identify any fiscal impacts that resulted directly from this rule change. | N – No subsequent changes have been made. Rules do not need to be amended or repealed. | Y - Local Public Health Authorities that operate under these rules are appreciative that they are in place and support their continued use. | 10/4/2019 | None | These rules have had the intended effect and receive continued support from Rule Advisory Committee participants. |

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| | | | | | | <p>responsibilities of the Oregon Health Authority or the local public health authority but establish the situations when a pool operator should act to close their public swimming pool or spa, or to modify their operations for health and safety concerns.</p> <p>The rule clarified the process for closing a pool or spa, which has had its intended effect. Local Public Health Authorities now have clear guidance to follow when making a determination that a pool or spa should be closed.</p> | | | | | | |
| 333-060-0705 | Pool Closure Criteria | 9/1/2014 | 9/1/2019 | 8/20/19 | Brett Sherry | Y – See above | N – See above | N – See above | Y – See above | 10/4/2019 | None | See above |
| 333-062-0250 | Enforcement | 9/1/2014 | 9/1/2019 | 8/20/19 | Brett Sherry | Y – See above | N – See above | N – See above | Y – See above | 10/4/2019 | None | See above |

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| 333-062-0255 | Spa Pool Closure Criteria | 9/1/2014 | 9/1/2019 | 8/20/19 | Brett Sherry | Y – See above | N – See above | N – See above | Y – See above | 10/4/2019 | None | See above |
| 333-106-0345 | Purpose and Scope | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y - To align past computed tomography rules with emerging technology. The rule adoption supports current technology. | N – No fiscal impact | No changes identified | Y – on-going operations | 9/17/19 | None | N/A |
| 333-106-0361 | Radiation Protection Surveys | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0362 | Operating Procedures and Conditions of Operation | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0363 | Quality Control Program | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0364 | Initial and Annual Qualified CT Medical Physicist Scanner Performance Evaluations | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0366 | Dose Limits | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0367 | Records and Report Retention | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |

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| 333-106-0368 | Qualified CT Medical Physicist | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-106-0369 | Report and Notification of a CT Medical Event | 8/15/2014 | 8/15/2019 | 9/11/19 | Todd Carpenter | Y – See above | N – See above | No changes identified | Y – See above | 9/17/19 | None | N/A |
| 333-008-1225 | Packaging | 9/24/2014 | 9/24/2019 | | | | | | | | Repealed 11/28/16 | |
| 333-008-1245 | Transfers to a Patient or Designated Primary Caregiver | 9/24/2014 | 9/24/2019 | 10/29/2019 | Margaret Flerchingerr | Y - The adoption of this rule was intended to provide requirements around transfers to a patient or caregiver. The rule adopted provided parameters around transfers that had to be followed by dispensaries when making a transfer of marijuana. | N – This rule did not have a fiscal impact | Amended 3/1/16 – Due to the passage of HB3400, amendments made expanded and modified requirements related to transfers from a dispensary to a patient or caregiver. Amended 6/28/16 – Language was added requiring information related to a caregiver, and who the caregiver is purchasing marijuana for, to be captured by a dispensary prior to making the transfer to the caregiver. Amended 5/31/17 – The amendment eliminated a rule reference to align other changes being made. | Y – The OMMP still registers dispensaries. This rule is needed to set requirements around how a dispensary may transfer marijuana items to a patient or caregiver | 11/18/2019 | Amended 3/1/2016; 6/28/2016 ; 5/31/2017 | None |

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| 333-008-1275 | Enforcement | 9/24/2014 | 9/24/2019 | | | | | | | | Repealed 3/1/2016 | |
| 333-008-1400 | Moratoriums | 9/24/2014 | 9/24/2019 | | | | | | | | Repealed 3/1/2016 | |
| 333-015-0078 | Violations | 10/8/2014 | 10/8/2019 | 10/1/2019 | Ilana Kurtzig | <p>Y - The rule is a list of common violations of the Indoor Clean Air Act (ICAA). The purpose of the rule is to lay out violations of the ICAA clearly and transparently. Violations of the ICAA initially were listed in the "complaint response" rule (333-015-0075), but were removed from that rule and made into a separate rule (in 2014), 333-015-0078, in order to make the content clearer and easier to understand.</p> <p>OHA has a clear list of common violations of the ICAA and those violations are clearly laid out for</p> | N - There was no expected fiscal impact. The rule has not had any fiscal impact on OHA and OHA has not heard from small business about fiscal impact of the rule. | Y - In 2015, the Oregon Legislature passed HB 2546, adding a definition of Inhalant Delivery Systems to ORS 431A.175 and including them in the Indoor Clean Air Act (ICAA). This rule was revised to incorporate statute, adding "aerosolizing and vaporizing" to the relevant violations of the ICAA. In 2019, OHA is proposing to revise this rule again to clarify that the list of violations included in the rule is not exhaustive as that may be unclear with current rule language. | Y - Yes. Presently, there is a rule that contains common violations of the ICAA (-0078) and a rule that lays out a penalty schedule (-0085). It's possible that these rules could be restructured and combined in the future, but as written currently, both are needed. | 10/2/2019 | Amended 1/1/2016 | None |

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| | | | | | | other users of the rule. | | | | | | |
| 333-022-1010 | Definitions | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y - The rule was intended to: 1. Codify operational requirements, enhancing the internal Policies and Procedures document 2. Provide clients and applicants hearing rights Program policy is now backed up by OAR. We haven't held a hearing but clients now have that right. | N – There has been no fiscal impact, as expected. | Y - A rulemaking effective 8/2/2016 amended the following rules: OAR 333-022-1010, 333-022-1020, 333-022-1030, 333-022-1050, 333-022-1080, 333-022-1090, 333-022-1120, 333-022-1140, 333-022-1145 The amendments addressed gaps in the original rule and reflected improvements to Program eligibility criteria and client benefits. This included an increase to income eligibility limits, the addition of dental benefits and discontinuation of the Cost Share Program. | Y – Clients should continue to have hearing rights and the Program relies on the rule to reinforce program policies and procedures | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1020 | Eligibility | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y – See above | Y – See above | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1030 | Application Process | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y – See above | Y – See above | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1040 | Review of Applications | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |

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| 333-022-1050 | Approval or Denial of Application | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y - A rulemaking effective 8/2/2016 amended the following rules: OAR 333-022-1010, 333-022-1020, 333-022-1030, 333-022-1050, 333-022-1080, 333-022-1090, 333-022-1120, 333-022-1140, 333-022-1145 The amendments addressed gaps in the original rule and reflected improvements to Program eligibility criteria and client benefits. This included an increase to income eligibility limits, the addition of dental benefits and discontinuation of the Cost Share Program. | Y – See above | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1060 | Group 1 and 2 Benefits | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1070 | Prescriptions | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1080 | Payments and Cost Coverage | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y - A rulemaking effective 8/2/2016 amended the following rules: OAR 333-022-1010, 333-022-1020, 333-022-1030, 333-022-1050, 333-022-1080, 333-022-1090, 333-022- | Y – See above | 11/18/19 | Amended 8/2/2016 | None |

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| | | | | | | | | 1120, 333-022-1140, 333-022-1145 The amendments addressed gaps in the original rule and reflected improvements to Program eligibility criteria and client benefits. This included an increase to income eligibility limits, the addition of dental benefits and discontinuation of the Cost Share Program. | | | | |
| 333-022-1090 | Client Eligibility Review | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y – See above | Y – See above | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1100 | Client Reporting Requirements | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1110 | Cost Sharing Program | 12/1/2014 | 12/1/2019 | | | | | | | | Repealed 8/2/2016 | |
| 333-022-1120 | Restricted Status | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y - A rulemaking effective 8/2/2016 amended the following rules: OAR 333-022-1010, 333-022-1020, 333-022-1030, 333-022-1050, 333-022-1080, 333-022-1090, 333-022-1120, 333-022-1140, 333-022-1145 | Y – See above | 11/18/19 | Amended 8/2/2016 | None |

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| | | | | | | | | The amendments addressed gaps in the original rule and reflected improvements to Program eligibility criteria and client benefits. This included an increase to income eligibility limits, the addition of dental benefits and discontinuation of the Cost Share Program. | | | | |
| 333-022-1130 | Incarcerated Applicants or Clients | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1140 | Bridge Program | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y - A rulemaking effective 8/2/2016 amended the following rules: OAR 333-022-1010, 333-022-1020, 333-022-1030, 333-022-1050, 333-022-1080, 333-022-1090, 333-022-1120, 333-022-1140, 333-022-1145 The amendments addressed gaps in the original rule and reflected improvements to Program eligibility criteria and client benefits. This included an increase to income eligibility limits, the addition of dental benefits and | Y – See above | 11/18/19 | Amended 8/2/2016 | None |

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| | | | | | | | | discontinuation of the Cost Share Program. | | | | |
| 333-022-1145 | Uninsured Persons Program | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | Y – See above | Y – See above | 11/18/19 | Amended 8/2/2016 | None |
| 333-022-1150 | Client Rights | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1160 | Termination from CAREAssist | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-1170 | Hearings | 12/1/2014 | 12/1/2019 | 11/12/2019 | Jonathan Livingston | Y – See above | N – See above | N | Y – See above | 11/18/19 | | None |
| 333-022-2000 | Purpose | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y - This rule was intended to: 1. Formalize Oregon's Ryan White Part B, HIV Case Management Policies and Procedures, implemented prior to this rule taking effect. 2. Ensure access and adherence to HIV treatment, including medical and social supports through the HIV Case Management Program. | N - The rule did not anticipate any new fiscal impact. The Program is funded through a federal grant and OHA contracts with counties and community-based organizations to deliver services. | N | Y - People living with HIV in Oregon continue to need and benefit from HIV Case Management services. | 11/27/19 | | None |

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| | | | | | | The OAR currently reflects our program policies and procedures. People living with HIV across Oregon have access to our HIV Case Management Program, and over 1,300 individuals were enrolled in 2018. | | | | | | |
| 333-022-2010 | Definitions | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2020 | Eligibility | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2030 | Enrollment Process | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2040 | Approval or Denial of Enrollment | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2050 | Determination of Service Needs | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2060 | Client Rights | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2070 | Client Responsibilities | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |

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| 333-022-2080 | Supportive Services | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2090 | Client Enrollment Review | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2100 | Incarcerated Applicants or Clients | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2110 | Termination | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-022-2120 | Hearings | 12/1/2014 | 12/1/2019 | 11/22/2019 | Heather Hargraves | Y – See above | N – See above | N | Y – See above | 11/27/19 | | None |
| 333-014-0042 | Definitions | 12/17/14 | 12/17/2019 | | | | | | | | Repealed 1/1/2018 | |
| 333-014-0080 | Relinquishment of Local Public Health Authority | 12/17/14 | 12/17/2019 | | | | | | | | Repealed 1/1/2018 | |
| 333-014-0090 | Public Health Division as Local Public Health Authority | 12/17/14 | 12/17/2019 | | | | | | | | Repealed 1/1/2018 | |
| 333-014-0100 | Applicability | 12/17/14 | 12/17/2019 | | | | | | | | Repealed 1/1/2018 | |