

OBCE BOARD MEETING PUBLIC SESSION	April 23-24, 2025 8:30 AM
	Meeting location: Virtual
	Teams conference will also be available: Join the meeting now
	Meeting ID: 269 318 804 71 Passcode: qJKqdY
Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov	

April 23, 2025

8:30 AM Convene Public Session

1. **PUBLIC COMMENTS**
(Comments must be limited to 3-5 minutes.)

2. **CONSENT AGENDA** Action
 - a. Today’s agenda
 - b. January 22-23, 2025, Public Board Minutes

3. **EXECUTIVE DIRECTOR REPORT** Inform/Action

4. **9:00 AM RULE HEARINGS** Action
 - a. **OAR 811-010-0120 Chiropractic Professional Corporation and Business Entity Majority Ownership** – updating rule format and language for accuracy and consistency
 - b. **OAR 811-015-0025 Continuing Chiropractic Education** – updating rule language regarding continuing education list
 - c. **OAR 811-035-0005 Duties and Obligations of Chiropractic Physicians to Their Patients** – updating rule language regarding patient abandonment

Temporarily Adjourn Public Session

Convene Executive Session

5. EXECUTIVE SESSION

The Oregon Board of Chiropractic Examiners will now meet in Executive Session to consider information or records that are exempt from public inspection, including advice from legal counsel, and to consider information obtained as part of an investigation into licensee or applicant conduct. This Executive Session is held pursuant to ORS 192.660(1), ORS 192.660(2)(f) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1). Members of the news media may remain during Executive Session but are directed not to report on, record or otherwise disclose any of the deliberations or information discussed during the Executive Session.

If you are a member of the public, attendees attending through MS Teams will now be removed from the virtual room and audience members attending in person are asked to leave the room for the duration of Executive Session. At the end of Executive Session, the Board will return to Public Session for the purpose of taking formal action on matters discussed in Executive Session. While the Board is in Public Session, the public video stream will be available. If there are any questions about whether the Board remains in Executive Session, you may contact info@obce.oregon.gov.

Adjourn Executive Session

April 23-24, 2025

Convene Public Session

6. **IN THE MATTERS OF** (following Executive Session)
7. **OCA Update** Inform
8. **UWS Update** Inform
9. **P&P SUBCOMMITTEE UPDATES** Inform/Action
 - a. Functional Chiropractic Neurology Policy
 - b. Minor Surgery Procedures and Devices Policy
 - c. Network Chiropractic Policy
 - d. Physical Therapy Assistants Licensing as Chiropractic Assistant
 - e. Therapeutic Taping Policy
 - f. P&P - working document
10. **ADMINISTRATIVE RULES REVIEW and DISCUSSION** Action
 - a. **OAR 811-010-0093 Guide to Policy & Practice** – updating document date
 - b. **OAR XXX-XXX-XXXX Criminal Conviction Determination Process** – potential new rule due to meet SB 1552 requirements
11. **ADMINISTRATIVE POLICIES REVIEW and DISCUSSION** Action
 - a. Citizenship or Immigration Status Information
 - i. Collecting and Maintaining Citizenship or Immigration Status or Country of Birth Information Policy
 - ii. Sharing or Disclosing Citizenship or Immigration Status or Country of Birth Information Policy
 - iii. Contact with Federal Authorities Policy
 - iv. Federal Immigration Authorities’ Access to Student Records Policy
 - v. Federal Immigration Authorities’ Access to Patient Records Policy
 - vi. Federal Immigration Authorities’ Access to Public Facilities Policy

- b. Customer Service Standards Policy Review
- c. Tribal Relationship and Cooperation Policy

12. DISCUSSION AND ACTION ITEMS

- | | |
|---|---------------|
| a. SB 1552 and new rule discussion | Inform/Action |
| b. Board Certification and Fellowship Information from IANM | Inform/Action |
| c. CJIS/Rap back Update – Lara/Gilker | Inform/Action |
| d. Strategic Plan Draft Review | Inform/Action |
| e. ACA Code of Ethics Review and Possible Rule Adoption | Inform/Action |
| f. Pain Management CE Discussion | Inform/Action |
| g. OCA Hosting CA Training Links – OCA | Inform/Action |
| h. Division 30 Review for Inclusion of Imaging | Inform/Action |

13. CORRESPONDENCE

- | | |
|--|---------------|
| a. Dry Needling Public Comment – McClure | Inform/Action |
| b. Public Comment – Assimakopoulos | Inform |
| c. Public Comment – Khajavei | Inform |
| d. Anonymous Public Comment | Inform |
| e. Anonymous Public Comment | Inform |

14. WORK SESSION

- a. None



Oregon

Tina Kotek, Governor

Department of Administrative Services

Chief Financial Office

155 Cottage Street NE

Salem, OR 97301

PHONE: 503-378-3106

April 1, 2025

Cassandra C. McLeod-Skinner, J.D., Executive Director
Oregon Board of Chiropractic Examiners
530 Center Street NE, Suite 620
Salem, OR 97301

APR - 9 2025
OREGON BOARD OF
CHIROPRACTIC EXAMINERS

Re: FY 2024 ACCOUNTS RECEIVABLE HONOR ROLL CERTIFICATE

It is a great pleasure to inform you that your agency has earned the Chief Financial Office Accounts Receivable (A/R) Honor Roll Certificate for fiscal year 2024.

The Chief Financial Office Accounts Receivable Honor Roll Certificate is awarded to state agencies that submit timely and accurate A/R reports. Achievement of this recognition is due primarily to your agency's diligent efforts to track and report A/R activities.

By meeting the requirements of the Honor Roll Certificate program your agency is an important part of meeting statewide efforts to improve accounts receivable management. Your agency's success in A/R reporting is critical to the Legislative Fiscal Office publication of the *Report on Liquidated and Delinquent Accounts Receivable* and to the Chief Financial Office *Accounts Receivable Management Report*, and the *Statewide Write-off, Abated and Canceled Certification Report*, which are all submitted to the Legislative Assembly each year.

The Honor Roll Certificate will be delivered to the staff that submitted or signed the A/R reports during fiscal year 2024, which included Mackenzie Purnell. Congratulations to your agency and your fiscal team for this outstanding work!

Sincerely,

Kate Nass, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, State Controller
Chief Financial Office

Oregon

Department of Administrative Services

Chief Financial Office

155 Cottage St NE

Salem OR 97301-3963

RECEIVED

APR 02 2025

DAS Procurement
Services

OFFICE OF THE SECRETARY OF STATE

TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

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

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 811
BOARD OF CHIROPRACTIC EXAMINERS

FILED
02/26/2025 11:20 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updating the language for accuracy and consistency.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2025 9:05 AM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Mackenzie Purnell
971-304-4925
public.comment@obce.oregon.gov

1225 Ferry St SE
Salem, OR 97301

Filed By:
Mackenzie Purnell
Rules Coordinator

HEARING(S)

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

DATE: 04/23/2025

TIME: 9:00 AM - 1:00 PM

OFFICER: Mackenzie Purnell

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 26931880471

SPECIAL INSTRUCTIONS:

Teams and Telephone access will be posted on public agenda on agency website

NEED FOR THE RULE(S)

Updating rule format and language for accuracy and consistency.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR Ch. 811, www.oregon.gov/obce

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

Updating rule format and language for accuracy and consistency will likely not affect racial equity.

FISCAL AND ECONOMIC IMPACT:

Updating rule format and language for accuracy and consistency will likely not make a fiscal impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There are no aspects of compliance that are changing.

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

5 of our board members who will be reviewing and voting on this rule are active, licensed chiropractic physicians and some either own or work for small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The OBCE is modifying an already existing rule for the purpose of clarifying rule logistics.

AMEND: 811-010-0120

RULE SUMMARY: Corporation and Business Ownership for DCs.

CHANGES TO RULE:

811-010-0120

Chiropractic Professional Corporation and Business Entity Majority Ownership ¶¶

(1) Definitions. As used in this rule, unless the context requires otherwise:¶¶

(a) "Business entity" means:¶¶

(A) A professional corporation organized under ORS Chapter 58, predecessor law, or comparable law of another jurisdiction;¶¶

(B) A limited liability company organized under ORS Chapter 63 or comparable law of another jurisdiction;¶¶

(C) A partnership organized in Oregon after January 1, 1998, or that is registered as a limited liability partnership, or that has elected to be governed by ORS Chapter 67 or comparable law of another jurisdiction; or¶¶

(D) A limited partnership organized under ORS Chapter 70, predecessor law, or comparable law of another jurisdiction.¶¶

(b) "Majority ownership interest" means more than 50 percent of:¶¶

(A) The issued voting stock of a professional corporation;¶¶

(B) The members of a limited liability company; or¶¶

(C) Participation in the profits of a partnership.¶¶

(c) "Organizational document" means:¶¶

(A) The articles of incorporation of a professional corporation, or comparable document of another jurisdiction;¶¶

(B) The articles of organization of a limited liability company, or comparable document of another jurisdiction;¶¶

(C) The partnership agreement and, for a limited liability partnership, its registration, or comparable document(s) of another jurisdiction; or¶¶

(D) A certificate of limited partnership, or comparable document of another jurisdiction.¶¶

(d) "Owner" means a voting shareholder of a professional corporation, member of a limited liability company, or partner of a partnership.¶¶

(e) "Principal" means a person who is a director of a professional corporation, manager of a limited liability company, or general partner of a limited partnership.¶¶

(f) "Surrogate" means a person appointed to act for another; deputy.¶¶

(2) The purpose of this rule is to protect the public by ensuring that business entities are organized for the purpose of providing chiropractic health care by majority owned and controlled Oregon licensed chiropractic physicians and/or chiropractic health care in a multi-disciplinary setting which are majority owned and controlled by Oregon licensed health care professionals.¶¶

(a) In a business entity organized for the purpose of practicing chiropractic:¶¶

(A) The majority ownership interest shall be held by chiropractic physicians licensed in this state to practice chiropractic.¶¶

(B) A majority of the principals shall be chiropractic physicians who are licensed in this state to practice chiropractic.¶¶

(C) All officers except the secretary and treasurer, if any, must be chiropractic physicians who are licensed in this

state to practice chiropractic. Any two or more offices may be held by the same person.¶

(b) A professional corporation may be a shareholder of a professional corporation organized for the purpose of practicing chiropractic solely for the purpose of effecting a reorganization as defined in the Internal Revenue Code.¶

(c) The Board has the discretion to allow business entities to apply for a waiver of the majority ownership requirement provided full disclosure of clinic ownership is provided to the Board, a plan and timetable is presented for a transition to meet the requirements of this rule, and the Board finds that the health and welfare of the patient is the first priority of the chiropractic physicians and business entity.¶

(d) Upon a finding that a holder or owner of a chiropractic practice has failed to comply with the provisions of this rule, or the regulations prescribed by the Board pursuant to the practice of chiropractic, the Board may consider the failure to comply a violation which may subject a holder or owner to discipline pursuant to ORS 684.100.¶

(3) It shall be considered unprofessional conduct for a licensee to own or operate a clinic or practice as a surrogate for, or be employed by, an individual or entity who could otherwise not own and/or operate a chiropractic clinic under this rule.¶

(4) Powers of professional corporations organized to practice chiropractic.¶

(a) A professional corporation organized for the purpose of practicing chiropractic has the powers enumerated in ORS 60.077 and 60.081, except as provided otherwise by the Board.¶

(b) A general corporation under the provisions of ORS Chapter 60 may not be organized to practice chiropractic.¶

(5) ~~Proxies.~~¶

~~(a)~~ A proxy to exercise voting rights in a business entity organized for the purpose of practicing chiropractic may be given under the following conditions:¶

~~(Aa)~~ If the voting rights belong to a chiropractic physician licensed in this state to practice chiropractic, the proxy may be given only to an owner of the same business entity who is also a chiropractic physician licensed in this state to practice chiropractic, or to an attorney licensed in this state to practice law.¶

~~(Bb)~~ If the voting rights do not belong to a chiropractic physician licensed in this state to practice chiropractic, the proxy may be given only to another owner of the same business entity whether or not the other owner is a chiropractic physician licensed in this state to practice chiropractic, or to an attorney licensed in this state to practice law.¶

~~(b6)~~ No voting trust may be created to exercise the voting rights of one or more owners of a business entity organized for the purpose of practicing chiropractic.¶

~~(ea)~~ Two or more persons with voting rights in a business entity organized for the purpose of practicing chiropractic may enter into a voting agreement provided that the voting agreement does not transfer voting rights from an individual who is a chiropractic physician licensed in this state to practice chiropractic to an individual who is not so licensed. ¶

~~(b)~~ Notwithstanding any provision of this subsection, voting rights may be transferred to an attorney licensed in this state to practice law.¶

(6) ~~Acquisition and disposition of ownership interest.~~¶

~~(a7)~~ Persons with an ownership interest in a business entity organized for the purpose of practicing chiropractic may acquire, transfer, assign, or dispose of such ownership interest only in a manner that leaves the business entity in compliance with the provisions of this rule.¶

~~(ba)~~ If the majority ownership interest of a business entity organized for the purpose of practicing chiropractic is no longer held by chiropractic physician(s) licensed in this state to practice chiropractic due to such ownership interest being held by an administrator, executor, personal representative, guardian, conservator, or receiver of the estate of a former owner, or by a transferee who receives such ownership interest by operation of law or court decree, such administrator, executor, personal representative, guardian, conservator, receiver, or transferee may act in the same ownership capacity as the former owner, including acting in the former owner's capacity as principal or officer, until the ownership requirements are in compliance with the provisions of this rule, but not to exceed six months following receipt or transfer of such ownership interest.¶

~~(eb)~~ Subject to subsection (a) of this section, the organizational document, bylaws, or agreements among owners of a business entity organized for the purpose of practicing chiropractic may provide limitations on the ability to acquire, transfer, assign or dispose of an ownership interest in the business entity.¶

~~(dc)~~ Subject to subsection (a) of this section, the articles of incorporation, bylaws, or agreements among shareholders of a professional corporation may provide for the purchase or redemption of shares by the corporation.¶

(7) ~~Disqualification of chiropractic physician; disposition of ownership interest.~~¶

~~(a8)~~ If a chiropractic physician practicing chiropractic on behalf of a business entity is disqualified from practicing chiropractic for more than six months or assumes a public office, the duties of which prohibit practicing chiropractic for more than six months under the rules of the Board or other law, within 60 days after the disqualification or prohibition, the chiropractic physician's ownership interest shall be disposed of in accordance

with section (6Z); or¶

(Aa) In the case of a professional corporation, the corporation shall have the right to redeem the shares of the chiropractic physician;¶

(Bb) In the case of a limited liability company, the chiropractic physician shall cease to be a member by withdrawal or expulsion;¶

(Cc) In the case of a partnership, the chiropractic physician shall cease to be a partner by withdrawal, dissociation or expulsion.¶

~~(b9) If the disposition of ownership interest under subsection (a) of this section results in less than majority ownership of the business entity by chiropractic physicians licensed in this state to practice chiropractic, the business entity shall have six months from the date of disqualification or prohibition to come into compliance with the majority ownership provisions of this rule.¶~~

(e10) If a chiropractic physician practicing chiropractic on behalf of a business entity is disqualified from practicing chiropractic for six months or less or assumes a public office, the duties of which prohibit practicing chiropractic for six months or less under the rules of the Board of Chiropractic Examiners or other law, the chiropractic physician may retain interest in the business entity and may remain a principal of the business entity during the period of disqualification or prohibition, unless otherwise prohibited under the rules of the Board of Chiropractic Examiners or by law.¶

~~(8) Disposition of ownership interest upon death of owner.¶~~

~~(a) by law.¶~~

(11) A business entity organized for the purpose of practicing chiropractic may provide for the disposition of the ownership interest of a deceased owner in the organizational document, in the bylaws, by agreement between owners or between the business entity and its owners, providing such disposition leaves the business entity in compliance with the provisions of this rule.¶

~~(ba) If there is no provision for the disposition of a deceased owner's interest as described in subsection (a) of this section, the ownership interest shall be disposed of in any manner that leaves the business entity in compliance with the provisions of this rule and the laws of this state.¶~~

(eb) If the ownership interest of a deceased owner is not disposed of within twelve months after the owner's death, a special meeting of the remaining owners shall be called within fourteen months after the owner's death to decide by vote of the remaining owners whether the business entity shall dispose of such ownership interest in accordance with the provisions of this rule, or whether the business entity shall be voluntarily dissolved. The action determined to be taken by the remaining owners shall be completed within eighteen months after the owner's death. The Board OBCE may grant an extension of this time period upon request.¶

(ec) If the deceased owner of a business entity organized for the purpose of practicing chiropractic was the sole owner of the business entity at the time of death:¶

(A) The business entity shall cease the practice of chiropractic as of the date of the owner's death unless it has retained the services of another chiropractic physician licensed in this state to practice chiropractic.¶

(B) ~~Notwithstanding section (2)(c) of this rule, w~~ Within twelve months after the date of the owner's death, the business entity shall be dissolved unless the ownership interest of the deceased owner has been sold or assigned to one or more chiropractic physicians who are licensed in this state to practice chiropractic.

Statutory/Other Authority: ORS 58, 684

Statutes/Other Implemented: ORS 58.367, 684.155(1)(b)

OFFICE OF THE SECRETARY OF STATE

TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

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

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 811
BOARD OF CHIROPRACTIC EXAMINERS

FILED

02/26/2025 11:06 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updating rule language regarding continuing education list.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2025 9:05 AM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Mackenzie Purnell
971-304-4925
public.comment@obce.oregon.gov

1225 Ferry St SE
Salem, OR 97301

Filed By:
Mackenzie Purnell
Rules Coordinator

HEARING(S)

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

DATE: 04/23/2025

TIME: 9:00 AM - 1:00 PM

OFFICER: Mackenzie Purnell

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 26931880471

SPECIAL INSTRUCTIONS:

Teams and Telephone access will be posted on public agenda on agency website

NEED FOR THE RULE(S)

Updating rule language regarding continuing education list.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR Ch. 811, www.oregon.gov/obce

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

Updating rule language regarding continuing education list will likely not affect racial equity.

FISCAL AND ECONOMIC IMPACT:

Updating rule language regarding continuing education list will likely not make a fiscal impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There are no aspects of compliance that are changing.

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

5 of our board members who will be reviewing and voting on this rule are active, licensed chiropractic physicians and some either own or work for small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The OBCE is modifying an already existing rule for the purpose of clarifying continuing education list.

AMEND: 811-015-0025

RULE SUMMARY: Continuing Education information for DCs and CAs.

CHANGES TO RULE:

811-015-0025

Continuing Chiropractic Education ¶¶

(1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.¶¶

(2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status.¶¶

(a) Chiropractic physician first year initial status - 8 hours which must include the following:¶¶

(A) Over-the-counter, non-prescriptive substances - 4 hours;¶¶

(B) Evidence-based medicine - 2 hours;¶¶

(C) Cultural competency - 1 hour;¶¶

(D) Suicide intervention training - 1 hour;¶¶

(b) Chiropractic physician second year active status - 20 hours which must include the following:¶¶

(A) Pain Management Education - 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);¶¶

(B) Cultural competency - 2 hours;¶¶

(C) Suicide intervention training - 1 hour;¶¶

(D) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board - up to 6 hours accepted towards general continuing education requirement;¶¶

(E) General continuing education - 10 hours;¶¶

(c) Chiropractic physician active status - 20 hours which must include the following:¶¶

(A) Cultural competency - 2 hours;¶¶

(B) Suicide intervention training - 1 hour;¶¶

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board - up to 6 hours accepted towards general continuing education requirement;¶¶

(D) General continuing education - 17 hours;¶¶

(d) Chiropractic physician senior active status - 6 hours which must include the following:¶¶

(A) Cultural competency - 1 hour;¶¶

(B) Suicide intervention training - 1 hour;¶¶

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board - up to 6 hours accepted towards general continuing education requirement;¶¶

(D) General continuing education - 4 hours;¶¶

(e) Chiropractic assistant - 6 hours which must include the following:¶¶

(A) Cultural competency - 1 hour;¶¶

(B) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board

- up to 6 hours accepted towards general continuing education requirement;¶

(C) General continuing education - 5 hours.¶

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.¶

(3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records to support the attestation of completed hours.¶

(4) Courses or activities determined by licensees to meet the criteria herein are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner. The Board will maintain a list of disapproved courses available for review by licensees.¶

(5) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements.¶

(6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board's discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.¶

(7) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:¶

(a) They do not misrepresent or mislead;¶

(b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;¶

(c) They exclude practice-building subjects and the primary purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program's eligibility for CE credit.¶

(d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;¶

(e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and¶

(f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.¶

(8) The Board may accept a maximum of 6 credit hours from each of the following categories:¶

(a) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;¶

(b) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;¶

(c) Participation as an OBCE board member or on an OBCE committee;¶

(d) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;¶

(e) Teaching courses at an accredited health care institution;¶

(f) Teaching chiropractic continuing education courses;¶

(g) Professionally licensed staff of the OBCE; and¶

(h) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.¶

(9) The Board may accept a maximum of 12 credit hours from each of the following categories:¶

(a) Participation on a National Board of Chiropractic Examiners' (NBCE) examination; or¶

(b) NBCE test writing committee.¶

(10) The Board may accept credit hours from courses, seminars, or other activities. Completion of other activities as chiropractic continuing education is defined as follows:¶

(a) Continuing medical education (CME);¶

(b) Video or pre-recorded continuing education courses or seminars, unless specifically required by the Board to be taken in person;¶

(c) Successful completion of online or in-person college courses related to chiropractic health care taught at an educational institution; and¶

(d) BLS/CPR/AED courses.¶

(11) All licensees are required to keep full, accurate, and complete records:¶

(a) A verification of attendance for all CE courses or activities showing hours claimed for renewal credit, and or proof of completion signed by the sponsor and licensee.¶

(b) Video or pre-recorded courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor's or presenter's name/s, total hours claimed for each course, location, and includes the following statement: "I swear or affirm that I viewed or listened to these

OFFICE OF THE SECRETARY OF STATE

TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

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

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 811
BOARD OF CHIROPRACTIC EXAMINERS

FILED

02/26/2025 11:13 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updating the language regarding patient abandonment.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/23/2025 9:05 AM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Mackenzie Purnell
971-304-4925
public.comment@obce.oregon.gov

1225 Ferry St SE
Salem, OR 97301

Filed By:
Mackenzie Purnell
Rules Coordinator

HEARING(S)

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

DATE: 04/23/2025

TIME: 9:00 AM - 1:00 PM

OFFICER: Mackenzie Purnell

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 26931880471

SPECIAL INSTRUCTIONS:

Teams and Telephone access will be posted on public agenda on agency website

NEED FOR THE RULE(S)

Updating the language regarding patient abandonment.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR Ch. 811, www.oregon.gov/obce

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

Updating rule language regarding patient abandonment which may positively affect racial equity.

FISCAL AND ECONOMIC IMPACT:

Updating rule language regarding patient abandonment will likely not make a fiscal impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There are no aspects of compliance that are changing.

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

5 of our board members who will be reviewing and voting on this rule are active, licensed chiropractic physicians and some either own or work for small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The OBCE is modifying an already existing rule for the purpose of clarifying patient abandonment responsibilities.

AMEND: 811-035-0005

RULE SUMMARY: Duties and Obligations of a DC to their patients.

CHANGES TO RULE:

811-035-0005

Duties and Obligations of Chiropractic Physicians to Their Patients ¶¶

(1) The health and welfare of the patient shall always be the first priority of chiropractic physicians and expectation of remuneration shall not affect the quality of service to the patient.¶¶

(2)(a) The patient has the right to informed consent regarding examination, therapy and treatment procedures, alternatives and risks, and answers to questions (PARQ) in terms that they can reasonably understand.¶¶

(A) P - Procedures: examination, diagnosis, therapy, and treatment procedures¶¶

(B) A - Alternatives: alternative options to examination or chiropractic treatment¶¶

(C) R - Risks: risks and benefits associated with examination and/or chiropractic treatment¶¶

(D) Q - Questions: answer any questions patients have regarding the examination or treatment¶¶

(b) Chiropractic physicians shall perform and document a PARQ conference in order to obtain informed consent from the patient prior to ~~examination and~~ treatment. The PARQ conference and informed consent shall be noted within the patient record. ¶¶

(3) Chiropractic physicians have the right to select their cases and patients. Once the chiropractic physician has agreed to treat the patient, the patient has the right to continuity of care. ~~The chiropractic physician may terminate the patient-doctor.~~¶¶

(a) Patient abandonment is considered a breach of duty and is defined by unilateral termination of the doctor-patient relationship. The doctor-patient relationship must have been established for abandonment to occur. ¶¶

(b) It is not considered patient abandonment if the patient's insurance coverage reaches its limit, and the patient does not have private insurance or cannot afford to pay for further services. It is the patient's choice and responsibility to discontinue care if other financial arrangements provided by the physician's office are not feasible.¶¶

(c) The chiropractic physician may terminate the doctor-patient relationship for any reason and when the patient has been given notice non-discriminatory reason. Patients must be provided written notice and the names of at least three other physicians who may be able to provide care.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.150

continuing education courses in their entirety on the dates and times specified in this report."¶

(c) A copy of a published article including the date of publication;¶

(d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.¶

(e) For licensees claiming CE hours under the provisions of (8)(d), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.¶

(f) For licensees claiming CE hours under the provisions of (8)(f), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.¶

(g) For licensees claiming CE hours under the provisions of (8)(g), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.¶

(12) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities.¶

(13) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee's compliance with this rule. The Board may issue civil citations for noncompliance of this rule.¶

(14) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.¶

(15) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.¶

(16) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

From: Jaci Bergstrom <jbergstrom@uws.edu>

Sent: Wednesday, April 16, 2025 9:55 AM

To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>

Subject: RE: [E] OBCE Board meeting update

Good morning Cass,

Please find below the UWS updates for your board meeting next week.

- The spring term (April 7- July 4) introduces the first group of NMD interns to the clinic, marking one of the initial opportunities for integrative care at Connected Whole Health.
- On April 12th, 2025 UWS hosted a Preview Day for any prospective students. Presentations and campus tours were provided.
- UWS Admissions team along with Dr. Kaeser have been very busy visiting colleges for recruitment efforts.
- Please stop by the UWS table at the OCA Convention to introduce yourself and/or inquire about topics of interest. Many of our students will be present at the convention volunteering their time to assist.
- Community Based Clinical Education stats: Eligible students for offsite placements in quarters 10-11: n = 123
 - % offsite: $104/123 = 85\%$
 - % offsite in OR: $27/104 = 26\%$

Thank you for your continued collaboration and providing these updates to the board, we appreciate the representation. Let me know if you have any questions or needed further clarification.

All the best,

Jaci

Jaci Bergstrom, DC

Associate Dean of Academic/Clinical Internship

Connected Whole Health

University of Western States

8000 NE Tillamook St.

Portland, OR 97213



Oregon Board of
Chiropractic
Examiners

Effective Date:
_____, 2025

Date approved/ratified:
_____, 2025

Functional Chiropractic Neurology Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Functional Chiropractic Neurology.

Policy:

Functional Chiropractic Neurology is within the scope of practice for Oregon chiropractic physician based upon the Examinations, Tests, Substances, Devices and Procedures (ETSDP) Committee’s recommendation as “standard” and approved by a majority vote of the OBCE. At that time, the ETSDP Committee reviewed practices brought forward through a proponent petition process and had three options for recommendation to the OBCE: 1) approve as standard within the scope of practice, 2) approve as investigational within the scope of practice, and 3) deny as outside the scope of practice per OAR 811-015-0070.

As Applicable to CAs:

Functional Chiropractic Neurology is outside the scope of Oregon certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 28, 2023

Date approved/ratified:
September 28, 2023

Minor Surgery Procedures and Devices

Issue: Whether the following procedures or devices are within the scope of practice for Oregon chiropractic licensees who are certified in minor surgery.

Policy: For Oregon chiropractic physicians who are certified in minor surgery, allowed procedures and/or devices include but are not limited to the following:

- Electrolysis,
- EPI Touch Alex Hair Removal Device,
- Fissurectomies, and
- Injections only relevant to use for minor surgical procedures, which do not include administering antibiotics, steroids, or Botox.

As Applicable to CAs: Certified chiropractic assistants are not permitted to perform any of the above.

MINOR SURGERY

Associated with Proctology

1. Keesey technique (Internal hemorrhoids) - negative galvanic current with lidocaine
2. External hemorrhoids - curettage with lidocaine
3. Anal fissures - topical ointment
4. Anal abscess - drain abscess, antibiotics
5. Anal warts - topical medication, cryotherapy, surgical removal
6. Anal skin tags - surgical removal / surgical excision
7. Anal crypts - inflammation, medication, surgical intervention
8. Pilonidal cysts - draining cyst; surgery if recurrent
9. Proctitis - medications, stool softeners, ablation (electrocoagulation), surgical intervention

Associated with Dermatology

10. Surgical excision removal moles
11. Ablative laser removal moles
12. Plasma Pen ?

OB GYN

- associated procedures

Listed Under Procedures in Table of Contents

Electrotherapy


Fissurectomy

Galvanic Electricity

Hemorrhoids treatment of

Injections

Keesey Technique

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: _____, 2025</p> <p>Date approved/ratified: _____, 2025</p>
<p>Network Chiropractic Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Functional Chiropractic Neurology.

Policy:

Network Chiropractic Policy is within the scope of practice for Oregon chiropractic physician based upon the Examinations, Tests, Substances, Devices and Procedures (ETSDP) Committee’s recommendation as “standard” and approved by a majority vote of the OBCE. At that time, the ETSDP Committee reviewed practices brought forward through a proponent petition process and had three options for recommendation to the OBCE: 1) approve as standard within the scope of practice, 2) approve as investigational within the scope of practice, and 3) deny as outside the scope of practice per OAR 811-015-0070.

As Applicable to CAs:

Network Chiropractic is outside the scope of Oregon certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:

Date approved/ratified:

Physical Therapy Assistants Licensing as Chiropractic Assistant

From P&P:

Physical Therapist Assistants

Question: May PTAs submit their **physical therapist assistant** education in lieu of the OBCE's required **12-hour initial training course** to be licensed as a certified chiropractic assistant (CCA)?

The Board determined that PTA's will be waived from the 12-hour initial training requirement if the PTA education was completed within the past five years, *or if they have been continuously employed in the past five years.* (11/99) (01/11)

Issue: To determine the procedures for issuing chiropractic assistant certification to physical therapy assistants.

Policy: A physical therapy assistant (any state? Just OR? Must be licensed? Employed anywhere?) may have their official transcript sent to the OBCE in lieu of the 12 hours of initial CA training. The CA applicant will still need to submit an application, pass the CA exam, and complete fingerprinting.

Procedures:

1. Complete CA application
2. Send official transcript directly from PTA school (completed within past 5 years or can show proof of employment as a PTA for past 5 years)
3. Submit and pass CA exam
4. Complete fingerprinting



Oregon Board of
Chiropractic
Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Therapeutic Taping Technique Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Therapeutic Taping.

Policy:

Therapeutic taping is within the scope of practice for Oregon chiropractic licensees. Licensees are required to be knowledgeable about the appropriate indications for utilizing this taping technique as well as the procedural application.

Examples include, but are not limited to: athletic tape, KT-tape, Kinesio tape, Leuko Tape and Rock Tape.

As Applicable to CAs:

Oregon certified chiropractic assistants who have been adequately trained can perform therapeutic taping on patients.

TABLE OF CONTENTS _under construction

SECTION I.....	4
DEVICES, PROCEDURES, AND SUBSTANCES	4
DEVICES.....	4
<i>BAX 3000 AND SIMILAR DEVICES</i>	<i>4</i>
<i>BIOPTON LIGHT THERAPY.....</i>	<i>Error! Bookmark not defined.</i>
<i>CPAP MACHINE, ORDERING</i>	<i>Error! Bookmark not defined.</i>
<i>CTD MARK I MULTI-TORSION TRACTION DEVICE</i>	<i>Error! Bookmark not defined.</i>
<i>DYNATRON 2000</i>	<i>Error! Bookmark not defined.</i>
<i>ELLMAN SS PELLEVE.....</i>	<i>Error! Bookmark not defined.</i>
<i>EPIPEN.....</i>	<i>Error! Bookmark not defined.</i>
<i>EPI TOUCH ALEX HAIR REMOVAL DEVICE</i>	<i>Error! Bookmark not defined.</i>
<i>INFRATONIC QGM DEVICE</i>	<i>Error! Bookmark not defined.</i>
<i>MAGNETS.....</i>	<i>Error! Bookmark not defined.</i>
<i>MD PEEL MICRO-ABRASION DEVICE</i>	<i>Error! Bookmark not defined.</i>
<i>MICROCURRENT DEVICES</i>	<i>Error! Bookmark not defined.</i>
<i>PETROMETER</i>	<i>Error! Bookmark not defined.</i>
<i>TENS DEVICES</i>	<i>Error! Bookmark not defined.</i>
<i>TOFTNESS DEVICE.....</i>	<i>Error! Bookmark not defined.</i>
<i>TRACTION DEVICES.....</i>	<i>Error! Bookmark not defined.</i>
PROCEDURES.....	ERROR! BOOKMARK NOT DEFINED.
<i>ACUPUNCTURE.....</i>	<i>Error! Bookmark not defined.</i>
<i>ACUPUNCTURE USED AS ANESTHESIA FOR MANIPULATION</i>	<i>Error! Bookmark not defined.</i>
<i>ALLERGIES.....</i>	<i>Error! Bookmark not defined.</i>
<i>AUTOMATED MUSCLE TESTING.....</i>	<i>Error! Bookmark not defined.</i>
<i>BLOOD PRESSURE (SUPINE AND STANDING)</i>	<i>Error! Bookmark not defined.</i>
<i>BLOOD WITHDRAWAL.....</i>	<i>Error! Bookmark not defined.</i>
<i>BLOODBORNE PATHOGENS - STANDARDS, PROCEDURES</i>	<i>Error! Bookmark not defined.</i>
<i>COLONICS OR COLONIC THERAPY.....</i>	<i>Error! Bookmark not defined.</i>
<i>CONTACT REFLEX ANALYSIS</i>	<i>Error! Bookmark not defined.</i>
<i>CRANIOSACRAL MANIPULATION</i>	<i>Error! Bookmark not defined.</i>
<i>DARK FIELD MICROSCOPY.....</i>	<i>Error! Bookmark not defined.</i>
<i>EKGS.....</i>	<i>Error! Bookmark not defined.</i>
<i>ELECTRODIAGNOSTIC TESTING (SSEP).....</i>	<i>Error! Bookmark not defined.</i>
<i>ELECTROLYSIS.....</i>	<i>Error! Bookmark not defined.</i>
<i>ELECTROTHERAPY</i>	<i>Error! Bookmark not defined.</i>
<i>EMG AND SURFACE EMG TESTING.....</i>	<i>Error! Bookmark not defined.</i>
<i>EPLEY MANEUVER.....</i>	<i>Error! Bookmark not defined.</i>
<i>FISSURECTOMY.....</i>	<i>Error! Bookmark not defined.</i>
<i>GALVANIC ELECTRICITY</i>	<i>Error! Bookmark not defined.</i>
<i>HEMORRHOIDS (TREATMENT OF)</i>	<i>Error! Bookmark not defined.</i>
<i>INJECTIONS.....</i>	<i>Error! Bookmark not defined.</i>
<i>IMMEDIATE RELEASE TECHNIQUE (IRT) / RAPID EYE TECHNIQUE.....</i>	<i>Error! Bookmark not defined.</i>
<i>KEESEY TECHNIQUE</i>	<i>Error! Bookmark not defined.</i>
<i>KINESIOTAPING METHOD.....</i>	<i>Error! Bookmark not defined.</i>
<i>LINGUAL ASCORBIC ACID TEST.....</i>	<i>Error! Bookmark not defined.</i>
<i>MANIPULATION OF THE CERVICAL SPINE.....</i>	<i>Error! Bookmark not defined.</i>
<i>MANIPULATION UNDER ANESTHESIA.....</i>	<i>Error! Bookmark not defined.</i>
<i>N.A.E.T. NAMBU DRIPAD ALLERGY ELIMINATION TECHNIQUE</i>	<i>Error! Bookmark not defined.</i>
<i>NASAL SPECIFICS.....</i>	<i>Error! Bookmark not defined.</i>
<i>NCV - NERVE CONDUCTION VELOCITY</i>	<i>Error! Bookmark not defined.</i>
<i>OUTPATIENT AND RADIOLOGICAL TESTS.....</i>	<i>Error! Bookmark not defined.</i>
<i>PARASPINAL SURFACE EMG</i>	<i>Error! Bookmark not defined.</i>
<i>PULMONARY STUDIES</i>	<i>Error! Bookmark not defined.</i>
<i>QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS (QFCE).....</i>	<i>Error! Bookmark not defined.</i>
<i>RANGE OF MOTION REPORTING.....</i>	<i>Error! Bookmark not defined.</i>
<i>RAPID EYE TECHNIQUE (RET).....</i>	<i>Error! Bookmark not defined.</i>
<i>RAST TESTING.....</i>	<i>Error! Bookmark not defined.</i>
<i>REIKI (Also see Reiki under Chiropractic Assistants).....</i>	<i>Error! Bookmark not defined.</i>

SOLKOWICH CALCIUM ABSORPTION AND UTILIZATION	<i>Error! Bookmark not defined.</i>
SOMATIC TECHNIQUE	<i>Error! Bookmark not defined.</i>
SPUTUM ALCOHOL TESTING.....	<i>Error! Bookmark not defined.</i>
STRESS TESTS.....	<i>Error! Bookmark not defined.</i>
TMJ (TEMPOROMANDIBULAR JOINT)	<i>Error! Bookmark not defined.</i>
TRIGGER POINT INJECTIONS (MYOFASCIAL)	<i>Error! Bookmark not defined.</i>
ULTRASOUND, DIAGNOSTIC.....	<i>Error! Bookmark not defined.</i>
ULTRASOUND, THERAPEUTIC.....	<i>Error! Bookmark not defined.</i>
URINALYSIS.....	<i>Error! Bookmark not defined.</i>
VENIPUNCTURE.....	<i>Error! Bookmark not defined.</i>
SUBSTANCES	ERROR! BOOKMARK NOT DEFINED.
ALOE VERA GEL (FOR ORAL CONSUMPTION AND/OR TOPICAL USE).....	<i>Error! Bookmark not defined.</i>
AQUA-SOOTHE	<i>Error! Bookmark not defined.</i>
BOTANICALS	<i>Error! Bookmark not defined.</i>
CLINICAL NUTRITION.....	<i>Error! Bookmark not defined.</i>
COLLOIDAL SILVER; SILVER.....	<i>Error! Bookmark not defined.</i>
ETHYL CHLORIDE.....	<i>Error! Bookmark not defined.</i>
FLUORI-METHANE.....	<i>Error! Bookmark not defined.</i>
FORMULA 303.....	<i>Error! Bookmark not defined.</i>
HCG POLICY	<i>Error! Bookmark not defined.</i>
HOMEOPATHICS, OVER-THE-COUNTER.....	<i>Error! Bookmark not defined.</i>
INTRADERMALS.....	<i>Error! Bookmark not defined.</i>
04/11/1996	<i>Error! Bookmark not defined.</i>
INJECTIONS.....	<i>Error! Bookmark not defined.</i>
MATOL AND FIBER SONIC (FIBER SUPPLEMENT)	<i>Error! Bookmark not defined.</i>
MYOCIDE.....	<i>Error! Bookmark not defined.</i>
NUTRITIONAL SUPPLEMENTS	<i>Error! Bookmark not defined.</i>
ORIENTAL HERBS.....	<i>Error! Bookmark not defined.</i>
OVER-THE-COUNTER NON-PRESCRIPTION DRUGS	<i>Error! Bookmark not defined.</i>
OVER-THE-COUNTER SUBSTANCES, DOSAGES.....	<i>Error! Bookmark not defined.</i>
PRESCRIPTIONS, RECOMMENDATION TO STOP USE	<i>Error! Bookmark not defined.</i>
SALICYLATES AND LIDOCAINE.....	<i>Error! Bookmark not defined.</i>
VITACEL.....	<i>Error! Bookmark not defined.</i>
VITAMIN C WITH ECHINACEA.....	<i>Error! Bookmark not defined.</i>
VITAMINS WITH BOTANICALS.....	<i>Error! Bookmark not defined.</i>
SECTION II	5
PRACTICE POLICIES REGARDING CHIROPRACTORS, APPLICANTS, AND CERTIFIED	
CHIROPRACTIC ASSISTANTS	5
CHIROPRACTORS.....	5
ABANDONMENT.....	5
ADVERTISING REVIEW POLICY: (UPDATED APRIL 27, 2010).....	<i>Error! Bookmark not defined.</i>
ANCILLARY SERVICES	<i>Error! Bookmark not defined.</i>
ANIMALS, TREATMENT OF.....	<i>Error! Bookmark not defined.</i>
ATHLETIC TRAINERS, SUPERVISION.....	<i>Error! Bookmark not defined.</i>
BIRTH CERTIFICATES.....	<i>Error! Bookmark not defined.</i>
CHIROPRACTORS AND OTHER HEALTH LICENSES.....	<i>Error! Bookmark not defined.</i>
CLINIC OWNERSHIP RESPONSIBILITY RULE, POLICY AND INTENT STATEMENT: <i>Error! Bookmark not defined.</i>	
<i>defined.</i>	
CLINICAL JUSTIFICATION RULE POLICY	<i>Error! Bookmark not defined.</i>
COLONIC THERAPY	<i>Error! Bookmark not defined.</i>
COMPUTERIZED SOAP NOTES.....	<i>Error! Bookmark not defined.</i>
CONTINUING EDUCATION	<i>Error! Bookmark not defined.</i>
Approval of Courses or Activities “not specifically listed” in the OAR	<i>Error! Bookmark not defined.</i>
Board Member CE Allowance	<i>Error! Bookmark not defined.</i>
Concussion CE, Mandatory	<i>Error! Bookmark not defined.</i>
Credit Taken 13 Months Prior to Renewal.....	<i>Error! Bookmark not defined.</i>
Educational Manual for Evidenced Based Chiropractic Chapters.....	<i>Error! Bookmark not defined.</i>
Federation of Chiropractic Licensing Boards’ (FCLB) PACE approved programs	<i>Error! Bookmark not defined.</i>
National Board of Chiropractic Examiners Part IV Exam Assistants	<i>Error! Bookmark not defined.</i>
Teaching at a Health-Care Institution or Teaching Post-Graduate Education	<i>Error! Bookmark not defined.</i>
COUNSELING PATIENTS	<i>Error! Bookmark not defined.</i>

CPAP MACHINE, ORDERING	Error! Bookmark not defined.
DIABETIC EDUCATION.....	Error! Bookmark not defined.
DIPLOMATE STATUS.....	Error! Bookmark not defined.
DOCTORS' TITLE ACT, ORS 676 (2011)	Error! Bookmark not defined.
ELECTRONIC SIGNATURES	Error! Bookmark not defined.
EMERGENCY FIRST AID	Error! Bookmark not defined.
EMPLOYEE STATUS	Error! Bookmark not defined.
FAMILY/RELATIVES, TREATMENT OF	Error! Bookmark not defined.
FEE SPLITTING AND COMMISSIONS.....	Error! Bookmark not defined.
ABS Health Center, Inc. Marketing Plan.....	Error! Bookmark not defined.
Adjustments or Other Minor Gifts for Patient Referrals	Error! Bookmark not defined.
Commissions and Fees.....	Error! Bookmark not defined.
Donating to a Non-Profit.....	Error! Bookmark not defined.
Leasing Agreements and Professional Referrals.....	Error! Bookmark not defined.
Merchant Fees (Visa, MasterCard, Discover card charges)	Error! Bookmark not defined.
Online sales of coupons	Error! Bookmark not defined.
FUNCTIONAL CHIROPRACTIC NEUROLOGY.....	5
HIPAA - IMMINENT DANGER EXCEPTION	5
HYPNOTHERAPY	Error! Bookmark not defined.
INACTIVE LICENSE	Error! Bookmark not defined.
INDEPENDENT MEDICAL EXAMINATION (I.M.E.).....	Error! Bookmark not defined.
INSURANCE – PIP OR HEALTH?.....	5
LYME DISEASE.....	Error! Bookmark not defined.
MAGNETIC RESONANCE IMAGING (MRI'S)	5
MASSAGE THERAPIST, SCOPE OF PRACTICE.....	Error! Bookmark not defined.
MIGRAINE HEADACHES.....	5
MILITARY SERVICE (AND RENEWAL)	Error! Bookmark not defined.
MINOR SURGERY CERTIFICATION.....	Error! Bookmark not defined.
MOTOR CARRIER PHYSICALS.....	Error! Bookmark not defined.
MULTI-DISCIPLINE CLINICS	Error! Bookmark not defined.
Employee status	Error! Bookmark not defined.
Independent Contractor.....	Error! Bookmark not defined.
NETWORK CHIROPRACTIC.....	5
PAP SMEARS.....	Error! Bookmark not defined.
PARENTAL CONSENT.....	Error! Bookmark not defined.
PATIENT-CHIROPRACTOR RELATIONSHIP.....	Error! Bookmark not defined.
PATIENT, DEFINITION.....	Error! Bookmark not defined.
PATIENT RECORDS	Error! Bookmark not defined.
Disclosure of Deceased Patient Records.....	Error! Bookmark not defined.
Electronic Records.....	Error! Bookmark not defined.
Faxed Records Requests	Error! Bookmark not defined.
Ownership of patient records	Error! Bookmark not defined.
Release of patient records	Error! Bookmark not defined.
Transfer of Patient Files.....	Error! Bookmark not defined.
PHYSICAL THERAPY, BILLING	5
POST-DOCTORAL DIPLOMATES, USE OF INITIALS	Error! Bookmark not defined.
PRIMARY CARE PHYSICIANS	Error! Bookmark not defined.
PYRAMID SELLING.....	5
RECORD KEEPING	Error! Bookmark not defined.
Record Keeping – Chart Notes Completion.....	Error! Bookmark not defined.
REFLEXOLOGY (also listed under Chiropractic Assistants).....	5
REVOKED CHIROPRACTORS (WHAT THEY MAY AND MAY NOT DO)	Error! Bookmark not defined.
SATELLITE OFFICES.....	Error! Bookmark not defined.
SCHOOL PHYSICALS.....	Error! Bookmark not defined.
TELEMARKETING.....	5
TESTIMONIALS.....	Error! Bookmark not defined.
TRAVEL-TO-TREAT.....	Error! Bookmark not defined.
X-RAY SERVICES BY CHIROPRACTIC PHYSICIAN	5
X-RAY (Which Views Are Necessary?)	Error! Bookmark not defined.
APPLICANTS (FOR CHIROPRACTIC)	ERROR! BOOKMARK NOT DEFINED.
DISCLOSURE OF SCHOOL RECORDS.....	Error! Bookmark not defined.
EXAMINATION	Error! Bookmark not defined.
Appeals	Error! Bookmark not defined.
Exam Schedules.....	Error! Bookmark not defined.

National Board of Chiropractic Examiners (NBCE) Part IV	Error! Bookmark not defined.
Physiotherapy Minimum Educational Requirement.....	Error! Bookmark not defined.
Special Purposes Examination for Competency (SPEC).....	Error! Bookmark not defined.
Waivers (from application/examination deadlines).....	Error! Bookmark not defined.
<i>FELONY RECORD</i>	Error! Bookmark not defined.
<i>PRE-PROFESSIONAL LIBERAL ARTS AND SCIENCES POLICY</i>	Error! Bookmark not defined.
<i>WORKING UNDER A LICENSED CHIROPRACTOR</i>	Error! Bookmark not defined.
CERTIFIED CHIROPRACTIC ASSISTANTS	6
<i>ANY TRAINED PERSON (INCLUDING CERTIFIED CAS) MAY PERFORM THE FOLLOWING</i>	6
<i>ASSISTANT LICENSES, VALID IN OREGON</i>	Error! Bookmark not defined.
<i>COLONICS OR COLONIC THERAPY</i>	Error! Bookmark not defined.
<i>COMPUTERIZED MUSCLE AND INCLINOMETER TESTING</i>	6
<i>(DIRECT) SUPERVISION OF CLINIC STAFF</i>	Error! Bookmark not defined.
<i>ENGLISH PROFICIENCY REQUIREMENT FOR CA APPLICANTS</i>	Error! Bookmark not defined.
<i>FELONY RECORD</i>	Error! Bookmark not defined.
<i>INITIAL TRAINING FOR CA APPLICANTS</i>	Error! Bookmark not defined.
Chiropractic Students Training To Be Chiropractic Assistants.....	6
Massage Therapists.....	6
Physical Therapist Assistants.....	6
Online Initial Training (also see Webinar Training below).....	6
Other Training or Certification	6
Supervising DC, Training by the.....	6
Webinar Training	6
<i>KINESIOTAPING METHOD</i>	6
<i>MASSAGE, OVERSIGHT REQUIREMENTS</i>	Error! Bookmark not defined.
<i>QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS (QFCE)</i>	6
<i>RANGE OF MOTION</i>	6
<i>REFLEXOLOGY</i>	6
<i>REIKI</i>	6
<i>THERAPIES, Including Massage</i>	6
<i>VITALS, CONTINUING EDUCATION</i>	6
<i>WORKING FOR OTHER HEALTH-CARE PROVIDERS</i>	6
SECTION III	7
NEW & UPDATED BOARD POLICIES	7
<i>EXTRACORPOREAL SHOCKWAVE THERAPY (EST)</i>	Error! Bookmark not defined.
<i>FEDERAL AVIATION ADMINISTRATION (FAA) BASIC MED MEDICAL EXAMINATION</i>	41
<i>HEMP AND MARIJUANA DERIVED PRODUCTS</i>	43
<i>INSTRUMENT ASSISTED SOFT TISSUE MOBILIZATION (IASTM)</i>	49
<i>IONTOPHORESIS AND PHONOPHORESIS</i>	50
<i>LICENSEES ON ACTIVE MILITARY DUTY POLICY AND PROCEDURE</i>	53
<i>MEDIA PRESS RELEASE POLICY AND PROCEDURES</i>	59
<i>NEEDLE ELECTROMYOGRAPHY (EMG)</i>	63
<i>RADIOGRAPHIC MENSURATION ANALYSIS POLICY</i>	68
<i>TELEHEALTH POLICY AND PROCEDURE</i>	74
APPENDIX C	ERROR! BOOKMARK NOT DEFINED.

X-RAY SERVICES BY CHIROPRACTIC PHYSICIAN

A chiropractic clinic may take X-rays for another chiropractic physician or doctor. While this does not create a patient relationship with the doctor or other appropriately licensed person taking the films, the chiropractic clinic still has the obligation to abide by the x-ray rules found in OAR 811-030-0020 and OAR 811-030-0030 (addressing shielding, contraindications such as pregnancy, diagnostic quality etc.).

In order to request films, the ordering doctor should include the relevant diagnoses, area of clinical interest, birth date, etc. so that the clinic taking the films has a "double check" that ensures the proper films are taken. It is not necessary for the clinic taking the films to review the entire patient file to determine whether the views ordered are in fact clinically necessary.

It is highly recommended all chiropractic physicians with x-ray equipment review OAR 811-030-0020 and OAR 811-030-0030, which also includes these record keeping requirements:

- The operator shall maintain a record on each exposure of each patient containing the patient's name, the date, the operator's name or initials, the type of exposure and the radiation factors of time, mA, kVp and target film distance, including those exposures resulting in the necessity of repeat exposure for better diagnostic information such as patient motion or poor technical factors. For computerized and automated systems the recording of technique factors is not necessary as long as the equipment is calibrated and maintained. OAR 333-106-045 requires the facility to determine the typical patient exposure for their most common radiographic examinations, i.e. technique chart.
- Each film shall be properly identified by date of exposure, location of X-ray department, patient's name or number, patient's age, right or left marker and postural position marker and indication of the position of the patient.

(3/18/10)






SECTION III

NEW & UPDATED Board Policies

The following policies are either new or updated to a new format.



 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date approved/ratified: March 30, 2023</p>
<p>Additional Acronym or Initials for Degree, Diplomate Status, or Certification</p>	

Issue: Whether chiropractic licensees are permitted to use acronyms of additional education or training certification/degree.


Policy:

A licensed chiropractic physician who has completed education or training resulting in diplomate status, certification, or a degree may use the associated initials or acronyms in compliance with the advertising rule OAR 811-015-0045, the Doctor’s Title Act ORS 676.110, and cannot be untruthful, improper, misleading, or deceptive, per ORS 684.100(1)(i)(j).

As Applicable to CAs:

A certified chiropractic assistant who has completed education or training resulting in diplomate status, certification, or a degree may use the associated initials or acronyms in compliance with the advertising rule OAR 811-015-0045, the Doctor’s Title Act ORS 676.110, and cannot be untruthful, improper, misleading, or deceptive, per ORS 684.100(1)(i)(j).



 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Animal Chiropractic Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide chiropractic care to animals.

Policy:

Yes, under the following conditions:

- Active Oregon chiropractic license;
- Successfully completed post-graduate animal chiropractic program; and
- Current written referral from an active licensed treating veterinarian.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 26, 2024

Date approved/ratified:
September 26, 2024

Allergy and Food Sensitivity Testing Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform allergy and food sensitivity testing.

Policy:

Allergy and food sensitivity testing are within the scope of practice for licensed chiropractic physicians in Oregon, as ordering diagnostic testing and performing venipuncture are already within scope.

As Applicable to CAs:

Allergy and food sensitivity testing are not within the scope of practice for certified chiropractic physician assistants in Oregon.



Oregon Board of
Chiropractic
Examiners

Effective Date:
November 21, 2024

Date approved/ratified:
November 21, 2024

Applied Spinal Biomechanical Engineering (ASBE) Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Applied Spinal Biomechanical Engineering (ASBE).

Policy:

It is within the scope of practice for Oregon chiropractic physicians as investigational per the Examinations, Tests, Substances, Devices and Procedures (ETSDP) Committee. A practitioner must comply with the investigational status rules and informed consent and must register use of this technique with the OBCE. Patients must be informed that the use of this technique is considered investigational and written, informed consent must be obtained prior to use.

As Applicable to CAs:

ASBE is outside the scope for certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
March 30, 2023

Date approved/ratified:
March 30, 2023

Auriculotherapy Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform auriculotherapy.

Policy:

Auriculotherapy is within the scope of practice. The application is utilized to stimulate the points of the ear but must not penetrate the skin.

As Applicable to CAs:

Certified chiropractic assistants, with appropriate training, may apply treatment to the ear points under the supervision and direction of an Oregon licensed chiropractic physician.





Oregon Board of
Chiropractic Examiners

Effective Date:
January 18, 2023

Date approved/ratified:
January 18, 2023

Biofeedback Policy

Issue: Whether Oregon chiropractic licensees are able to use biofeedback devices for diagnostic and/or therapeutic purposes.

Policy: Yes, chiropractic physicians may use biofeedback devices with Premarket Approval (PMA) or 510(k) Clearance by the FDA for applicable diagnostic and/or therapeutic purposes as applicable to the scope of chiropractic practice. For example, biofeedback for purposes of neuromuscular evaluation, rehabilitation, and reeducation is within the scope of practice.

As Applicable to CAs: An appropriately trained certified chiropractic assistant may utilize biofeedback devices with Premarket Approval (PMA) or 510(k) Clearance by the FDA at the direction of the attending chiropractic physician for therapeutic purposes within the scope of chiropractic practice. An appropriately trained certified chiropractic assistant may operate a biofeedback device and record findings for diagnostic purposes but may not interpret or provide an assessment of those findings.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Birth Certificate Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to sign birth certificates.

Policy:


Yes, for chiropractic physicians under the following conditions:

- Active Oregon license;
- Have appropriate Board approved specialty certification in Obstetrics; and
- Must have attended and managed the birth.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

ORS 432.005(26) “Physician” means a person authorized to practice medicine, chiropractic or naturopathic medicine under the laws of this state or under the laws of Washington, Idaho or California, a physician assistant licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: November 21, 2024</p>
<p>Breast Thermography Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform breast thermography.

Policy:

Breast thermography is within the scope of practice for Oregon chiropractic licensees who have been adequately trained and certified by a recognized organization as a clinical thermographer or a board certified clinical thermographer or diplomate from a recognized organization. However, the interpretation of the thermal images should only be made by a licensed chiropractic physician or other health care provider who is licensed to diagnose and hold credentials as a board certified clinical thermographer or diplomate from a recognized organization. Any chiropractic clinic providing breast thermography imaging must use the attached informed consent form. This is in addition to verbal communication with the patient to ensure their understanding of these informed consent provisions.

In January 2021, the FDA stated that breast thermography is not an alternative to mammography and has not been shown to be effective as a “stand-alone” test for either breast cancer screening or diagnosis in detecting early-stage breast cancer. Mammography is the most effective primary screening method for detecting breast cancer in its early, most treatable stages. Therefore, providers shall inform patients that clinical breast thermography should only be considered as adjunctive to mammography and other standard breast diagnostic imaging or examination rather than being considered an alternative.

Regardless of the result from breast thermography exam, chiropractic physicians must refer the patient for further imaging.

As Applicable to CAs:

Oregon certified chiropractic assistants who have been adequately trained as a clinical thermographer technician or who have completed an equivalent training program may perform thermographic thermal imaging.

Informed Consent

Any chiropractic clinic providing breast thermography imaging must use the attached informed consent form. This is in addition to verbal communication with the patient to ensure their understanding of these informed consent provisions, the investigational status and that this is adjunctive to other standard diagnostic imaging or examination.

Clinic or Entity Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____

Informed Consent for Breast Thermography

Please read each section carefully and initial.

The Oregon Board of Chiropractic Examiners (OBCE) has determined that breast thermography is investigational. Investigational means further study is warranted, evidence is equivocal or insufficient, the patient should evaluate their own risk, and this is not considered standard by the chiropractic profession. Standard means taught in a chiropractic college or otherwise accepted in the chiropractic profession.

_____ I understand that breast thermography is a procedure utilizing a digital thermal imaging camera to visualize and obtain an image of the infrared radiation (heat) coming from the surface of the skin.

_____ I understand that breast thermography is not intended as a replacement of breast mammography and that according to the current recommended protocol, clinical examination and mammogram are considered the standard breast cancer screen. Thermography is not a stand-alone diagnostic tool, meaning it is not approved to be used by itself for screening.

_____ I understand that breast thermography and mammography do not provide the same information on breast tissues and therefore provide different values on breast tissue assessment (thermography looking for physiological changes and mammography looking for anatomical changes).

_____ I understand that breast thermography may be used as an adjunctive screen in addition to mammography, MRI, and clinical exam to detect early stages of breast abnormalities.

_____ I understand that the procedure does not use radiation or compression.

_____ I understand that the physician and/or technician providing breast thermography at (clinic) _____ are not diagnosing or treating breast abnormalities. Follow-up care relating to treatment must be done with a properly trained and licensed professional.

_____ I have been given a pre-imaging instruction form to follow and I agree that I have complied with the preparation protocol prior to the procedure.

_____ I understand that I will disrobe from the waist up during the exam and I will be imaged with an electronic thermographic camera.

_____ I understand that a clinical breast examination may be necessary at the end of my imaging session by a licensed professional to verify any abnormal findings.

_____ I understand that the results of the breast thermography examination will be made available to my physicians and others I designate for further diagnosis and analysis.

_____ I understand that if an abnormal finding is discovered, I will comply with any diagnostic or referral recommendation.

_____ I understand the purpose, outcome, benefits, and risk factors of breast thermography and consent to examination by (*clinic*) _____.

Print Name _____

Signature _____ Date _____



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 23, 2023

Date approved/ratified:
September 23, 2023

Certification of Special Competency in Obstetrics

Issue: To determine the procedures for issuing certification of special competency in obstetrics per OAR 811-015-0030(4)(a)-(d).

Policy:

A chiropractic physician licensed in Oregon who wishes to practice obstetrics must apply to and receive from the OBCE a certification of special competency in obstetrics.

Procedures:

1. Request must be sent by email to OBCE to start the process. OBCE staff will confirm completion of the 200 hours and examination.
2. An obstetrics initiation letter will then be sent electronically to the applicant along with instructions on the requirements within OAR 811-015-0030.
3. The licensed applicant will submit a proposed rotation plan with all required documentation. Staff will add the proposed plan to the next board meeting for review and approval.
4. OBCE staff will notify the licensed applicant of rotation plan status.
5. The licensed applicant will submit proof of completed rotation(s) to OBCE staff. OBCE board will review for certification approval in due course.
6. Final letter of certification approval will be sent electronically to licensed applicant.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 17, 2020

Date approved/ratified:
September 17, 2020

Chiropractic Assistant Continuing Education Course Instruction

Policy:

An individual or entity may conduct certified chiropractic assistant continuing education courses, provided they meet any of the following:

- (a) A professional degree in a healthcare related field or a license from a health professional regulatory board;
- (b) Three years of experience as a certified chiropractic assistant in the State of Oregon;
- (c) A degree or certification for college-level courses that supports job duties of a certified chiropractic assistant; or
- (d) Are a company or entity that offers continuing education to health care providers.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 17, 2020

Date approved/ratified:
September 17, 2020

Chiropractic Assistant Initial Course Instruction

Policy:


An individual or entity may conduct initial certified chiropractic assistant training, provided they meet any of the following:

- (a) A professional degree in a healthcare related field or a license from a health professional regulatory board. The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies; or
- (b) Are a company or entity that offers continuing education to health care providers.

PROCEDURES

Links detailing the initial training requirements are below:

http://www.oregon.gov/obce/Documents/Guidelines_for_DC_Training_CA.pdf
https://www.oregon.gov/obce/Documents/CA_InitialTrainingSyllabus.pdf

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Clinical Nutrition Counseling Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensee to provide clinical nutritional counseling.

Policy:
Yes, any active Oregon licensed chiropractic physician may provide clinical nutritional counseling.

As applicable to CAs:
Certified chiropractic assistants may assist with clinical nutrition counseling at the direction of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Colonic Therapy Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform colonic therapy.

Policy:

Yes, any active Oregon licensed chiropractic physician may perform colonic therapy.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: January 18, 2023</p>
<p>Commercial Motor Vehicle (CMV) Driver Medical Examinations</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform the Federal Motor Carrier Safety Administration (FMCSA) Driver of a Commercial Motor Vehicle (CMV) Medical Examination when they are a FMCSA National Registry Certified Medical Examiner (CME).

Policy: In order to be certified, chiropractic physicians must complete a National Registry of Certified Medical Examiners (NRCME) training course from a Federal Motor Carrier Safety Administration (FMCSA) accredited National Registry Training Organization and pass the FMCSA Medical Examiner Certification Test.

Oregon chiropractic CMEs may perform the CMV driver medical examination on interstate and intrastate drivers. The medical examination for a driver of a CMV must be performed in a state in which the chiropractic physician has a license to practice.

A CMV driver licensed in any state may obtain a valid driver of a CMV Medical Examination from an Oregon licensed chiropractic CME so long as the medical examination is performed in Oregon.¹

As Applicable to CAs:

Oregon certified chiropractic assistants are not eligible to become Certified Medical Examiners.

A certified chiropractic assistant can perform portions of the tests included in the CMV driver medical examination that are within the scope of their practice and that are within the purview of the requirements of the CMV driver medical examination.

¹ The states of Washington, Michigan, and New York have concluded these examinations are outside their state's chiropractic scope of practice. As such, chiropractic physicians licensed in these states are not eligible to be a Certified Medical Examiner in the National Registry.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Compensation for Patient Referrals Policy

Issue: Whether it is allowed for Oregon chiropractic licensees to offer or receive compensation for patient referrals.

Policy:

Compensation offered or received in excess of a token or de minimis gift over the course of a year is prohibited. Offering or receiving compensation per referral versus a one time may be considered an inappropriate inducement for patient referrals.

As applicable to CAs:

Same as above.

See 42 USC Sec. 1320a-7a(a)(5); 42 USC Sec. 1320a-7a(i)(6); 42 USC Sec. 1320a-7b(b); OAR 811-035-0015(28).



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 28, 2023

Date approved/ratified:
September 28, 2023

Cosmetology and Cosmetic Procedures Policy

Issue: Whether it is within the scope of practice for Oregon licensed chiropractic physicians to perform cosmetology and cosmetic procedures.

Policy: Cosmetology and cosmetic procedures are not within the scope of Oregon licensed chiropractic physicians.

As Applicable to CAs: Certified chiropractic assistants are unable to perform cosmetology and cosmetic procedures.



Oregon Board of
Chiropractic
Examiners

Effective Date:
November 21, 2024

Date approved/ratified:
November 21, 2024

Cupping Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform cupping.

Policy:

Cupping is within the scope of practice for Oregon chiropractic physicians. Cupping is defined as using a cup-like device on the skin to create suction, using heat or mechanical means, for therapeutic purposes.

Wet cupping is not included within this policy and is considered outside the scope of practice for Oregon chiropractic licensees.

As Applicable to CAs:

Performing cupping is outside the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 28, 2023

Date approved/ratified:
September 28, 2023

Darkfield Microscopy and Live Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to utilize darkfield microscopy and live cell analysis.

Policy:

Darkfield microscopy is allowed within the scope of chiropractic. The purpose of using a darkfield filter on a standard microscope in a clinical setting is to analyze live blood. Live cell analysis is within the scope of Oregon chiropractic licensees.

As Applicable to CAs:

Certified chiropractic assistants are not allowed to perform darkfield microscopy or live cell analysis.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 18, 2023

Date approved/ratified:
January 18, 2023

Death Certificate Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to sign Death Certificates.

Policy: Pursuant to ORS 432 Vital Statistics (2021)², chiropractic physicians, who have treated a decedent within the 12 months preceding death, may sign the death certificate. The physician must follow current protocols and use proper forms, per the statute cited above, when submitting a death certificate.

As Applicable to CAs: Non-applicable. Certified chiropractic assistants are not permitted to sign death certificates.

² https://www.oregonlegislature.gov/bills_laws/ors/ors432.html



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Device-Assisted Range of Motion Measurement and Muscle Testing Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform device-assisted range of motion or muscle testing.

Policy:

Yes, any active Oregon licensed chiropractic physician may perform device-assisted range of motion or muscle testing.

As applicable to CAs:

A certified chiropractic assistant may perform device-assisted range of motion measurement but may not interpret the findings. They may not perform manual or device-assisted muscle testing.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Diagnostic Imaging Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret diagnostic imaging studies.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform diagnostic imaging procedures.

Order

Any active Oregon licensed chiropractic physician may order any type of diagnostic imaging modality that is clinically indicated.

Interpret

Every diagnostic imaging procedure must be accompanied by a formal interpretation report.

Any active Oregon licensed chiropractic physician may interpret any type of diagnostic imaging modality for which they are appropriately trained.

Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.

Integration

All available diagnostic images must be integrated into a patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any diagnostic imaging solely under their CA scope. A certified chiropractic assistant may take radiographs with appropriate certification and radiographic technician license under the order of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Disabled Person Parking Permits Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to qualify a person for a disabled person parking permit.

Policy:

Yes, any active Oregon licensed chiropractic physician may qualify an established patient for a disabled person parking permit.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Durable Medical Equipment Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to recommend, order, or provide durable medical equipment.

Policy:

Yes, it is within the scope of an Oregon licensed chiropractic physician to recommend, order, or provide durable medical equipment.

As applicable to CAs:

Certified chiropractic assistants may not recommend or order durable medical equipment. They may, however, provide instruction on use, if properly trained to do so and under the direction and supervision of a licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electrodiagnostic Testing Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, or interpret electrodiagnostic testing.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform electrodiagnostic testing which requires appropriate training and certification.

Order

Any active Oregon licensed chiropractic physician may order any type of electrodiagnostic testing that is clinically indicated.

Interpret

Every electrodiagnostic testing procedure must be accompanied by a formal interpretation report.

Any active Oregon licensed chiropractic physician may interpret any type of electrodiagnostic testing procedure for which they are appropriately trained.

Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.

Integration

All available electrodiagnostic tests must be integrated into the patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any electrodiagnostic testing solely under their CA scope. A certified chiropractic assistant may perform electrodiagnostic testing procedures with appropriate certification and training under the order of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
October 15, 2021

Date approved/ratified:
September 16, 2021

Electroencephalogram (EEG) Test Policy

Issue: Whether it is within the scope of practice for Oregon licensed chiropractic physicians to interpret electroencephalogram (EEG) tests.

Policy:

For Oregon licensed chiropractic physicians who are appropriately trained in interpreting EEG techniques and testing, and provide proof of said training to the OBCE, it is within the scope of practice for that trained physician to interpret EEGs.

If the chiropractic physician is screening for a psychological or psychiatric component of an EEG, that screening and analysis is outside the scope of practice for Oregon licensed chiropractic physicians and the physician should refer the patient out for appropriate testing by another type of healthcare professional.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electronic Health Records and Signatures Policy

Issue: What are the timeline requirements for documentation and signatures for chart notes/SOAP, including paper and electronic health records.

Policy:

The timeline requirements are as follows:

- Documentation (dictation, handwritten notes, electronic chart entry, etc.) completed within 72 hours of a patient's visit.
- Electronic signature within 30 days.

Documentation is required for treatment of any and all patients including family members, spouses, and employees.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electrotherapy Devices and Treatments Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to use electrotherapy devices and treatments.

Policy: Electrotherapy devices and treatments fall under the heading of “physiotherapy” which is within scope of Oregon licensed chiropractic physicians.

Rectal electrotherapy treatment by chiropractic physicians requires additional training for certification pursuant to OAR 811-015-0030.

As applicable to CAs:

Certified chiropractic assistants may not order electrotherapy devices or treatments. They may not perform intra-orificial electrotherapy. Certified chiropractic assistants, with appropriate training, may utilize electrotherapy devices and treatments under the supervision and direction of an Oregon licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Emergency First Aid/Medicine Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to administer emergency first aid/medicine.

Policy: Yes, it is within scope for Oregon licensed chiropractic physicians and certified chiropractic assistants to administer emergency first aid/medicine, including but not limited to:

- AED machine
- Basic First Aid procedures
- CPR
- Emergency use of oxygen*
- Epi-pen**
- Naloxone

This policy is addressing use only but not access or prescription rights and requires proper training for use.

* Please review “Emergency Oxygen Use” Policy

** Oregon licensed chiropractic physicians are authorized to use Epi-Pens in appropriate clinical situations but are not authorized to prescribe them.

As applicable to CAs:

Same as above.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 16, 2021

Date approved/ratified:
September 16, 2021

Emotional Support Animals

Issue: Whether Oregon licensed chiropractic physicians can write an approval or reference letter for an emotional support animal (ESA).

Policy:

It is outside the scope of practice for an Oregon licensed chiropractic physician to write letters in support of obtaining an emotional support animal's registration or use. Because chiropractic physicians are not licensed mental health professionals, it is outside the scope of chiropractic physicians to diagnose the conditions allowing for the registration or use of ESAs.

Please see the following sources:

Oregon Board of Licensed Professional Counselors and Therapists (Fall 2018, page 2):

https://www.oregon.gov/OBLPCT/Documents/Newsletter_Fall_18.pdf

ESA Registration of America: <https://www.esaregistration.org/esa-letter/>



Oregon Board of
Chiropractic
Examiners

Effective Date:
March 30, 2023

Date approved/ratified:
March 30, 2023

Extracorporeal Shockwave Therapy (EST) Policy

Issue: Whether it is within scope of practice for Oregon chiropractic licensees to perform shockwave therapy, also called extracorporeal shockwave therapy (EST).


Policy:

Oregon licensed chiropractic physicians who have been properly trained are permitted to perform EST for the use of treatment of conditions within the scope of practice.

EST uses focused soundwaves to help chronic injuries heal by increasing circulation, decreasing inflammation, and stimulating a healing response over the treated area.

As Applicable to CAs:

Certified chiropractic assistants, with appropriate training, may perform EST under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: May 12, 2017</p> <p>Date approved/ratified: January 25, 2018</p>
<p>Federal Aviation Administration (FAA) BasicMed Medical Examination</p>	

Issues:


1. Whether Oregon Doctors of Chiropractic are considered “physicians;” and
2. Do DCs have the privilege and experience to conduct the “BasicMed” FAA Medical examination?
3. Is any additional training required in order for DCs to perform the FAA BasicMed Medical examination?

Policy:

Doctors of Chiropractic, duly licensed and active in Oregon, are considered state-licensed physicians under ORS 684.010(3). The “BasicMed” FAA Medical examination is within the training and scope of practice for Doctors of Chiropractic within Oregon.

The Board does not make a statement as to whether the FAA should allow Oregon DCs to perform these exams as the Board does not make FAA rules and does not interpret those rules.

In order to perform the FAA BasicMed Medical examination, the Board requires DCs to take and successfully pass the Certified Medical Examiner training, be certified and listed on the National Registry of Certified Medical Examiners, and take an additional 2 hours of PACE approved training.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Gynecological/Genitourinary Examination and Diagnosis Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform gynecological and/or genitourinary examinations.

Policy:

Yes, so long as the licensee has an active Oregon chiropractic physician license. The examination procedures that are allowed include, but are not limited to:

- PAP Smear
- STI testing
- Routine screening examinations
- GU examinations

This policy does not address obstetrics or proctology. Please see relevant rules and laws regarding obstetric and proctology certification.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 16, 2020</p> <p>Date approved/ratified: January 16, 2020</p>
<p>Hemp and Marijuana Derived Products</p>	

Policy:

The purpose of this policy is to provide licensees with guidance regarding the use and recommendation of hemp and marijuana derived products.

Authority:

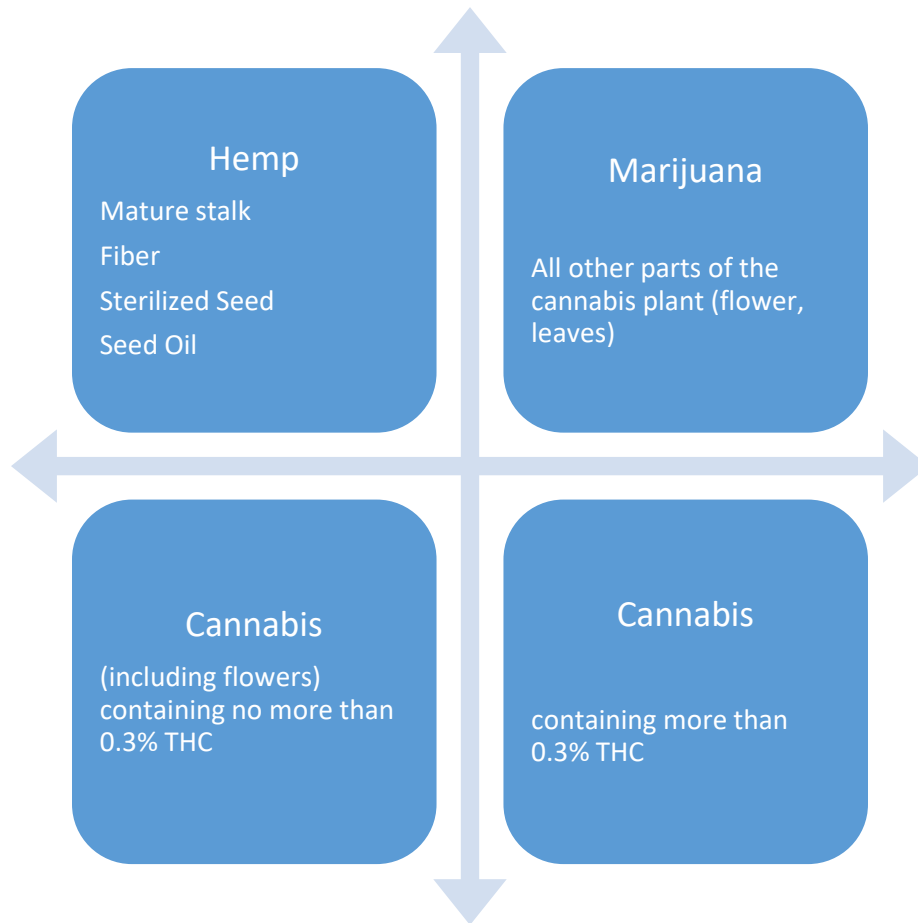
- 1) ORS 475B, OAR 603, and OAR 333
- 2) ORS 475B and OAR 845-025 regulate recreational marijuana
- 3) ORS 571 details the requirements for the sale and use of CBD products
- 4) ORS 614 details the regulations around recreational marijuana.
- 5) ORS 676.150 details health professionals' duty to report
- 6) ORS 684 details the scope of practice for chiropractic physicians
- 7) OAR 811-015-0010, Clinical Justification
- 8) OAR 811-015-0070 Scope of Practice Regarding Examinations, Test, Substances, Devices, and Procedures
- 9) Oregon Retail Sale of Cannabidiol (CBD) Products FAQ:
https://www.oregon.gov/pharmacy/Imports/Cannabidiol_CBD_Informational_6.2019.pdf
- 10) FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD) <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd> (last visited October 31, 2019)
- 11) FDA and Marijuana: Questions and Answers
https://www.fda.gov/newsevents/publichealthfocus/ucm421168.htm#dietary_supplements (last visited December 26, 2018)
- 12) Statement from FDA Commissioner Scott Gottlieb, M.D., on signing the Agriculture Improvement Act of and the agency's regulation of products containing cannabis and cannabis-derived compounds,
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm628988.htm> (last visited December 26, 2018)

Definitions:

“Industrial hemp” has the meaning as defined by ORS 571.300 (2017). By definition, such products contain an average tetrahydrocannabinol (THC) concentration that does not exceed 0.3 percent on a dry weight basis.

“Marijuana” and “cannabinoid products” have the meaning defined in ORS 475B.015 (2017).

“Cannabinoid,” “cannabinoid product,” “cannabinoid concentrate,” “cannabinoid extract,” “cannabinoid tincture,” and other similar terms have the definitions specified by OAR 845-025-1015 (2019) and ORS 475B.791.



Regulatory Oversight

	Medical Marijuana	Recreational Marijuana	Industrial Hemp
Product	Marijuana	Marijuana products and CBD products derived from marijuana or industrial hemp containing $\geq 0.3\%$ THC.	CBD products containing $\leq 0.3\%$ THC derived from industrial hemp..

Location of Sales	Designated growers or OHA regulated medical marijuana dispensaries.	Licensed OLCC recreational marijuana dispensaries.	Any retail location.
Restriction on Sales	Must have a medical marijuana card. Individuals with a qualifying medical condition and a recommendation for medical marijuana from an attending physician may apply for a medical marijuana card.	Must be >21 years of age or older. Source of CBD must be labeled – hemp or marijuana.	None. Unless the product is used for the sale of inhalant delivery systems and their components, then must be 21 years of age or older.
Regulatory Body	Oregon Health Authority (OHA)	Oregon Liquor Control Commission (OLCC)	Oregon Department of Agriculture (ODA)

*Please note that these regulatory bodies above may have specific statutory or rule requirements for sale of products. Please contact those agencies directly for further information.

All hemp items sold at retail in Oregon must comply with the product testing required for like-marijuana items (solvents, pesticides, etc.).

Procedures:

1. Medical Use of Cannabidiol (CBD).

As of the date of the enactment of this policy, the U.S. Food and Drug Administration (FDA) continues to ban the use of CBD in food products and restricts its use as a dietary supplement. Based “on the evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act, respectively. Under those provisions, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved...or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are outside the definition of a dietary supplement. FDA is not aware of any evidence that would call into question its current conclusions that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act.”

The FDA has also issued warning letters to companies selling CBD products claiming that they prevent/treat diseases like cancer, diabetes, psychiatric disorders, etc. Examples: “soothing tincture for chronic pain,” “CBD can successfully reduce anxiety symptoms,” “For many, CBD holds the answers to treating depression.”

2. Clinical Justification.

The Board’s existing rules require that the chiropractic physician utilize clinical rationale and justification that, “within accepted standards and understood by a group of peers, must be shown for all opinions, diagnostic, and therapeutic procedures. Accepted standards mean skills and treatment which are recognized as being reasonable, prudent, and acceptable under similar conditions and circumstances.”

3. Scope of Practice.

In considering the inclusion of new substances in the practice of chiropractic, the Board may take into account all relevant factors and practices, including, but not limited to: the practices generally and currently followed and accepted by persons licensed to practice chiropractic in the state, the teachings at chiropractic schools accredited by the Council on Chiropractic Education or its successor at any time since 1974, relevant technical reports published in recognized journals, and the desirability of reasonable experimentation in the furtherance of the chiropractic arts.

A chiropractic physician may utilize substances that are supported in peer reviewed literature, which has clinical rationale, valid outcome assessments measures, is consistent with generally recognized contraindications to chiropractic procedures, and where the potential benefit outweighs the potential risk to the patient.

4. Current Conclusions.

As chiropractic physicians do not have prescription rights within Oregon statute, there is no statutory authority to allow chiropractic physicians to recommend or prescribe marijuana, CBD, hemp, or products derived from these substances.


To dispense, use, or sell topical products derived from marijuana or hemp, licensees must abide by the laws and rules established by the OHA, OLCC, and ODA, as applicable. This is an explanation of OBCE's position and licensees act at their own risk with regard to federal prohibitions/requirements.

According to the FDA, under the FD&C Act, it is illegal to market and sell CBD as a dietary supplement.

https://www.oregon.gov/pharmacy/Imports/Cannabidiol_CBD_Informational_6.2019.pdf

Additionally, chiropractic physicians cannot sell recreational marijuana unless properly licensed through the OLCC to do so.

(<https://www.oregon.gov/olcc/marijuana/Pages/FAQs-Licensing-General.aspx>.)

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: May 24, 2023</p> <p>Date approved/ratified: May 24, 2023</p>
<p>Hyperbaric Oxygen Therapy and Emergency Oxygen Administration</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform hyperbaric oxygen therapy and emergency oxygen administration.

Policy:

Chiropractic physicians may administer emergency oxygen to an individual as part of a first aid response provided the person administering the oxygen has completed approved training on the use of oxygen. Approved training consists of instruction and certification comparable to the American Red Cross course “Administering Emergency Oxygen.”

A chiropractic physician may utilize oxygen concentrated at a percentage lower than 100%, as it does not require a prescription. The OBCE does not prohibit chiropractic physicians from using oxygen concentration devices (hyperbaric oxygen therapy).

The Oregon Board of Pharmacy considers 100% oxygen a prescription drug. Therefore, 100% oxygen administration is outside the chiropractic scope of practice, and chiropractic physicians may not prescribe oxygen for therapeutic purposes. An exception to the administration of 100% oxygen is made for emergencies as described above.

As Applicable to CAs:

Certified chiropractic assistants, with the training detailed above, may administer emergency oxygen under the supervision and direction of an Oregon licensed chiropractic physician.

Certified chiropractic assistants may provide hyperbaric oxygen therapy under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 28, 2023</p> <p>Date approved/ratified: September 28, 2023</p>
<p>Independent Medical Examination (IME) Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Independent Medical Examinations (IMEs).

Policy: Oregon licensed chiropractic physicians may perform IMEs. A limited doctor-patient relationship is established and exists between the patient and the chiropractic physician, regardless of whether the doctor is the examining or treating doctor.¹

As Applicable to CAs:

Certified chiropractic assistants may participate in performing IMEs consistent with their certification. The examination must be conducted by chiropractic physicians or other panel professionals contracted for the evaluation.

¹ The doctor/patient relationship between examiner and the examinee is limited to the examination, the opinion, and the review of the patient history and medical records provided; and does not include ongoing treatment monitoring. The examiner shall make important health information, diagnosis and treatment recommendations available to the patient, treating doctor, and patient's legal counselor or guardian via the independent report. Upon receipt of a signed written request from the patient or patient's legal guardian, a copy of the examination report shall be made available as indicated in the request to the patient and/or any other party designated by the patient.

When participating in a panel examination (an examination conducted with more than one health professional representing other disciplines) the independent chiropractic examiner should review the dictated medical opinion of other panel members for its accuracy and completeness, and when necessary to clarify biomechanical or chiropractic reasoning. If there are differing opinions preventing consensus, the independent chiropractic examiner should supplement the medical opinion (report) with their independent chiropractic opinion.

In any setting, the Clinical Justification Administrative Rule (OAR 811-015-0010) governs the conduct of all chiropractic physicians performing or participating in clinical examinations.

Independent Medical Examination (IME) Policy
09/2023

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: July 26, 2018</p> <p>Date approved/ratified: September 26, 2024</p>
<p>Instrument Assisted Soft Tissue Mobilization (IASTM)</p>	

ISSUES

Whether Instrument Assisted Soft Tissue Mobilization (IASTM) is within the scope of practice for Oregon licensed chiropractic physicians and certified chiropractic assistants.

POLICY

IASTM is within the scope of practice of Oregon licensed chiropractic physicians.

As Applied to CAs:

Certified chiropractic assistants may perform IASTM provided that they have obtained and can provide proof of hands-on training in these modalities and perform them under the direct supervision of a licensed chiropractic physician.

Instrument Assisted Soft Tissue Mobilization (IASTM)
09/2024

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: July 26, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Iontophoresis and Phonophoresis</p>	

Issues:

1. Whether chiropractic physicians and certified chiropractic assistants may perform iontophoresis and phonophoresis?
2. If so, whether the use of lidocaine, salicylates, and dexamethasone is within the scope of practice for both types of practitioners?

Policy:


Iontophoresis and phonophoresis – procedures where a health practitioner uses an over-the-counter (OTC) topical substance with ultrasound or low voltage galvanic current – is within the chiropractic physician’s scope of practice. (04/11/1996)

Certified chiropractic assistants may perform iontophoresis and/or phonophoresis under the chiropractic physician’s supervision as a form of physiotherapy. (11/20/2008)

Use of OTC salicylates and lidocaine substances in phono-or iontophoresis is allowed within the scope of chiropractic practice. (04/11/1996) (09/17/2015)

Use of dexamethasone, in prepackaged dosages, by chiropractic physicians and certified chiropractic assistants for iontophoresis purposes is within the scope of practice for each type of practitioner. Chart notes should reflect the practitioner performing iontophoresis and the use of dexamethasone and the specific plan/order regarding how it is administered. (07/26/2018)

Iontophoresis and Phonophoresis
07/2018

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Laboratory Studies Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret laboratory studies.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform laboratory studies with a current facility certificate or waiver issued by Clinical Laboratory Improvement Amendments (CLIA).

Order

Any active Oregon licensed chiropractic physician may order any type of laboratory testing that is clinically indicated.

Interpret

Every laboratory testing procedure must be accompanied by an interpretation report.
Any active Oregon licensed chiropractic physician may interpret any type of laboratory testing procedure for which they are appropriately trained.
Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.


Integration

All available laboratory test results must be integrated into a patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any laboratory testing solely under their CA scope. A certified chiropractic assistant may perform laboratory testing procedures with appropriate certification and training under the order of the supervising licensed chiropractic physician.

Laboratory Studies Policy
01/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date amended: March 30, 2023</p>
<p><i>Laser Therapy Policy</i></p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform laser therapy.

Policy: Oregon licensed chiropractic physicians are permitted the use of Class I-III laser therapy and non-surgical Class IVⁱⁱ therapeutic laser therapy.

As Applicable to CAs: Certified chiropractic assistants, who have been adequately trained, are permitted to use Class I-III laser therapy and non-surgical Class IV therapeutic laser therapy.


¹ Class III laser therapy (a.k.a. low-level laser therapy, LLLT, or cold laser) is a non-invasive light source treatment that generates a single wavelength of light. An output power of less than 0.5 Watts is classed as Class III. Class III laser therapy is delivered via direct contact with the skin using infrared diodes emitting a pulsed laser beam of low

intensity light. The mechanism for Class III laser therapy includes speeding wound healing, stimulating tissue repair, reducing swelling and edema, and reducing acute and chronic pain.

Class IV therapeutic laser therapy (a.k.a. deep tissue laser therapy or high-power laser therapy) uses hand-held devices proving energy levels ranging from 0.5 up to 7.5 Watts and delivered without contact with the skin. These devices are not to be confused with class IV surgical lasers. Class IV therapeutic laser can provide topical heating aimed at elevating tissue temperature for relief of pain associated with a number of musculoskeletal conditions.

¹ Insurance carriers may have certain coverage limitations but these are governed under rules and laws beyond the jurisdiction of the Oregon Board of Chiropractic Examiners.

Laser Therapy Policy
03/2023

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 25, 2018</p> <p>Date amended: January 23, 2019</p>
<p>Licenses on Active Military Duty Policy and Procedure</p>	

Policy:


Deferral of renewal fees and continuing education requirements for licensees on active military duty who are deployed for 1 month or longer. Licensees who are not deployed, yet considered on active military duty, are required to pay annual renewal fees and abide by all renewal terms, including continuing education requirements.

Procedures:

1. When contacted by licensee of a deployment for military service, regarding renewal and continuing education requirements, staff will inform the military member that the renewal fee and CE requirements will be deferred until licensee returns from deployment but only if deployed at a length of one month or longer.
2. Staff will request that licensee submit official documentation of deployment to the OBCE.
3. Staff will inform licensee that they must contact the OBCE prior to returning to Active practice.
4. Staff will request required CE and the appropriate fees prior to renewing licensee's license.
5. If licensee returns mid-year they will be required to renew again on their regular renewal month. The costs will be prorated for the number of months remaining in the current renewal period.
6. If not deployed but on active military duty, licensee is required to pay annual renewal fees and abide by all renewal terms, including CE requirements.

7. If deployed or non-deployed active military duty licensee fails to pay renewal fees, ORS 408.450 applies.
8. Thirteen (13) months after failure to pay, the license is moved to dormant status; the license may be restored to original status pursuant to the procedure within ORS 408.450.

Licensees on Active Military Duty Policy and Procedure
01/2019

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: February 5, 2022</p> <p>Date approved/ratified: February 5, 2022</p>
<p>Local Anesthetics: Topical/Injectable (Lidocaine)</p>	


Policy:

It is within the scope or practice for an Oregon licensed chiropractic physician to purchase, possess, prescribe, or utilize local anesthetics per the following criteria:

Criteria:

- Topical Lidocaine in liquid, gel, or patch at 2% to 5% (over-the-counter) to be used on the epidermis and mucus membranes, for the purpose of local anesthesia.
- Injectable Lidocaine (Xylocaine) to be used in connection with minor surgery as per ORS 684.010(5) in the following concentrations:
 - 1% without epinephrine
 - 1% with 1:100,000 epinephrine (for use in highly vascular areas for the control of bleeding)
 - 2% without epinephrine for use in patients with higher tolerance to 1%

Local Anesthetics: Topical/Injectable (Lidocaine) Policy
02/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Lifestyle Management Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide, counsel, or coach patients on lifestyle management.

Policy:

Any active licensed Oregon chiropractic physician may provide lifestyle management coaching/counseling within the chiropractic standard of care with an established patient. Utilizing lifestyle management with complex pathological conditions (*e.g.* endocrine, rheumatological, psychological, auto-immune, infectious) may necessitate communication with a patient’s appropriate other healthcare provider(s). Lifestyle management is not intended to replace standard medical care.

Lifestyle management includes, but is not limited to:

- Sleep hygiene, stress management, meditation, diet, and exercise education;
- Health risk reduction;
- Drug and alcohol cessation;
- Social engagement/social drivers of health;
- Injury prevention;
- Personal safety; and
- Weight management.


Lifestyle management does not include:

- Psychological/psychiatric disorder counseling;
- Diagnosing anxiety, depression, and other psychological conditions; or
- Prescription medication management.

As applicable to CAs:

Certified chiropractic assistants may assist with lifestyle management under the direction of the supervising licensed chiropractic physician.

Lifestyle Management Policy
01/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 20, 2023</p> <p>Date approved/ratified: March 20, 2023</p>
<p>Magnet Therapy Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform magnet therapy¹.

Policy:

Magnet therapy is within the scope of practice for licensed chiropractic physicians in Oregon.

As Applicable to CAs:

Magnet therapy is within the scope of practice for certified chiropractic physician assistants in Oregon.

¹ The term “magnet therapy” usually refers to the use of static magnets placed directly on the body, generally over regions of pain. Static magnets are either attached to the body by tape or encapsulated in specially designed products such as belts, wraps, bracelets, insoles, wrist and knee bands, back and neck braces, or mattress pads. Static magnets are also sometimes known as permanent magnets.

Magnet Therapy Policy
03/2023

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Manipulation Under Anesthesia Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform manipulation under anesthesia.

Policy:


Yes, under the following conditions:

- Active Oregon chiropractic license;
- Successfully completed post-graduate training program; and
- Privileges at an appropriate facility.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

Manipulation Under Anesthesia Policy
01/2022


 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Mechanical Traction Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to use mechanical traction devices.

Policy: Mechanical traction falls under the heading of “physiotherapy” which is within scope of Oregon licensed chiropractic physicians.

As applicable to CAs:

CAs may not order mechanical traction. CAs may not perform or order manual traction. Certified chiropractic assistants, with appropriate training, may perform mechanical traction under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 15, 2018</p> <p>Date approved/ratified: March 15, 2018</p>
<p>Media Press Release Policy and Procedures</p>	

Policy:

To determine the procedures for issuing and removing media press releases on the OBCE website.

Procedures:


1. Issuance.

At any time, the OBCE may issue media press releases regarding cases or other situations involving risks to public safety.

2. Retention and Removal.

If a press release is issued pursuant to a case, the release will remain on the OBCE website for 90 days after completion of the requirements within the final and/or stipulated order but not to exceed 10 years.

If a press release is issued pursuant to some other situation or purpose, the release will remain on the OBCE website for no longer than 10 years.


 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 28, 2023</p> <p>Date approved/ratified: September 28, 2023</p>
<p>Minor Surgery Procedures and Devices Policy</p>	

Issue: Whether the following procedures or devices are within the scope of practice for Oregon chiropractic licensees who are certified in minor surgery.

Policy: For Oregon chiropractic physicians who are certified in minor surgery, allowed procedures and/or devices include but are not limited to the following:

- Electrolysis,
- EPI Touch Alex Hair Removal Device,
- Fissurectomies, and
- Injections only relevant to use for minor surgical procedures, which do not include administering antibiotics, steroids, or Botox.

As Applicable to CAs: Certified chiropractic assistants are not permitted to perform any of the above.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Myofascial Therapy and Massage Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide myofascial therapy and massage.

Policy:

Yes, it is within the scope of an Oregon licensed chiropractic physician.


As applicable to CAs:

Yes, under the following conditions:

- Active CA certification;
- CA has completed adequate training and proven competency to safely perform myofascial massage as determined by the supervising chiropractic physician; and
- It is performed at the direction and under the direct supervision of licensed chiropractic physician.

See ORS 684.010(2)(a). Physiotherapy as defined by statute encompasses myofascial therapy and massage.

Myofascial Therapy and Massage Policy
01/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Nasal Specific Procedure Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform nasal specific procedure.


Policy:

Yes, any active Oregon licensed chiropractic physician may perform nasal specific procedure.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

Nasal Specific Procedure Policy
01/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: October 4, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Needle Electromyography (EMG)</p>	


Issue:

Whether performing Needle EMG is within the scope of practice for chiropractic physicians.

Policy:

Chiropractic physicians are allowed to perform diagnostic Needle EMG on an individual basis, to be reviewed by the Board, depending on undergraduate, graduate, and post-graduate studies, training, and work.

Needle Electromyography (EMG)
10/2018

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Out of Scope Policy</p>	

Issue: In addition to limits imposed by the chiropractic scope of practice pursuant to ORS 684.010(2), are there other treatments/modalities/practices that are outside the scope of practice for Oregon licensed chiropractic physicians and certified chiropractic assistants?


Policy: The following treatments/modalities/practices are outside the scope of practice for Oregon licensed chiropractic physicians and certified chiropractic assistants:

- Acupuncture
- Acupuncture as anesthesia
- CBD/Hemp products*
- HCG products
- Hypnotherapy
- Injections – joint, trigger points, nutrition
- Oxygen except for emergency purposes
- Prescription strength Ethyl Chloride
- Psychological diagnoses/management (as found in current DSM)
- Recommending stop or alteration of use of prescription
- Toftness technique
- Vaccinations other than during a declared state of emergency or otherwise authorized by Oregon Health Authority

This list will be regularly updated.

*Please review the “Hemp and Marijuana Derived Products Policy” for deeper understanding on this topic.

Out of Scope Policy
01/2022

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Pre-Participation Physicals Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform and sign pre-participation physicals.

Policy:

Yes, under the following conditions:

- Active Oregon license; and
- Successfully completed clinical training in detecting cardiopulmonary diseases and defects.

As applicable to CAs:

Certified chiropractic assistants are only allowed to conduct portions of the pre-participation physical examination that are allowed within their duties as described in rule and law.

This policy does not address CDL, FAA, and “Return to Play” examinations. See separate individual policies.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Prescription Medication Modification Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to alter or discontinue prescription medications.

Policy: Recommendations to alter or discontinue a prescription medication are not within the scope of chiropractic practice.

Referring to qualified licensed healthcare professionals for consideration of starting/stopping/altering dosages of prescription medications is within chiropractic scope of practice.

As applicable to CAs:

Certified chiropractic assistants may not refer, recommend, alter, or discontinue prescription medications.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date approved/ratified: March 30, 2023</p>
<p>Primary Care Services and Portal of Entry Policy</p>	

Issue: Whether Oregon chiropractic licensees are considered attending physicians, primary care service providers, and portal of entry providers.

Policy:

A chiropractic physician may provide primary care services that are within the scope of practice. Chiropractic physicians are portal of entry providers; as such, patients do not need a referralⁱⁱⁱ to seek care.

Chiropractic physicians may, but are not limited to, independently:

- perform a diagnostic evaluation that includes but is not limited to any components of a history and physical examination;
- perform and order appropriate diagnostic tests, including but not limited to lab work, imaging studies, and other special tests;
- create a differential diagnosis list;
- formulate diagnoses;
- provide treatment that is within the chiropractic scope of practice for acute and chronic conditions;
- order or provide preventative health services, health maintenance, and disease screening; and
- act as attending physician, refer, coordinate care, and co-manage care with other appropriate health care providers.

As Applicable to CAs:

Certified chiropractic assistants (CAs) are not attending physicians, primary care service providers, or portal of entry providers. A CA's scope of practice allows support to the chiropractic physician for primary care services that fall under OAR 811-010-0110.

¹ Insurance carriers may have certain coverage limitations, but these are governed under rules and laws beyond the jurisdiction of the Oregon Board of Chiropractic Examiners.

Primary Care Services and Portal of Entry Policy
03/2023

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 16, 2020</p> <p>Date approved/ratified: January 16, 2020</p>
<p>Radiographic Mensuration Analysis Policy</p>	

Issue:

Can a non-DACBR (Diplomate of the American Chiropractic Board of Radiology) chiropractic physician perform radiographic mensuration analysis?

Policy:

Yes, chiropractic physicians licensed in the State of Oregon can perform radiographic mensuration analysis.

Chiropractic physicians are trained to do these types of measurements, no matter whether they are DACBR certified or not. How the physician goes about determining the measurements is up to that practicing physician's best clinical skill and judgment.

Radiographic Mensuration Analysis Policy
01/2020


 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Referral to Other Providers or Facilities Policy</p>	

Issue: Whether Oregon chiropractic licensees are allowed to refer for additional diagnostic or management services.

Policy: Oregon licensed chiropractic physicians are authorized to provide a timely referral for any evaluation and/or case management to appropriate and licensed healthcare provider or facility. Referral should be based on individual patient needs and clinical justification.

As applicable to CAs:

Certified chiropractic assistants may not make referrals, unless under emergency medical circumstances.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: May 24, 2023</p> <p>Date approved/ratified: May 24, 2023</p>
<p>Spinal (Postural) Screening Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret spinal (postural) screening.

Policy: Yes, Oregon licensed chiropractic physicians may perform, order, and interpret spinal (postural) screening and have the same responsibilities for documentation, patient care, and appropriate urgent or emergent referral, given a spinal (postural) screen is a non-diagnostic exam, which does not include any treatment.

Spinal (postural) screening forms a doctor-patient relationship and is subject to the standard of care.

As Applicable to CAs: Certified chiropractic assistants (CAs) may perform components of a spinal (postural) screen, outlined below, when ordered and supervised by a chiropractic physician as established under a CA certification.

The components of spinal (postural) screening CAs must perform, if not already performed by the supervising chiropractic physician, are:

- Observation of the presence and absence of indicators for urgent or emergent referral as established by the clinic's spinal screen referral policy to ensure patient safety.
- Documentation of spinal (postural) screening findings in a manner consistent with documentation rules.


- Maintenance of all responsibilities otherwise of a CA, given a spinal (postural) screen establishes a doctor-patient relationship with the supervising chiropractic physician and is subject to the standard of care.

CAs may perform a preliminary and non-diagnostic observation of static posture during a spinal (postural) screen.

CAs may not order or interpret spinal (postural) screening consistent with their limitation in duties performed.

Components that are potentially included during a spinal screen that may not be performed by a CA are the following:

- Imaging, lab work, special tests, and any component of a physical examination (outside of vitals, height, weight, and a preliminary and non-diagnostic observation of static posture).

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: November 21, 2024</p> <p>Date approved/ratified: November 21, 2024</p>
<p>Substances & Supplements Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to use, apply, sell, or recommend specific substances and supplements to their patients in clinical practice.

Policy:

It is within the scope of practice for Oregon chiropractic licensees to use, apply, or recommend specific substances and supplements to their patients in clinical practice, as indicated in the attached list.

However, the attached list of substances and supplements is not exhaustive nor static. New substances and supplements can be proposed to the OBCE for investigation by the Examinations, Tests, Substances, Devices and Procedures (ETSDP) Committee. It is recommended that Oregon chiropractic licensees regularly review any updates and changes to the list of substances and supplements as it may affect their clinical practice.

While licensees may sell supplements and other goods, pyramid schemes are illegal in Oregon pursuant to ORS 646.608.

As Applicable to CAs:

Refer to the specific substance or supplement for exact direction.

Within Scope:

- Aloe vera gel (for oral consumption or topical use)
- Botanicals (non-prescription)
- Clinical nutrition

- Colloidal Silver – Chiropractic physicians may not create their own colloidal silver for ingestion purposes and/or retail. Chiropractic physicians creating their own solutions may only use these for topical use. Topical uses of silver as taught and utilized in chiropractic colleges is within the Oregon chiropractic scope of practice. Also allowed are multi-mineral formulations which include small doses of colloidal silver below the allowable EPA limits.
- Fluori-Methane – topical anesthetic in minor surgery only
- Herbs
- Nutritional supplements
- Over-the-counter substances or supplements – includes homeopathics and non-prescription drugs
- Vitamins

Not Within Scope:

- Ethyl Chloride
- Human Chorionic Gonadotropin (HCG)
- Intradermal
- Ivermectin (prescription needed for oral human use)

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 29, 2020</p> <p>Date approved/ratified: March 29, 2020</p>
<p>Telehealth Policy and Procedure</p>	


Policy:

OAR 811-015-0066, Telehealth Rule, allows Oregon licensed chiropractic physicians to utilize telehealth (electronic and telecommunication technologies) for the distance delivery of health care services and clinical information designed to improve the health status of a patient, and to enhance delivery of the health care services and clinical information.

The Board has determined that this rule applies to both existing and new patients. Chiropractic physicians can utilize telehealth for initial consultations and examinations provided that the following criteria and procedures are met, pursuant to all relevant administrative rules and statutes. Practitioners may want to seek guidance from their medical malpractice carriers and various coding authorities as to billing and other requirements.

PROCEDURES

1. Document telehealth visit start time.
2. Establish and document the reason for visit.
3. Establish and document primary complaint(s).
4. Ascertain if, after #2 and #3 above, a telehealth visit is possible. If so, go to #5.
5. Take and document personal, family, and medical histories.
6. Perform visual evaluations and document:
 - a. patients self-report height, weight, blood pressure, and pulse, if possible;
 - b. nutritional/dietary assessment;
 - c. postural analysis;
 - d. range of motion; and
 - e. any contraindications to providing services via telehealth.
7. Document and provide patient a provisional diagnosis.
8. Document and provide patient a report of findings.
9. Document and provide patient a PARQ and obtain consent to provide care/treatment.
10. Document and provide patient clinical recommendations.
11. Document telehealth visit end time.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Termination of Patient Care Policy</p>	

Issue: What is the proper procedure for terminating patient care?

Policy:

Termination of patient care (terminating doctor/patient relationship) may occur for any reason, so long as it does not violate current state or federal law. Should the licensed chiropractic physician choose to terminate care, the following procedure must be followed:

- Patient must be notified of termination of care (verbal or written) within a reasonable time frame;
- Document the reason for termination in the patient's chart; and
- Refer patient to appropriate other providers when necessary.

The patient has the right to access or obtain a copy of their medical record when requested and regardless of any balances due.

As applicable to CAs:

Terminating patient care is within the scope of certified chiropractic assistants at the direction of the supervising licensed chiropractic physician.



Oregon Board of Chiropractic Examiners

Effective Date:
February 5, 2022

Date approved/ratified:
February 5, 2022

Topical Salicylates

Policy:

It is within the scope of practice for an Oregon licensed chiropractic physician to purchase, possess, prescribe, or use in their practice, over-the-counter Trolamine Salicylates, in liquid, gel, or patch form, to be used for the control of pain/discomfort and in any over-the-counter combination or amalgamation of legal over-the-counter products.

Topical Salicylates Policy
02/2022



Oregon Board of Chiropractic Examiners

Effective Date:
November 21, 2024

Date approved/ratified:
November 21, 2024

Treatment of Family Members Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to treat family members.

Policy:

It is within the scope of practice for Oregon chiropractic physicians to treat family members. Treating family members establishes a physician-patient relationship requiring chart notes and records.

There may be legal concerns in treating family members as to liability. Discussion with independent legal counsel may be appropriate.

As Applicable to CAs:

Treating family members is outside the scope of certified chiropractic assistants unless supervised by a chiropractic physician.

Treatment of Family Members Policy
11/2024

811-010-0093

Guide to Policy and Practice Questions

The Board's Guide to Policy and Practice Questions, originally dated January 14, 1998, and last revised April 24, 2025, is hereby adopted.

[Publications: Publications referenced are available from the agency.]

XXX-XXX-XXXX

Criminal Conviction Determination Process

- (1) Prior to beginning required education or training, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license issued by the Board.
- (2) To be complete, a petition must include the following:
 - (a) a complete and signed determination request form;
 - (b) the required fee of \$[X];
 - (c) The following records related to the final judgment of each criminal conviction:
 - (A) a certified copy of the judgment of criminal conviction;
 - (B) any charging document(s);
 - (C) the arrest report(s); and
 - (D) probation and parole records, if they exist.
 - (d) a written statement from the petitioner regarding the facts underlying the criminal conviction, and any intervening circumstances; and
 - (e) a written statement or other document listing all criminal convictions, including dates of conviction and a summary of the facts, if the petitioner has more than one.
- (3) A separate completed petition and fee must be filed for each criminal conviction for which the petitioner is requesting a determination.
- (4) If any of the records in (3)(c) no longer exist, have been sealed or are otherwise unavailable to the petitioner, petitioner must provide evidence from the agency that held the record that the record no longer exists.
- (5) If any of the documents required under subsections (2) and (4) are not provided, petitioner will have 60 days to provide the required documents or information. Upon failure to comply, the petition will be deemed incomplete and will be closed.
- (6) The petition and the Board's determination are subject to Oregon's public records laws, and unless an exemption applies, the information in the petition and determination are subject to public disclosure.
- (7) The Board will reconsider a determination that a criminal conviction prevents the person from obtaining a license when the person submits a completed application for a license.
- (8) Upon reconsideration, the Board may rescind a previous determination that a criminal conviction does not prevent the person from obtaining a license if the applicant:
 - (a) Has allegations or charges pending in criminal court;
 - (b) Has failed to disclose a previous criminal conviction;
 - (c) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or

(d) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

(9) Failure to disclose a previous criminal conviction includes any misrepresentation or a prior criminal conviction, any concealment or failure to disclose a material fact about a prior criminal conviction, or any other misinformation regarding a prior criminal conviction.

(10) Nothing in this rule prohibits the Board from denying licensure when the person submits a completed application for a reason other than conviction of a crime.

(11) A determination under this rule is not considered a final determination of the Board.

Statutory/Other Authority:

Oregon Laws 2024, chapter 95, section 44 (SB 1552)



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2025

Date approved/ratified:
_____, 2025

Citizenship or Immigration Status Information

Collecting and Maintaining Citizenship or Immigration Status or Country of Birth Information Policy

Purpose: This policy explains:

- The limited circumstances under which employees of OBCE may ask a person for their country of birth, citizenship or immigration status information; and
- The rules governing the retention and destruction of citizenship or immigration status information.

Who Should Understand This Policy:

Any person who regularly interacts with applicants, licensees, or members of the public should understand this policy, particularly if that interaction involves collecting information from applicants, licensees, or members of the public. The OBCE has designated Cassandra McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy:

Oregon law prohibits public bodies, including OBCE, from inquiring or collecting information regarding an individual's immigration or citizenship status or county of birth unless one of the following exceptions applies:

- Citizenship or immigration status or country of birth information is required to advance an investigation into a violation of state or local criminal law (e.g., human trafficking);
- Citizenship or immigration status or country of birth information is submitted to a court of this state, whether orally or in writing, in connection with a proceeding in that court;
- Citizenship or immigration status or country of birth information is necessary to determine the individual's eligibility for a benefit that the individual is seeking; or
- Collection of citizenship or immigration status or country of birth information is required by state or federal law (other than for enforcement of federal immigration laws).

Citizenship or immigration status or country of birth information is information concerning:

- Where a person was born; or
- Whether a person is a citizen of the United States; or
- Whether a person has lawful authority to be present in the United States.

When OBCE collects information to use in its business, the retention of that information is governed by schedules adopted pursuant to ORS 192.018, 192.105 and 192.108. Citizenship or immigration status or country of birth information that is collected pursuant to this policy is subject to the same retention requirements that govern the records of the program for which the information is collected. OBCE's public records retention schedules can be found [EXPLAIN WHERE PUBLIC BODY'S RETENTION SCHEDULES CAN BE FOUND]. Information that is not needed for any official purpose of a public body is not a matter of public record, and need not be documented or retained. ORS 192.005(5).

There are some circumstances in which employees of OBCE may need to ask a person for their citizenship or immigration status or country of birth information, and can do so lawfully under Oregon law. These include:

- OBCE is required by state or federal law (other than for enforcement of federal immigration laws) to request the information;
- OBCE requires the information in order to advance an investigation into a violation of state or local criminal law;
- OBCE has received a judicial order, judicial subpoena, or judicial warrant for the information; or
- OBCE must submit the information to a court of this state, whether orally or in writing, in connection with a proceeding in that court.

Otherwise, asking about citizenship or immigration status or country of birth information violates state law.

OBCE does not administer any benefits for the public for which eligibility is based on citizenship or immigration status or country of birth information.

OBCE does not administer any benefits for the public for which eligibility is based on citizenship or immigration status. But OBCE is legally required to ask for citizenship or immigration status or country of birth information under the following circumstances:

- To verify employees' employment eligibility.

To meet these requirements, OBCE must collect the following citizenship or immigration status or country of birth information:

- Social Security Number or TIN/EIN



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Citizenship or Immigration Status Information

Collecting and Maintaining Citizenship or Immigration Status or Country of Birth Information Policy

Purpose: This policy explains:

- The limited circumstances under which employees of OBCE may ask a person for citizenship or immigration status or country of birth information; and
- The rules governing the retention and destruction of citizenship or immigration status or country of birth information.

Who Should Understand This Policy:

Any person who regularly interacts with applicants, licensees, or members of the public should understand this policy, particularly if that interaction involves collecting information from applicants, licensees, or members of the public. OBCE has designated Cassandra McLeod-Skinner as a resource for employees who may have questions about this policy.

Policy:

Oregon law prohibits public bodies, including OBCE, from inquiring or collecting information regarding an individual's citizenship or immigration status or county of birth information unless one of the following exceptions applies:

- Citizenship or immigration status or country of birth information is required to advance an investigation into a violation of state or local criminal law (e.g., human trafficking);
- Citizenship or immigration status or country of birth information is submitted to a court of this state, whether orally or in writing, in connections with a proceeding in that court;
- Citizenship or immigration status or country of birth information is necessary to determine the individual's eligibility for a benefit that the individual is seeking; or
- Collection of citizenship or immigration status or country of birth information is required by state or federal law (other than for enforcement of federal immigration laws).

Citizenship or immigration status or country of birth information is information concerning:

- Where a person was born; or
- Whether a person is a citizen of the United States; or
- Whether a person has lawful authority to be present in the United States.

When OBCE collects information to use in its business, the retention of that information is governed by schedules adopted pursuant to ORS 192.018, 192.105 and 192.108. Citizenship or immigration status or country of birth information that is collected pursuant to this policy is subject to the same retention requirements that govern the records of the program for which the information is collected. OBCE's public records retention schedules can be found [EXPLAIN WHERE PUBLIC BODY'S RETENTION SCHEDULES CAN BE FOUND]. Information that is not needed for any official purpose of a public body is not a matter of public record, and need not be documented or retained. ORS 192.005(5).

There are some circumstances in which employees of OBCE may need to ask a person for their citizenship or immigration status or country of birth information, and can do so lawfully under Oregon law:

- OBCE is required by state or federal law (other than for enforcement of federal immigration laws) to request the information;
- OBCE requires the information in order to advance an investigation into a violation of state or local criminal law;
- OBCE has received a judicial order, judicial subpoena, or judicial warrant for the information; or
- OBCE must submit the information to a court of this state, whether orally or in writing, in connection with a proceeding in that court; or
- The information is necessary to evaluate a person's eligibility for a benefit the person is seeking.

Otherwise, asking about citizenship or immigration status or country of birth information violates state law.

a. Legal Requirements

OBCE is legally required to ask for citizenship or immigration status or country of birth information under the following circumstances:

- To verify employees' employment eligibility;
- [LIST OTHER LAWS SPECIFIC TO AGENCY REQUIRING INQUIRY ABOUT CITIZENSHIP OR IMMIGRATION STATUS OR COUNTRY OF BIRTH.]

b. Determination of Eligibility for Benefit

In order to determine eligibility for the following benefits administered by OBCE, OBCE must ask for citizenship or immigration status or country of birth information:

- [LIST BENEFITS ADMINISTERED BY PUBLIC BODY THAT REQUIRE CITIZENSHIP OR IMMIGRATION STATUS OR COUNTRY OF BIRTH INFORMATION TO DETERMINE ELIGIBILITY.]

c. Information Collected

In order to comply with relevant laws and properly administer the benefits described above, employees of OBCE must collect the following citizenship or immigration status or country of birth information:

- [SPECIFY INFORMATION THAT MUST BE COLLECTED IN EACH CONTEXT]

DRAFT



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2025

Date approved/ratified:
_____, 2025

Citizenship or Immigration Status Information

Sharing or Disclosing Citizenship or Immigration Status or Country of Birth Information Policy

Purpose: This policy explains:

- That citizenship or immigration status or country of birth information collected by the OBCE generally may not be disclosed, unless a statutory exception applies.
- That certain protected information may not be disclosed by the OBCE for the purpose of enforcing federal immigration laws, unless a statutory exception applies.
- Under what circumstances can such information be shared or disclosed by a public body.

Who Should Understand This Policy:

Anyone who can reasonably expect to come into possession of any person's citizenship or immigration status or country of birth information, or protected information should be familiar with this policy, and should consult with it as necessary when issues governed by the policy arise. The OBCE has designated Cass McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy

1. Generally, Disclosure of Citizenship or Immigration Status or Country of Birth Information is Not Allowed

Oregon law generally prohibits public bodies from sharing or disclosing citizenship or immigration status or country of birth information that the public body collects, unless one of the following exceptions applies:

- The disclosure is required by state or federal law (other than federal immigration law).
- The disclosure is required by a judicial order, judicial warrant, or judicial subpoena.
- The information being shared with a person concerns only that person or their dependents.
- The information is aggregated and not personally identifiable.

Citizenship or immigration status or country of birth information is any information concerning:

- Where a person was born; or
- Whether a person is a citizen of the United States; or
- Whether a person has lawful authority to be present in the United States.

2. Limited Disclosure of Protected Information

Oregon law generally prohibits sharing the following protected information about a person if the purpose is for the enforcement of federal immigration law:

- Address;
- Workplace or hours of work;
- School or school hours;
- Contact information, including telephone number, electronic mail address or social media account information;
- Known associates or relatives; and
- Date, time or location of the person’s hearings, proceedings or appointments with the public body that are not matters of public record; and
- Above information about a person’s relatives or known associates likewise cannot be shared.

In general, federal immigration authorities are agents of the Enforcement and Removal Operations section of US Immigration and Customs Enforcement (ICE), which is housed in the Department of Homeland Security (DHS). However, any federal officer who is seeking to identify or locate one or more individuals for the purpose of pursuing possible removal proceedings is also a federal immigration authority.

Subject to the exceptions described in this policy, protected information may not be shared for the purpose of enforcing federal immigration laws. There may be additional reasons and laws outside of this policy (e.g. confidentiality laws specific to agency programs) that govern why protected information should not be disclosed.

Protected information must be disclosed when a state or federal law, outside of federal immigration law, expressly requires disclosure.

a. Judicial Order

Protected information must be disclosed in the event of a judicial order that directs a public body to provide the information. A judicial warrant is a common type of judicial order.

Many forms used by ICE or other federal immigration authorities look very official, but an ICE form is not a judicial order. A judicial order will have the following features:

- A caption, near the top of the document, identifying the court that issued the order (typically the federal district court for the District of Oregon); and
- A signature block, near the end of the document, including the name of the person who signed the order, and identifying that individual as a judge, magistrate, clerk of court, or other person signing on behalf of a judge or magistrate.

By contrast, an ICE form should identify ICE (or DHS) as the issuer of the document, and the signature block on an ICE form will not identify the person who signed it as a judge or magistrate. If you are presented with a document and are unsure whether it is a judicial order, consult the Executive Director.

2. Authority to Withhold Citizenship or Immigration Status or Country of Birth Information

Oregon law allows OBCE to decline to disclose citizenship or immigration status or country of birth information except as required by a judicial order, or as required by state or federal law (other than federal immigration law).

However, employees of OBCE must disclose citizenship or immigration status or country of birth information if a judicial order, or if some other state or federal law (other than federal immigration law), requires the disclosure.

Citizenship or immigration status or country of birth information is any information concerning:

- Where a person was born; or
- Whether a person is a citizen of the United States; or
- Whether a person has lawful authority to be present in the United States.

This policy does not authorize OBCE to refuse to disclose citizenship or immigration status or country of birth information to the individual that the information is about, or to that individual's legal guardian. It does not authorize OBCE to refuse to disclose information that is not individually identifiable.



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Contact with Federal Immigration Authorities

Purpose:

This policy explains what OBCE employees should do if, in the course of their work, they encounter federal officials enforcing federal immigration law.

Who Should Understand This Policy:

All employees of OBCE must be aware of this policy and should consult with it as necessary if they encounter federal immigration authorities. OBCE has designated Cassandra McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy:

An encounter with federal immigration authorities while at work may be unusual. OBCE is not tasked with enforcing federal immigration law. Federal immigration authorities do not have unfettered authority to access OBCE's facilities, information, or records. These steps will help ensure such interactions are handled appropriately:

- Ask federal immigration authorities to identify themselves.
- Request to copy or photograph identifying credentials, at least with respect to the official who appears to be in charge.
- Request to copy or photograph any other documentation including warrants, orders, or subpoenas presented by the federal immigration authorities.
- Ask about the purpose of the encounter.
- If access to areas not accessible to the public is requested, inquire whether the access has been authorized by a judicial order, judicial subpoena, or judicial warrant. If so, request to copy or photograph the order before granting access.
- If the agent does not present a judicial order, judicial subpoena, or judicial warrant, decline to provide information or access.
- If the encounter is in any way uncomfortable, ask the federal officials to wait. Consult with a supervisor or with an attorney.
- Document the encounter in detail, including time and date, duration, location, name of the federal immigration authority, name of the agents present, additional witnesses, what was

requested (information, access, etc.), what was done by whom, and how the encounter concluded. Provide the documentation and copies of any documents to your supervisor immediately.

DRAFT



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Federal Immigration Authority Access to Student Records Policy

Purpose:

This policy explains the extent to which employees of OBCE should allow federal immigration authorities access to student records under the control of OBCE. The policy also explains what records are subject to this policy.

Who Should Understand This Policy:

All employees must be familiar with this policy to know whether they may be in a position to grant access to records covered by the policy. Employees who may be in a position to grant access to student records must know and understand the policy. OBCE has designated Cassandra McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy Summary:

OBCE complies with federal and state laws governing the confidentiality of student records. Student records, and information from them, shall not be disclosed to federal immigration authorities for purposes of enforcing federal immigration laws. Student records, and information from them, shall not be disclosed except as otherwise authorized under state and federal law.

Policy:

Oregon law prohibits disclosure of student records to federal immigration authorities for the purpose of enforcing federal immigration laws.

Federal and state laws also make student records confidential and permit their disclosure only in limited circumstances. To assure compliance with applicable federal and state law, OBCE's employees shall not disclose student records, or information from those records, to federal immigration authorities except as allowed by law.



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Federal Immigration Authorities' Access to Patient Records Policy

Purpose:

This policy explains the extent to which employees of OBCE should allow federal immigration authorities access to patient records controlled by OBCE. The policy also explains what records are subject to this policy.

Who Should Understand This Policy:

All employees must be familiar with this policy to know whether they may be in a position to grant access to records covered by the policy. Employees who may be in a position to grant access to patient records must know and understand the policy. OBCE has designated Cassandra McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy Summary:

OBCE complies with federal and state laws governing the confidentiality of patient records. Patient records, and information from them, shall not be disclosed to federal immigration authorities for the purpose of enforcing federal immigration laws. Patient records, and information from them, shall not be disclosed except as otherwise authorized under state and federal law.

Policy:

Oregon law prohibits disclosure of patient records to federal immigration authorities for the purpose of enforcing federal immigration laws.

Federal and state laws also make patient records confidential and permit their disclosure only in limited circumstances.

To assure compliance with applicable federal and state law, OBCE's employees shall not disclose patient records, or information from those records, to federal immigration authorities except as allowed by those policies.



Oregon Board of
Chiropractic Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Federal Immigration Authorities' Access to Public Facilities Policy

Purpose:

This policy explains the extent to which employees of OBCE should allow federal immigration authorities to access facilities controlled by OBCE.

Who Should Understand This Policy:

Employees of OBCE who are in a position to allow or prevent access to any OBCE facility must know and understand this policy. OBCE has designated Cassandra McLeod-Skinner, Executive Director, as a resource for employees who may have questions about this policy.

Policy Summary:

Absent a judicial order or emergency, employees of OBCE shall give federal immigration authorities no greater access to facilities operated by OBCE than members of the general public.

Policy:

A judicial warrant or other judicial order can authorize federal immigration authorities to access property that is not generally open to the public. In addition, law enforcement authorities generally may enter property as justified by an emergency. Otherwise, law enforcement officers rely on consent to enter property that is not generally open to the public.


OBCE does not consent to federal immigration authorities entering areas of OBCE's facilities that are not generally open to the public for purposes of enforcing federal immigration law. Employees of OBCE are not authorized to grant such consent. Consequently, employees of OBCE are not required to allow federal immigration authorities access to those areas, unless presented with a judicial warrant or other judicial order that grants access.

Many forms used by US Immigration and Customs Enforcement (ICE) or other federal immigration authorities look very official, but an ICE form is not a judicial order. A judicial order will have the following features:

- A caption, near the top of the document, identifying the court that issued the order (typically the federal district court for the District of Oregon); and
- A signature block, near the end of the document, including the name of the person who signed the order, and identifying that individual as a judge, magistrate, clerk of court, or other person signing on behalf of a judge or magistrate.

By contrast, an ICE form will identify ICE (or US Department of Homeland Security) as the issuer of the document, and the signature block on an ICE form will not identify the person who signed it as a judge or magistrate. If you are presented with a document and are unsure whether it is a judicial order, immediately consult your supervisor or Assigned Attorney General.

Employees of OBCE should not attempt to impede federal immigration authorities claiming an emergency justification for entering non-public areas of OBCE's facilities. Any such occurrence must be documented and reported to a supervisor immediately so that OBCE may consider an appropriate response.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 22, 2025</p> <p>Date approved/ratified: January 22, 2025</p>
<p>Customer Service Standards Policy</p>	

POLICY PURPOSE

The purpose of this policy is to:

- Ensure timely, meaningful, accessible, and responsive communication with Oregon Board of Chiropractic (OBCE’s) licensees, members of the public, and business partners.
- Continuously drive improvement in OBCE’s ability to communicate, problem-solve, and work with our partners to get the information and resources they need from the agency.

DEFINITIONS

Customer: Any individual who interacts with OBCE, including but not limited to: licensees, certificate holders, complainants, respondents, applicants, members of the public, professional associations, credentialing organizations, law enforcement, DOJ, and others.

Customer Service: Timely, accessible, equitable, and responsive interactions between OBCE and our customers.

POLICY

OBCE will ensure that customers have timely access to meaningful information and timely responses when calling or emailing agency staff.

PROFESSIONAL WORKPLACE

OBCE shall ensure all communications are respectful, professional, and support the values and mission of Oregon state government and the Board.

INCLUSIVE CUSTOMER ACCESS

OBCE will provide inclusive customer access by complying with:

- The Americans with Disabilities Act (ADA).
- Enterprise Information Systems’ (EIS) E-Government Guidance.
- OBCE will use resources, as needed, for language interpretation for individual communication (emails, phone calls, and website information).
- OBCE offers universal communication preferences for all customers by making phone, Microsoft Teams virtual rooms, email, and webform submissions available when possible.

- OBCE staff contact information is available on the website, including email (each staff member's email and the general agency email address), fax number, cell phone numbers, and OBCE's mailing address (OBCE is a fully remote agency and has no physical office space).
- Any scheduled closures deviating from OBCE's usual hours of operation will be communicated in advance, by way of voicemail, website, updates to each staff member's out of office email notification, emails to all licensees, and communication with the professional association. For unplanned closures, OBCE will update the agency's website and email licensees as to those circumstances.
- OBCE will ensure that the website will be as accessible as possible and kept up to date with relevant information. All email addresses listed on the website will be active and responded to as outlined below.

RESPONSIVENESS

OBCE employees shall, at a minimum, acknowledge receipt of voicemail and email within one business day. Employees unable to reply within this timeframe shall update their voicemail greeting and email autoreply with details about when the employee will return and an alternate contact name, phone, or email of who can help while the employee is not available, if relevant.

OBCE ensures that all paper mail is opened, routed, and acted upon timely. OBCE staff check mail at least once a week unless there is a holiday during the week.

CUSTOMER SERVICE STRATEGY

OBCE's customer service strategies include:

- Phone calls and emails will be acknowledged within 1 business day.
- OBCE staff will update their email out of office message when out of the office for more than 4 hours a day. The message will include contact information for other OBCE staff members, if relevant.
- OBCE website will always include staff and agency contact information. Changes will be made as soon as practical.
- OBCE website will be used as a major news outlet if the agency has changes to operations or service.
- OBCE will email all licensees and certificate holders if there are major changes or interruptions to business operations or processes.
- OBCE will conduct a licensee survey each year to gauge staff and communication effectiveness and get feedback on other tools and services.
- OBCE staff are in daily contact with each other. When there are requests or feedback from licensees, certificate holders, or partners, OBCE staff take those into consideration and review ways to update services and communications whenever possible.
- When out of office for 4 or more hours, OBCE staff will update their voicemail and include other contact information, if relevant.

- OBCE will look for tools to allow translation of information as needed. The OBCE currently employs staff who speak the following languages: Spanish, Japanese, and Russian.

Agency: _____ Review date: _____

All agency customer service policies must:

Define what customer service means at the agency

- Identify the agency's core customers (*page: _____*)
- Define "professional workplace communication" and agency expectations for it (*page: _____*)
- Define "customer service" and what supporting its quality means at the agency (*page: _____*)
- Describe where the agency has chosen to outline its customer service strategy (*page: _____*)
- State where the public can access the policy (if on the agency website or elsewhere) (*page: _____*)
- Provide a single point of contact for matters related to the policy (*page: _____*)

NOTES:

Provide information to support customer accessibility

- State that agency will ensure accessibility in compliance with ADA and EIS e-Government guidance (*page: _____*)
- Describe extent agency will provide alternative languages and universal communication options (*page: _____*)
- State that contact information will be updated on websites, including: (*page: _____*)
 - Phone numbers
 - Walk in service locations (with address(es))
 - Mailing address(es)
 - Operating hours
 - Instructions for scheduling agency services
- Specify the agency's minimum operating hours for customer-facing services (*page: _____*)

NOTES:

Outline customer service performance expectations and improvement processes

- Establish agency expectations for customer service performance (*page: _____*)
- State that agency will acknowledge customer communications within one business day (*page: _____*)
- Outline processes to monitor and improve customer service performance (*page: _____*)
- Specify how agency will use service level goals to manage quality of contact center services (*page: _____*)
- Describe a process for ensuring contact information on website stays updated (*page: _____*)
- Agency KPM's submitted (*page: _____*)

NOTES:



Fw: BCE Customer Service Policy

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Thu 4/10/2025 1:52 PM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

 1 attachment (133 KB)

OBCE Checklist.pdf;

From: INITIATIVES Strategic * DAS <strategic.initiatives@DAS.oregon.gov>

Sent: Friday, March 21, 2025 2:54 PM

To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>

Cc: INITIATIVES Strategic * DAS <strategic.initiatives@DAS.oregon.gov>

Subject: BCE Customer Service Policy

Hi Cass,

We have officially entered the review and feedback phase of agency customer service policies! Thank you for all the work putting this together – you are almost there!

We have reviewed your policy and criteria stated in the [Enterprise Customer Service Standards](#) and only see a few items needed to meet compliance:

- Provide a single point of contact for matters related to the policy.
- Outline process to monitor and improve customer service performance.
- Describe a process for ensuring contact information on website stays updated.
- Submit agency KPM's

Once those updates are added, please send the final back to us for our records. Also, please let us know where the public can access the policy (if on the agency website or elsewhere). This doesn't necessarily need to be written in the policy, we just need to document for our records.

(Complete criteria checklist attached for more information.)

Thanks for your patience on this! Please let me know if you have any questions!

Thank you,



Summer Warner

Project Manager

[Strategic Initiatives & Enterprise Accountability](#)

503-507-0694 (cell, text ok)

Data Classification: Level 1 - Published



Oregon Board of
Chiropractic
Examiners

Effective Date:
_____, 2024

Date approved/ratified:
_____, 2024

Tribal Relationship & Cooperation Policy

Applicability: All OBCE Board Members, full and part-time employees, temporary employees, and volunteers.

Purpose:

This Tribal Relationship & Cooperation Policy is adopted pursuant to ORS 182.162-182.168, which require state agencies to develop and implement tribal relations policies.

General Policies and Principles:

1. It is OBCE’s policy to promote the principle stated in Executive Order No. 96-30 that “[a]s sovereigns, the tribes and the State of Oregon must work together to develop mutual respect for the sovereign interests of both parties.” OBCE interacts with tribes in differing roles: in its role as representative of other state agencies and in its role as independent administrator of certain OBCE programs. In all of its roles, it is OBCE’s policy to promote positive government to government relations with the federal recognized tribes in Oregon (Tribes) by:
 - a. Facilitating communication and understanding and appropriate dispute resolution among OBCE, other state agencies, and the Tribes;
 - b. Striving to prevent unnecessary conflict with the Tribes;
 - c. Interacting with the Tribes in a spirit of mutual respect;
 - d. Involving tribal representatives in the development and implementation of programs, rules, policies, and draft legislation that affect them; and
 - e. Seeking to understand the varying Tribal perspectives.

2. The OBCE’s Native American Affairs Coordinator is the OBCE’s Executive Director.
 - a. The state is best served through a coordinated approach to Tribal issues. The OBCE’s Executive Director has been designated as the OBCE’s Native American Affairs Coordinator, who serves as the OBCE’s key contact with Tribal representatives.
 - b. Individuals at OBCE who are working on a significant matter involving or affecting a Tribe or Tribes shall notify the Native American Affairs Coordinator.

3. Sharing of Tribal Relationship & Cooperation Policy
 - a. Upon adoption, this policy shall be shared with members of the OBCE, and shall be incorporated into the OBCE Policy Manual. In addition, this policy and information regarding ORS 182.162-168 shall be included in new Board Member and employee orientations.
 - b. The Executive Director will be responsible for submitting OBCE's annual report in December each year to the Governor and the Commission on Indian Service per ORS 182.166, detailing its work with the Tribes for the prior year and this Policy.
4. Training
 - a. Appropriate OBCE representative will attend annual training provided by the Department of Administrative Services pursuant to ORS 182.166(1).
 - b. The OBCE's assigned Assistant Attorney General who may come into contact with Tribes will be encouraged to consider taking advantage of outside CLE opportunities in Indian Law and culture.
5. Identification of OBCE Program Affecting Tribes
 - a. The Executive Director will compile a list of OBCE programs, rules, policies, and draft legislation that affect Tribes, as well as the OBCE individuals responsible for implementing them with feedback from the affected Tribes or Tribal members.
6. Guidelines for OBCE Programs
 - a. The OBCE will invite Tribal participation on any draft legislation created by the OBCE and any other areas of interest that the Tribes bring forth to the OBCE.

OBCE Commitment to Tribal Consultation

The OBCE was established by the Oregon State Legislature in 1915 and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OBCE.

In order to fully effectuate this policy, the OBCE will:

- Ensure inclusion of Tribes prior to the development of policies and program activities that impact Tribes, utilizing the OBCE's formal notice that provides descriptive content and a timeline of all public meetings;
- Create opportunities for Tribes to raise issues with the OBCE and for the OBCE to seek consultation with the Tribes;
- Establish communication channels with the Tribes to increase knowledge and understanding of OBCE programs;
- Support Tribal sovereignty and self-determination;
- Include on every regular Board Meeting Agenda an opportunity for the Tribes to directly communicate with the OBCE.

Tribal Consultation Principles:

Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation includes collaboration and often results in an iterative process between parties. Meaningful consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the ultimate goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, meaningful conversation and consultation must occur on a regular and as needed basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with Tribes is important in the context of health programs because the Tribes serve many roles in their communities:

- Tribes and Tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their Tribal citizens, among other various governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health.

Policy Action

It is the intent of the OBCE to meaningfully consult with Tribes on any rule changes, policy, programs, rules, and draft legislation that will impact the Tribes before any action is taken.

Such rule changes or policies include those that:

- Have Indian or Tribal implications; or
- Have implications on the Indian Health Service (HIS), Tribal health programs, or urban Indian health program; or
- Have a direct effect on one or more Tribes; or
- Have a direct effect on the relationship between the state and Tribes; or
- Have a direct effect on the distribution of power and responsibilities between the state and Tribes; or
- Are a federally or statutorily mandated proposal or change in which OBCE has flexibility in implementation.

Tribal Consultation Process

An effective consultation between the OBCE and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship.

Any issue includes, but is not limited to:

- Process, programs, rules, and draft legislation development impacting the Tribes;
- Program activities that impact the Tribes;
- Data collection and reporting activities impacting the Tribes;
- Rulemaking impacting the Tribes; or
- Any other OBCE action impacting the Tribes or that has implications on Tribal health programs or IHS.

Upon identification of any issue meeting any of the above criteria, the OBCE will initiate consultation regarding the issue.

To initiate and conduct consultation, the following serves as a guideline to be utilized by the OBCE and the Tribes:

- Identify the issue: complexity, implications, time constraints, deadlines, and issue(s).
- Identify how the issue impacts the Tribes.
- Identify effected/potentially effected Tribes.

Determining Consultation Mechanism: The most useful and appropriate consultation mechanisms can be determined by OBCE and the Tribes after considering the issue and Tribes effected/potentially effected. Consultation mechanisms include, but are not limited to, one or more of the following:

- Email
- Teleconferences
- Virtual Meetings
- Face-to-face meetings at regular Board or Council meetings
- Other regular or special consultation sessions, as needed

Communication Methods: The determination of the issue and the level of consultation mechanism to be used by OBCE shall be communicated to effected/potentially effected Tribes using all appropriate methods and with as much advanced notice as practicable or as required under this policy.

These methods include, but are not limited to the following:

- Office Notification: Upon the determination of the consultation mechanism, proper notice of the issue and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate methods, including mailing and broadcast email. Such notice shall be provided to:
 - o Tribal Chair or Chief and their designated representative(s)
 - o Any other entity that the Tribes identify that should be included

- The OBCE will regularly update its mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OBCE's Executive Director to regularly update the list.

Rulemaking: The OBCE will include the Tribes in all legislative, rulemaking, and policy-making processes that have Tribal implications. The Tribes will have a regular and open invitation to attend any OBCE committee meeting or public rulemaking hearing to provide additional input on rule concepts and language.

Creation of Committees/Work Group(s): Round tables and work groups may be used for discussions, problem resolution, and preparation for communication and consultation related to an issue but do not replace formal Tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from the OBCE to Indian health programs and the Tribes to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings.

Implementation Process and Responsibilities: The process should be reviewed and evaluated for effectiveness as requested.

Tribal Consultation Evaluation: The OBCE is responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of the OBCE to incorporate Tribal recommendations, the OBCE may assess its performance on an annual basis in the Executive Director's performance review or as needed.

Meeting Records and Additional Reporting: The OBCE is responsible for making and keeping records of all public meetings and its Tribal consultation activity. All such records shall be made readily available to the Tribes.

Definitions:

Indian or American Indian/Alaskan Native (AI/AN) Indian and/or American Indian/Alaska Native AI/AN) means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:

- Is a member of a federally recognized Tribe;
- Resides in an urban center and meets one or more of the four criteria:
 - o Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
 - o Is an Eskimo or Aleut or other Alaska Native;
 - o Is considered by the Secretary of the Interior to be an Indian for any purpose; or
 - o Is determined to be an Indian under regulations issued by the Secretary;

- Is considered by the Secretary of Health and Human Services to be in Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

Tribe means any federally recognized Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 USC 1601 et. seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Oregon's nine Federally Recognized Tribes include:

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Grande Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

Disclaimer:

OBCE respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, the Governor's Office.

Enrolled
Senate Bill 1552

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Education for Senator Michael Dembrow)

CHAPTER

AN ACT

Relating to education; creating new provisions; amending ORS 171.857, 192.690, 326.695, 327.026, 327.254, 332.544, 334.231, 336.680, 339.869, 341.013, 342.610, 342.940, 348.205, 348.250, 348.260, 348.263, 348.520, 348.752, 350.075, 350.355 and 670.280; repealing ORS 326.700, 326.712, 329.832 and 329.837; and declaring an emergency.

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

YOUTH ADVISORY GROUP

SECTION 1. (1) The Department of Education shall establish a work group to develop standards that are used to select the members of the youth advisory group established by section 4 of this 2024 Act.

(2) The work group shall consist of members selected by the Deputy Superintendent of Public Instruction in consultation with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council.

(3) To the greatest extent practicable, the work group shall consist of:

- (a) Youth representing tribal youth councils;
- (b) Youth representing youth and student leadership organizations;
- (c) Youth participating in alternative education pathways;
- (d) Youth from immigrant and refugee communities;
- (e) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;
- (f) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;
- (g) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;
- (h) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;
- (i) Youth who serve on Oregon Health Authority work groups;
- (j) Youth who serve on Racial Justice Council work groups; and
- (k) Additional members identified and recommended by the work group.

(4) Members of the work group selected as provided by subsection (3) of this section must consist of individuals who:

(a) Have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved, including communities for which a statewide education plan has been developed and implemented;

(b) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(c) Are English language learners;

(d) Are identifiable as being a child with a disability, as defined in ORS 343.035;

(e) Are navigating poverty;

(f) Are a foster child or have a parent involved in the criminal justice system; or

(g) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(5) Youth members of the work group selected as provided by subsection (3) of this section must be between the ages of 14 and 18 years during their term of service on the work group.

(6) The work group shall:

(a) Develop a process for individuals to apply to become a member of the youth advisory group, based on considerations of equity.

(b) Develop and implement a youth outreach and recruitment plan for connecting with prospective members of the youth advisory group.

(c) Review applications of prospective members of the youth advisory group and recommend to the Deputy Superintendent of Public Instruction prospective members of the youth advisory group.

(d) Develop the orientation for members of the youth advisory group.

(e) Work to reduce bias and remove barriers related to becoming a member of the youth advisory group and to support members of the youth advisory group.

(f) Develop recommendations and best practices for providing mentorship to youth members of the youth advisory group.

(g) Explore the viability of providing stipends and academic credit for youth members of the youth advisory group.

SECTION 2. The work group established by section 1 of this 2024 Act must first meet no later than October 31, 2024.

SECTION 3. Section 1 of this 2024 Act is repealed on August 30, 2025.

SECTION 4. (1) A youth advisory group is established for the purposes of this section.

(2)(a) The Deputy Superintendent of Public Instruction, in consultation with the work group established by section 1 of this 2024 Act, shall select members of the youth advisory group as provided by this subsection. The term of office of each member is one year.

(b) The majority of the members of the youth advisory group must be youth between the ages of 14 and 18 years of age during their term of service on the youth advisory group. The youth members of the youth advisory group must include two youth from each education service district identified in ORS 334.013.

(c) When selecting the members of the youth advisory group, the Deputy Superintendent of Public Instruction shall:

(A) Consult with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council to select members of the youth advisory group who are one or more of the following:

(i) Youth and staff representing tribal youth councils;

(ii) Youth and staff representing youth and student leadership organizations;

(iii) Youth and staff representing alternative education pathways;

- (iv) Youth from immigrant and refugee communities;
- (v) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;
- (vi) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;
- (vii) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;
- (viii) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;
- (ix) Youth who serve on Oregon Health Authority work groups;
- (x) Youth who serve on Racial Justice Council work groups; and
- (xi) Additional members identified and recommended by the youth advisory group.

(B) Consult with the Youth Development Division to select members of the youth advisory group who are youth who have been reengaged and to select program staff who support the statewide youth reengagement system developed and administered by the division under ORS 417.859 or who otherwise provide education opportunities to youth or support the educational success of youth.

(d) In addition to the members of the youth advisory group described in paragraphs (b) and (c) of this subsection, the youth advisory group may include any other members identified and recommended by the youth advisory group and selected by the Deputy Superintendent of Public Instruction in consultation with the work group established by section 1 of this 2024 Act.

(e) The Deputy Superintendent of Public Instruction may provide for alternate members for the youth members of the youth advisory group described in paragraph (b) of this subsection.

(f)(A) When making selections under this subsection, the Deputy Superintendent of Public Instruction must ensure that:

(i) At least 70 percent of the members of the youth advisory group have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved;

(ii) At least 50 percent of the youth members of the youth advisory group from each of the regions identified in paragraph (b) of this subsection have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved; and

(iii) The youth members of the youth advisory group must include youth who:

(I) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(II) Are English language learners;

(III) Are identified as being a child with a disability, as defined in ORS 343.035;

(IV) Are navigating poverty;

(V) Are a foster child or have a parent involved in the criminal justice system; or

(VI) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(B) For the purpose of this paragraph, racial or ethnic communities that historically have been, or currently are, underrepresented or underserved include communities for which a statewide education plan has been developed and implemented.

(g) A member of the youth advisory group may be selected for up to two terms. If there is a vacancy for any cause, the Deputy Superintendent of Public Instruction, in consultation

with other members of the youth advisory group, shall make a selection to become immediately effective for the unexpired term.

(3) The Department of Education shall ensure that each youth member of the youth advisory group:

(a) Receives sufficient support to enable participation in youth advisory group meetings, including:

(A) Reimbursement for actual and necessary travel and other expenses incurred in the performance of official duties in the manner and amounts provided in ORS 292.495; and

(B) Funding for any expenses not otherwise reimbursed under subparagraph (A) of this paragraph; and

(b) Has resources available to reimburse any adult who provides transportation or other supports in helping the youth member to participate in the youth advisory group.

(4) The youth advisory group, with support from the Department of Education, shall take into consideration racial equity and justice and align with other statewide efforts for racial equity and justice when performing the following duties:

(a) Developing the youth advisory group's goals, success criteria and progress measures related to youth and student leadership and engagement in the policymaking process in this state. When performing the duties described in this paragraph, the youth advisory group may modify the youth advisory group's decision-making process, scope of work, work plans and meeting structures, and the roles and responsibilities of youth advisory group members.

(b) Examining current Department of Education, Youth Development Division and Oregon Health Authority initiatives and practices related to youth and student leadership and engagement in the policymaking process and making recommendations on how to elevate and support youth and student leadership and youth-led and student-led accountability in the policymaking process at the state and local level. When performing the duties described in this paragraph, the youth advisory group must give careful consideration to youth and student leadership and to engagement by youth described in subsection (2)(f)(A)(ii) and (iii) of this section. The youth advisory group may recommend methods for evaluating current initiatives, practices and progress relating to youth and student leadership and engagement at the state level.

(c) Connecting with youth and student leaders and exploring youth and student leadership networks, including culturally and ethnically specific, community-based models and Youth Development Division programs, to identify best practices in youth-led and student-led accountability in this state and on a national level. Based on the performance of the duties described in this paragraph, the youth advisory group shall make recommendations to the State Board of Education, the Youth Development Council, the Legislative Assembly and the Governor on how to support youth and student leadership networks on a regional level for the purposes of connecting youths with youth organizations, connecting students with student organizations, elevating youth and student leadership and voice and supporting youth-led and student-led accountability, with special consideration given to youth described in subsection (2)(f)(A)(ii) and (iii) of this section.

(d) Helping the Department of Education, the Youth Development Division and the Oregon Health Authority with the surveys that are administered to youth and students by assisting with reviews of the findings and making recommendations on the content and administration of the surveys.

(e) Evaluating current processes in this state to identify best practices for youth and students reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based on the performance of the duty described in this paragraph, the youth advisory group shall make recommendations for providing support to youth and students who have experienced bias incidents or hate or bias crimes.

(f) Reporting on the youth advisory group's work, progress and recommendations to the Legislative Assembly and the Governor every two years and providing interim updates to

youth and student leadership networks and organizations, education service districts, school districts and local entities that serve youth and students.

(5)(a) The youth advisory group shall meet at least six times each year on the dates determined by a majority of the members of the youth advisory group. The youth advisory group shall also meet at other times specified or requested by a majority of the members of the youth advisory group.

(b) The youth advisory group shall meet in the place and manner determined by a majority of the members of the youth advisory group. All or part of the members of the youth advisory group may attend the meetings electronically, unless otherwise provided by a majority of the members of the youth advisory group.

(6) The Department of Education shall:

(a) Provide staff support to the youth advisory group; and

(b) Support youth advisory group members in participating in the youth advisory group.

SECTION 5. (1) The Deputy Superintendent of Public Instruction, in consultation with the work group established by section 1 of this 2024 Act, shall select the members of the youth advisory group described in section 4 of this 2024 Act no later than June 30, 2025.

(2) The youth advisory group established in section 4 of this 2024 Act must first meet no later than December 15, 2025.

SECTION 6. Section 4 of this 2024 Act is amended to read:

Sec. 4. (1) A youth advisory group is established for the purposes of this section.

(2)(a) The Deputy Superintendent of Public Instruction, in consultation with [the work group established by section 1 of this 2024 Act] current members of the youth advisory group, shall select members of the youth advisory group as provided by this subsection. The term of office of each member is one year.

(b) The majority of the members of the youth advisory group must be youth between the ages of 14 and 18 years of age during their term of service on the youth advisory group. The youth members of the youth advisory group must include two youth from each education service district identified in ORS 334.013.

(c) When selecting the members of the youth advisory group, the Deputy Superintendent of Public Instruction shall:

(A) Consult with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council to select members of the youth advisory group who are one or more of the following:

(i) Youth and staff representing tribal youth councils;

(ii) Youth and staff representing youth and student leadership organizations;

(iii) Youth and staff representing alternative education pathways;

(iv) Youth from immigrant and refugee communities;

(v) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;

(vi) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;

(vii) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;

(viii) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;

(ix) Youth who serve on Oregon Health Authority work groups;

(x) Youth who serve on Racial Justice Council work groups; and

(xi) Additional members identified and recommended by the youth advisory group.

(B) Consult with the Youth Development Division to select members of the youth advisory group who are youth who have been reengaged and to select program staff who support the statewide youth reengagement system developed and administered by the division under ORS 417.859 or who otherwise provide education opportunities to youth or support the educational success of youth.

(d) In addition to the members of the youth advisory group described in paragraphs (b) and (c) of this subsection, the youth advisory group may include any other members identified and recommended by the youth advisory group and selected by the Deputy Superintendent of Public Instruction [*in consultation with the work group established by section 1 of this 2024 Act*].

(e) The Deputy Superintendent of Public Instruction may provide for alternate members for the youth members of the youth advisory group described in paragraph (b) of this subsection.

(f)(A) When making selections under this subsection, the Deputy Superintendent of Public Instruction must ensure that:

(i) At least 70 percent of the members of the youth advisory group have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved;

(ii) At least 50 percent of the youth members of the youth advisory group from each of the regions identified in paragraph (b) of this subsection have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved; and

(iii) The youth members of the youth advisory group must include youth who:

(I) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(II) Are English language learners;

(III) Are identified as being a child with a disability, as defined in ORS 343.035;

(IV) Are navigating poverty;

(V) Are a foster child or have a parent involved in the criminal justice system; or

(VI) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(B) For the purpose of this paragraph, racial or ethnic communities that historically have been, or currently are, underrepresented or underserved include communities for which a statewide education plan has been developed and implemented.

(g) A member of the youth advisory group may be selected for up to two terms. If there is a vacancy for any cause, the Deputy Superintendent of Public Instruction, in consultation with other members of the youth advisory group, shall make a selection to become immediately effective for the unexpired term.

(3) The Department of Education shall ensure that each youth member of the youth advisory group:

(a) Receives sufficient support to enable participation in youth advisory group meetings, including:

(A) Reimbursement for actual and necessary travel and other expenses incurred in the performance of official duties in the manner and amounts provided in ORS 292.495; and

(B) Funding for any expenses not otherwise reimbursed under subparagraph (A) of this paragraph; and

(b) Has resources available to reimburse any adult who provides transportation or other supports in helping the youth member to participate in the youth advisory group.

(4) The youth advisory group, with support from the Department of Education, shall take into consideration racial equity and justice and align with other statewide efforts for racial equity and justice when performing the following duties:

(a) Developing the youth advisory group's goals, success criteria and progress measures related to youth and student leadership and engagement in the policymaking process in this state. When performing the duties described in this paragraph, the youth advisory group may modify the youth advisory group's decision-making process, scope of work, work plans and meeting structures, and the roles and responsibilities of youth advisory group members.

(b) Examining current Department of Education, Youth Development Division and Oregon Health Authority initiatives and practices related to youth and student leadership and engagement

in the policymaking process and making recommendations on how to elevate and support youth and student leadership and youth-led and student-led accountability in the policymaking process at the state and local level. When performing the duties described in this paragraph, the youth advisory group must give careful consideration to youth and student leadership and to engagement by youth described in subsection (2)(f)(A)(ii) and (iii) of this section. The youth advisory group may recommend methods for evaluating current initiatives, practices and progress relating to youth and student leadership and engagement at the state level.

(c) Connecting with youth and student leaders and exploring youth and student leadership networks, including culturally and ethnically specific, community-based models and Youth Development Division programs, to identify best practices in youth-led and student-led accountability in this state and on a national level. Based on the performance of the duties described in this paragraph, the youth advisory group shall make recommendations to the State Board of Education, the Youth Development Council, the Legislative Assembly and the Governor on how to support youth and student leadership networks on a regional level for the purposes of connecting youths with youth organizations, connecting students with student organizations, elevating youth and student leadership and voice and supporting youth-led and student-led accountability, with special consideration given to youth described in subsection (2)(f)(A)(ii) and (iii) of this section.

(d) Helping the Department of Education, the Youth Development Division and the Oregon Health Authority with the surveys that are administered to youth and students by assisting with reviews of the findings and making recommendations on the content and administration of the surveys.

(e) Evaluating current processes in this state to identify best practices for youth and students reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based on the performance of the duty described in this paragraph, the youth advisory group shall make recommendations for providing support to youth and students who have experienced bias incidents or hate or bias crimes.

(f) Reporting on the youth advisory group's work, progress and recommendations to the Legislative Assembly and the Governor every two years and providing interim updates to youth and student leadership networks and organizations, education service districts, school districts and local entities that serve youth and students.

(5)(a) The youth advisory group shall meet at least six times each year on the dates determined by a majority of the members of the youth advisory group. The youth advisory group shall also meet at other times specified or requested by a majority of the members of the youth advisory group.

(b) The youth advisory group shall meet in the place and manner determined by a majority of the members of the youth advisory group. All or part of the members of the youth advisory group may attend the meetings electronically, unless otherwise provided by a majority of the members of the youth advisory group.

(6) The Department of Education shall:

(a) Provide staff support to the youth advisory group; and

(b) Support youth advisory group members in participating in the youth advisory group.

SECTION 7. The amendments to section 4 of this 2024 Act by section 6 of this 2024 Act become operative on August 30, 2025.

NOTE: Section 8 was deleted by amendment. Subsequent sections were not renumbered.

STUDENT INFORMATION

SECTION 9. (1) The Department of Education shall develop a plan for the collection of course-level completion and grade data for all public school students in grades 6 through 12.

(2) No later than September 15, 2024, the Department of Education shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to education regarding:

(a) The plan developed under subsection (1) of this section; and

(b) The funding the department will require during the 2025-2027 biennium for the purposes of the plan.

SECTION 10. Section 9 of this 2024 Act is repealed on January 2, 2025.

DIRECT ADMISSIONS

SECTION 11. ORS 350.075 is amended to read:

350.075. (1) As used in this section, “student access programs” means scholarship, loan, grant and access programs described in ORS chapter 348.

(2) The Higher Education Coordinating Commission shall be guided by the legislative findings in ORS 341.009, 350.001 and 350.005 and the goals and mission of post-secondary education set forth in ORS 350.009 and 350.014.

(3) The Higher Education Coordinating Commission shall:

(a) Develop state goals for the state post-secondary education system, including community colleges and public universities listed in ORS 352.002, and for student access programs.

(b) Determine strategic investments in the state’s community colleges, public universities and student access programs necessary to achieve state post-secondary education goals.

(c) Coordinate the post-secondary elements of data collection and structure, with the advice and recommendation of the state’s independent institutions, community colleges and public universities, as appropriate, in order to construct a state longitudinal data system.

(d) Adopt a strategic plan for achieving state post-secondary education goals, taking into consideration the contributions of this state’s independent institutions, philanthropic organizations and other organizations dedicated to helping Oregonians reach state goals. State post-secondary education goals as described in this section should include, but need not be limited to:

(A) Increasing the educational attainment of the population;

(B) Increasing this state’s global economic competitiveness and the quality of life of its residents;

(C) Ensuring affordable access for qualified Oregon students at each college or public university;

(D) Removing barriers to on-time completion; and

(E) Tracking progress toward meeting the state’s post-secondary education goals established in the strategic plan described in this paragraph.

(e)(A) Each biennium, after receiving funding requests from the state’s community colleges and public universities as authorized by law, recommend to the Governor a consolidated higher education agency request budget aligned with the strategic plan described in paragraph (d) of this subsection, including appropriations for:

(i) Student access programs;

(ii) Public universities listed in ORS 352.002, including but not limited to education and general operations, statewide public services and state-funded debt service;

(iii) Community colleges, including but not limited to education and general operations and state-funded debt service;

(iv) New facilities or programs;

(v) Capital improvements and deferred maintenance;

(vi) Special initiatives and investments; and

(vii) Any other program, duty or function a public university listed in ORS 352.002 is authorized to undertake.

(B) In the development of the consolidated higher education agency request budget:

(i) Determine the costs necessary to provide quality post-secondary education;

(ii) Solicit input from educators, education policy experts, appropriate legislative committees, students and other persons interested in the development of the funding model; and

(iii) Solicit public input regarding educational priorities.

(f) Adopt rules governing the distribution of appropriations from the Legislative Assembly to community colleges, public universities listed in ORS 352.002 and student access programs. These

rules must be based on allocation formulas developed in consultation with the state's community colleges and public universities, as appropriate.

(g) Approve or disapprove any significant change to the academic program of a community college or a public university listed in ORS 352.002. In reaching a decision under this paragraph, the commission shall consider the recommendation from the community college or public university seeking to make the change to an academic program that is issued pursuant to the obligation of the governing board of a community college or public university to review and approve academic programs. The commission shall ensure that approved programs:

(A) Are consistent with the mission statement of the community college or public university;

(B) Do not unnecessarily duplicate academic programs offered by Oregon's other community colleges or public universities;

(C) Are not located in a geographic area that will cause undue hardship to Oregon's other community colleges or public universities; and

(D) Are allocated among Oregon's community colleges and public universities to maximize the achievement of statewide needs and requirements.

(h) For public universities listed in ORS 352.002:

(A) Approve the mission statement adopted by a governing board of a public university.

(B) Review and determine whether a proposed annual increase of resident undergraduate enrollment fees of greater than five percent is appropriate.

(C) Advise the Governor and the Legislative Assembly on issues of university governance.

(D) Approve and authorize degrees.

(E) Perform the evaluation and certification required by ORS 350.095.

(i) Authorize degrees to be offered by independent post-secondary institutions in this state under ORS 348.594 to 348.615.

(j) Oversee the licensing of career schools under ORS 345.010 to 345.340.

(k) Have the authority to enter into and administer interstate agreements regarding the provision of post-secondary distance education. The participation by an educational institution that is not based in this state in distance learning courses or programs that are part of an interstate agreement entered into and administered under this paragraph does not constitute operating in this state for purposes of ORS 348.594 to 348.615. The commission, by rule, may impose a fee on any educational institution that seeks to operate under or participate in such interstate agreements. The fee amount shall be established to recover designated expenses incurred by the commission in participating in such agreements.

(L) Administer a statewide longitudinal data system.

(m) In coordination with the Department of Education, the Employment Department and other state agencies, conduct statewide longitudinal studies and reporting of early learning, kindergarten through grade 12 education, higher education and workforce programs. For the purposes of this paragraph:

(A) The commission shall enter into written interagency agreements with the Department of Education, the Employment Department and any other state agencies necessary for conducting statewide longitudinal studies and reporting.

(B) The commission may share data from the statewide longitudinal data system with persons or public bodies. For purposes of this subparagraph, the commission shall adopt rules to establish procedures for requesting or sharing data and may enter into written agreements for sharing data.

(C) The commission is considered an authorized representative of state educational agencies under applicable state and federal law for purposes of accessing, compiling and storing student data for research, audit and evaluation purposes.

(n) Establish a direct admissions program for community colleges in this state and public universities listed in ORS 352.002. The commission shall adopt rules to:

(A) Establish a method for the collection of student data necessary to implement the program, which may include collaborating with the Department of Education to the extent necessary to collect the student data; and

(B) Maximize opportunities for underserved students and first generation college students to participate in the program.

(4)(a) The Higher Education Coordinating Commission shall implement a process to review and appropriately act on student complaints regarding any school operating in this state. As part of the process implemented under this subsection, the commission may:

- (A) Receive student complaints from students regarding a school;
- (B) Specify the type of information that must be included in a student complaint;
- (C) Investigate and resolve student complaints that relate to state financial aid;
- (D) Refer a student complaint to another entity for investigation and resolution as provided in paragraph (b) of this subsection;
- (E) Adopt rules to implement the provisions of this subsection; and
- (F) Enter into agreements to implement the provisions of this subsection.

(b) The commission may refer the investigation and resolution of a student complaint to:

- (A) An appropriate state agency if the complaint alleges that a school has violated a state law concerning consumer protection, civil rights, employment rights or environmental quality;
- (B) A school's accrediting association if the complaint relates to the school's authorization to offer academic degree programs or to the quality of the school's academic degree programs; or
- (C) The school at which the student is enrolled if the commission determines that the complaint should be resolved through the school's internal review process.

(c) As used in this subsection:

(A)(i) "School" means an independent institution of higher education that meets the requirements of ORS 348.597 (2)(a).

(ii) "School" does not mean a school that is exempt from ORS 348.594 to 348.615 under ORS 348.597 (2)(b) or (c).

(B) "Student" means a person who is enrolled at a school for the purpose of obtaining a degree, certificate or other recognized educational credential offered by that school.

(5) A student complaint that is received by the Higher Education Coordinating Commission, including but not limited to a student complaint filed under subsection (4) of this section, is not subject to disclosure under ORS 192.311 to 192.478.

(6) In addition to the duties described in subsections (2) to (4) of this section, the Higher Education Coordinating Commission shall advise the Legislative Assembly, the Governor, community colleges, public universities and other state boards and commissions on policies in order to:

- (a) Ensure or improve access to higher education by diverse and underserved populations.
- (b) Encourage student success and completion initiatives.
- (c) Improve the coordination of the provision of educational services, including:

- (A) Transfers and coenrollment throughout the higher education system;
- (B) Accelerated college credit programs for high school students;
- (C) Applied baccalaureate and other transfer degrees;
- (D) Programs and grants that span multiple institutions; and
- (E) Reciprocity agreements with other states.

(d) In coordination with the State Board of Education, enhance the use and quality of dual credit, career and technical pathways and efforts to create a culture of college attendance in this state.

(e) In coordination with the State Workforce and Talent Development Board, local workforce development boards, the Oregon Health and Science University and independent institutions, ensure that the state's colleges and universities offer programs in high-demand occupations that meet Oregon's workforce needs.

(f) Improve economies of scale by encouraging and facilitating the use of the shared services among post-secondary institutions in this state.

(7) The Higher Education Coordinating Commission, in a manner consistent with ORS chapter 183, may adopt administrative rules.

(8) With the exception of the rulemaking authority granted in subsection (7) of this section, the Higher Education Coordinating Commission may delegate any of its powers, duties or functions to a committee of the commission or to the executive director of the commission.

(9) The Higher Education Coordinating Commission may, subject to the Public Contracting Code, enter into contracts and agreements, including grant agreements, with public and private entities for those higher education and workforce development activities that are consistent with ORS 350.001 and 350.005, with the policies set forth in ORS chapters 341 and 348 and with statutory policies related to career schools and public universities.

(10)(a) The Higher Education Coordinating Commission may exercise only powers, duties and functions expressly granted by the Legislative Assembly. Except as otherwise expressly provided by law, all other authorities reside at the institutional level with the respective boards of the post-secondary institutions.

(b) The commission has implied and direct authority to implement the powers, duties and functions expressly granted to the commission by the Legislative Assembly.

(c) Notwithstanding paragraph (b) of this subsection, the commission may not exercise any authority, express or implied, statutorily provided to a governing board of a public university listed in ORS 352.002 or a community college operated under ORS chapter 341.

STATE FUNDING OF EDUCATION

SECTION 12. (1) The Legislative Policy and Research Director shall conduct a study of:

(a) The Quality Education Model; and

(b) The state's system of financing public education from kindergarten through grade 12.

(2) The study conducted under this section must include at least:

(a) A review of the education funding formula for public education for kindergarten through grade 12 in this state and an exploration of options that would provide a uniform and equitable design for financing the cost of an adequate education for all public school students in kindergarten through grade 12 in this state.

(b) A review and evaluation of the Quality Education Model, including the processes used to:

(A) Determine the best practices included in the model;

(B) Estimate school district operating expenses for purposes of the model;

(C) Select quality indicators for the model; and

(D) Accurately calculate the cost of a quality education for all students of this state.

(c) The identification of trends and disparities since the 2019-2020 school year in student performance across the state in kindergarten through grade 12 based on current school funding.

(d) The establishment of the baseline for the costs, programs, staffing and facilities needed to provide the opportunity for an adequate education.

(e) A review of the costs and existing funding for special education and related services and an exploration of possible alternative funding formulas.

(3) For the purpose of conducting the study described in this section, the director may enter into a contract with a public, private or nonprofit research entity. When entering into a contract, the director shall give preference, to the greatest extent practicable, to a research entity that has conducted similar studies in other states.

(4) All agencies of state government, as defined in ORS 174.111, are directed to assist the director, and any entity working under contract with the director, in conducting the study and, to the extent permitted by laws related to confidentiality, to furnish information and advice necessary for the director or contractor to complete the study.

(5) The director shall submit a report in the manner provided by ORS 192.245 to the interim committees of the Legislative Assembly related to education no later than January 31, 2025.

SECTION 13. Section 12 of this 2024 Act is repealed on June 30, 2025.

SECTION 14. ORS 171.857 is amended to read:

171.857. (1) For each odd-numbered year regular session of the Legislative Assembly, the President of the Senate and the Speaker of the House of Representatives shall jointly appoint a special legislative committee to issue a report pursuant to section 8, Article VIII of the Oregon Constitution.

(2) The committee may not transact business unless a quorum is present. A quorum consists of a majority of committee members from the House of Representatives and a majority of committee members from the Senate.

(3) Action by the committee requires the affirmative vote of a majority of committee members from the House of Representatives and a majority of committee members from the Senate.

[(4) Members of the committee are entitled to compensation and expense reimbursement as provided in ORS 171.072.]

[(5) The Legislative Assembly in the report shall:]

(4) In the report, the Legislative Assembly shall accomplish one of the following:

(a) Demonstrate that the amount within the budget appropriated for the state's system of kindergarten through grade 12 public education is the amount of moneys, as determined by the Quality Education Commission established by ORS 327.500, that is sufficient to meet the quality goals; *or*.

(b) Identify the reasons that the amount appropriated for the state's system of kindergarten through grade 12 public education is not sufficient, the extent of the insufficiency and the impact of the insufficiency on the ability of the state's system of kindergarten through grade 12 public education to meet the quality goals. In identifying the impact of the insufficiency, the Legislative Assembly shall include in the report how the amount appropriated in the budget may affect both the current practices and student performance identified by the commission under ORS 327.506 (4)(a) and the best practices and student performance identified by the commission under ORS 327.506 (4)(b).

[(6)(a)] **(5)(a)** Notwithstanding subsection *[(5)]* **(4)** of this section, the *[Legislative Assembly]* **committee** may make a determination that the report of the Quality Education Commission should not be used as the basis for carrying out the reporting requirements of section 8, Article VIII of the Oregon Constitution, and subsection *[(5)]* **(4)** of this section. If the report is not used, the *[Legislative Assembly]* **committee** shall identify the reasons for not using the report to meet the reporting requirements and shall outline an alternative methodology for making the findings required by section 8, Article VIII of the Oregon Constitution.

(b) The alternative methodology shall be based on:

(A) Research, data and public values; and

(B) The performance of successful schools, professional judgment or a combination of the performance of successful schools and professional judgment.

(c) The Legislative Assembly shall include in the report that uses the alternative methodology a determination of how the amount appropriated may affect the ability of the state's system of kindergarten through grade 12 public education to meet quality goals established by law, including expected student performance against those goals.

[(7)] **(6)** The Legislative Assembly shall identify in the report whether the state's system of post-secondary public education has quality goals established by law. If there are quality goals, the Legislative Assembly shall include in the report a determination that the amount appropriated in the budget is sufficient to meet those goals or an identification of the reasons the amount appropriated is not sufficient, the extent of the insufficiency and the impact of the insufficiency on the ability of the state's system of post-secondary public education to meet those quality goals.

[(8)] **(7)** The report shall be issued within 180 days after the Legislative Assembly adjourns sine die.

[(9)] **(8)** The Legislative Assembly shall provide public notice of the report's issuance, including posting the report on the Internet and providing a print version of the report upon request.

FINANCIAL AID DISTRIBUTIONS

SECTION 15. ORS 348.205 is amended to read:

348.205. (1) The Oregon Opportunity Grant program is established within the Higher Education Coordinating Commission.

(2) Under the program, the cost of education of a qualified student shall be shared by the student, the family of the student, the federal government and the state.

(3) The [*Director of the Office of Student Access and Completion*] **commission** shall determine the cost of education of a qualified student based on the type of eligible post-secondary institution the student is attending. The cost of education equals:

(a) For a student attending a community college, the average cost of education of attending a community college in this state;

(b) For a student attending a public university listed in ORS 352.002, the average cost of education of attending a public university;

(c) For a student attending a two-year Oregon-based, generally accredited, not-for-profit institution of higher education, the average cost of education of attending a community college in this state; and

(d) For a student attending the Oregon Health and Science University or a four-year Oregon-based, generally accredited, not-for-profit institution of higher education, the average cost of education of attending a public university listed in ORS 352.002.

(4)(a) The [*director*] **commission** shall determine the amount of the student share. The student share shall be based on:

(A) The type of eligible post-secondary institution the student is attending;

(B) The number of hours of work that the [*director*] **commission** determines may be reasonably expected from the student; and

(C) The amount of loans that the [*director*] **commission** determines would constitute a manageable debt burden for the student.

(b) The student shall determine how to cover the student share through income from work, loans, savings and scholarships.

(c) The student share for a student who attends a community college may not exceed the amount that the [*director*] **commission** determines a student may earn based on the number of hours of work reasonably expected from the student under paragraph (a) of this subsection.

(d) The student share for a student who attends an eligible post-secondary institution that is not a community college may not exceed the sum of the amount that the [*director*] **commission** determines a student may receive as loans plus the amount a student may earn based on the number of hours of work reasonably expected from the student under paragraph (a) of this subsection.

(5) The [*director*] **commission** shall determine the amount of the family share. The family share shall be based on the resources of the family.

(6) The [*director*] **commission** shall determine the amount of the federal share based on how much the student or the student's family is expected to receive from the federal government.

(7)(a) The [*director*] **commission** shall determine the amount of the state share **by rule**. The state share shall be equal to the cost of education reduced by the student share, family share and amount received by the student from the federal government.

(b) The [*director*] **commission** shall establish a minimum amount that a student may receive as a state share. If the [*director*] **commission** determines that the amount of the state share of a student is below the minimum amount, the student may not receive the state share.

(c) The [*director*] **commission** may not reduce the amount of the state share of a student based on amounts available to the student by virtue of being the designated beneficiary of a college savings network account established under ORS 178.300 to 178.360.

(8) Subject to subsection (9) of this section, if the [*director*] **commission** determines that there are insufficient moneys to award the state share to all qualified students, the [*director*] **commission**:

(a) May establish the maximum amount that a student may receive as a state share. This amount may vary based on whether the student is attending an eligible post-secondary institution on a half-time or full-time basis.

(b) May establish procedures that prioritize awarding Oregon Opportunity Grants to qualified students with the greatest financial need or whose circumstances would enhance the promotion of equity guidelines published by the [*Higher Education Coordinating*] commission.

(c) May not reduce the amount of the state share awarded to students in the low income range in a greater proportion than the amount that the state share for students in other income ranges is reduced.

[(9)(a) The Higher Education Coordinating commission shall adopt rules that prioritize current foster children and former foster children for receiving Oregon Opportunity Grants when the Oregon Opportunity Grant program does not have sufficient funding to serve all eligible Oregon students.]

[(b) For the purposes of this subsection, “former foster child” has the meaning given that term in ORS 350.300.]

(9) The commission shall adopt rules that implement the Oregon Opportunity Grant program. The rules adopted by the commission shall:

(a) Specify the manner by which the commission determines the state share.

(b) Prioritize current foster children and former foster children for receiving Oregon Opportunity Grants when the Oregon Opportunity Grant program does not have sufficient funding to serve all eligible Oregon students. As used in this paragraph, “former foster child” has the meaning given that term in ORS 350.300.

SECTION 15a. The amendments to ORS 348.205 by section 15 of this 2024 Act first apply to state shares determined for the 2025-2026 academic year.

SECTION 16. ORS 348.250 is amended to read:

348.250. (1) Grants established under ORS 348.260 shall be awarded by the Higher Education Coordinating Commission in the manner provided in this section.

(2) Persons interested in obtaining a grant established under ORS 348.260 may apply to the [*Director of the Office of Student Access and Completion*] **commission** for a grant.

(3) The [*director*] **commission** shall screen or cause to be screened the applications and shall determine for each available grant the person best qualified to receive that grant. A qualified applicant is eligible to receive a grant established under ORS 348.260 if:

(a) The applicant’s financial need is such that in the opinion of the [*director*] **commission** financial aid is warranted; and

(b) The applicant plans to be a student at the eligible post-secondary institution where the grant is to be used.

(4) The [*director*] **commission** shall not discriminate for or against any applicant for a grant.

(5) Nothing in this section or ORS 348.260, 348.505 to 348.615, 348.696 or 348.992 shall be construed to require any institution to admit a grant recipient or to attempt to control or influence the policies of the institution.

(6) Whenever funds are not available to award grants to all qualified students, the [*director*] **commission** may give priority to applicants who are or plan to be full-time students at the eligible post-secondary institution where the grant is to be used. A student shall be considered to be a full-time student if the combination of credit hours at more than one eligible post-secondary institution equals full-time attendance, according to the institution disbursing the grant funds.

(7) As used in this section, “discriminate” has the meaning given “discrimination” in ORS 659.850.

SECTION 17. ORS 348.260 is amended to read:

348.260. (1) In addition to any other form of student financial aid authorized by law, the Higher Education Coordinating Commission may award Oregon Opportunity Grants to qualified students.

(2) The amount of a grant shall equal the state share of a qualified student’s cost of education as determined by the [*Director of the Office of Student Access and Completion*] **commission** and comply with applicable rules and procedures described in ORS 348.205.

(3) Grant funds necessary to meet matching requirements for federal funds may also be used to award grants to qualified students in any eligible post-secondary institution approved by the commission.

(4) Grants may be awarded under this section to qualified students enrolled for any term, including summer term. The commission may prescribe the method and date or dates by which a student must apply to the commission to qualify for a grant.

(5)(a) A qualified student who receives a grant under this section may apply for renewal of the grant on an annual basis. The commission may not renew the grant if the qualified student has not made a timely application for renewal of the grant.

(b) The commission shall by rule establish academic standards and benchmarks that a qualified student must meet to have the student's grant renewed.

(c) If a qualified student who receives a grant under this section makes a timely application for renewal of the grant, meets the academic standards and benchmarks established by the commission under this subsection and continues to meet all other grant eligibility criteria, the grant shall be renewed for a second year of attendance at an eligible post-secondary institution.

(d) Upon timely application by a qualified student who meets the academic standards and benchmarks established by the commission under this subsection and who continues to meet all other grant eligibility criteria, the commission may continue to renew the grant until the qualified student has received the equivalent of four full-time undergraduate years of grant funding for an eligible program as defined by the commission.

(6)(a) The [Director of the Office of Student Access and Completion] **commission** shall inform eligible post-secondary institutions of the identity of qualified students who attend the institution and who receive a grant under this section for more than one academic year.

(b) To the extent possible, eligible post-secondary institutions shall ensure that qualified students identified under this subsection are made aware of the academic guidance and counseling services available at the institution.

(7) A qualified student who receives a grant under this section must attend the eligible post-secondary institution upon which the grant application is based unless the [Director of the Office of Student Access and Completion] **commission** authorizes the grant to be used at a different eligible post-secondary institution. A qualified student who receives a grant under this section may attend more than one eligible post-secondary institution if the grant application was based on the qualified student attending more than one eligible post-secondary institution.

(8) The commission may not make a grant award to any qualified student enrolled in a course of study required for and leading to a degree in theology, divinity or religious education.

(9)(a) The commission shall report annually on or before February 1 to committees of the Legislative Assembly related to higher education regarding the academic success and performance of qualified students who receive grants under this section.

(b) In order to meet the reporting requirements set forth in paragraph (a) of this subsection:

(A) The commission shall by rule design a method for evaluating the academic success and performance of students who receive a grant under this section; and

(B) Upon a request from the commission, eligible post-secondary institutions must provide the commission with the data necessary for the commission to conduct its analysis.

SECTION 18. ORS 348.263 is amended to read:

348.263. (1) In addition to any other form of student financial aid authorized by law, the Higher Education Coordinating Commission may award moneys from the Oregon Opportunity Grant program to qualified students to reward student persistence and encourage completion of degree programs at eligible post-secondary institutions.

(2) Awards made under this section are not subject to the maximum Oregon Opportunity Grant amount established under ORS 348.205.

(3) The commission shall establish by rule eligibility criteria for awards made under this section. These criteria shall include, but not be limited to, whether the qualified student is attending an eligible post-secondary institution on a full-time or half-time basis.

(4)(a) The [*Director of the Office of Student Access and Completion*] **commission** shall administer, and determine the size of, awards made under this section.

(b) In determining the size of awards made under this section, the [*director*] **commission** shall consider basing the size of the awards on a percentage of the maximum Oregon Opportunity Grant amount established under ORS 348.205.

SECTION 19. ORS 348.520 is amended to read:

348.520. The [*Director of the Office of Student Access and Completion*] **Higher Education Coordinating Commission** shall:

(1) Make available to qualified persons financial aid from financial sources available to the [*director*] **commission**.

(2) Determine qualifications of persons to receive financial aid.

(3) Maintain reports and records on persons applying for and receiving financial aid from the [*director*] **commission**.

(4) Withhold any financial aid if the recipient thereof fails to maintain the standards established for receipt of that aid.

(5) Recommend to the Legislative Assembly not less than once every biennium matters relating to the establishment, administration, modification, transfer, reduction or cancellation of financial aid.

[(6) *Prior to implementing changes to the Oregon Opportunity Grant program, report to the Higher Education Coordinating Commission and the Legislative Assembly or the Emergency Board any proposed change.*]

[(a) *That increases or decreases the total amount awarded as Oregon Opportunity Grants that was approved as part of the budget enacted by the Legislative Assembly for the Higher Education Coordinating Commission; and*]

[(b) *To the methodology used to determine the student share, family share or state share under ORS 348.205.*]

[(7)] (6) Encourage the establishment of financial aid programs by private agencies.

[(8)] (7) Collect and disseminate information pertaining to all types of available financial aid.

[(9)] (8) Review the administrative practices and evaluate the effectiveness of all public and private post-secondary financial aid programs in Oregon.

[(10)] (9) Disburse state appropriations for financial aid in such a manner as to maximize its role in cooperative coordination of financial aid programs.

FUNDING FOR YOUTH EDUCATION PROGRAMS

SECTION 20. ORS 326.695 is amended to read:

326.695. (1) As used in [*ORS 326.700 and 326.712*] **this section**:

[(1)] (a) “Juvenile Detention Education Program” means the provision of educational services to:

[(a)] (A) Youths placed in a youth care center, as defined in ORS 420.855, that is within a detention facility, as defined in ORS 419A.004; and

[(b)] (B) Youths lodged overnight who receive educational services on consecutive days within a detention facility, as defined in ORS 419A.004.

[(2)] (b) “Youth Corrections Education Program” means the provision of educational services to youths in youth correction facilities, as defined in ORS 420.005.

(2) **The Department of Education shall administer the Youth Corrections Education Program and the Juvenile Detention Education Program in a manner that provides youths in those programs with a quality education.**

(3)(a) **The Superintendent of Public Instruction may contract with an education service district or a school district to provide teachers, counselors or other personnel for the Youth Corrections Education Program and the Juvenile Detention Education Program.**

(b) When a contract is entered into with an education service district, the Youth Corrections Education Program and the Juvenile Detention Education Program are not considered a component district of the education service district and the youths enrolled in the programs may not be counted when determining the number of pupils in average daily membership for purposes of ORS 334.175 (5).

(4) When determining the amount to be paid under a contract entered into as provided by subsection (3) of this section, the following shall be taken into consideration:

- (a) The number of youths to be provided educational services;
- (b) The characteristics of the facility where the educational services will be provided, including the number of classrooms required to provide educational services;
- (c) The diversity of the population of youths to be provided educational services, including the number and percentage of youths who are from historically underserved populations;
- (d) The number and percentage of youths to be provided educational services who qualify for special education and related services; and
- (e) The level of transition supports provided to the youths.

(5) The Department of Education shall use moneys in the Juvenile Justice Education Fund established under section 22 of this 2024 Act for the purpose of paying contracts entered into under this section.

(6) The State Board of Education shall adopt rules necessary for the administration of this section, including establishing a process by which an education service district or a school district may appeal the amount received under a contract entered into under this section. When adopting the rules, the board shall consult with:

- (a) The Oregon Youth Authority;
- (b) School districts and education service districts under contract with the Department of Education to provide educational services to students enrolled in the Youth Corrections Education Program or the Juvenile Detention Education Program; and
- (c) County juvenile departments.

SECTION 21. Sections 22 and 23 of this 2024 Act are added to and made a part of ORS chapter 327.

SECTION 22. (1) The Juvenile Justice Education Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Juvenile Justice Education Fund shall be credited to the fund.

(2) Moneys in the Juvenile Justice Education Fund are continuously appropriated to the Department of Education for distribution to the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695, to provide educational services to youths in those programs under contracts entered into as provided by ORS 326.695.

(3) The Juvenile Justice Education Fund shall consist of:

(a) Moneys allocated from the State School Fund for students enrolled in the Youth Corrections Education Program and the Juvenile Detention Education Program under ORS 327.026;

(b) Moneys made available for the Youth Corrections Education Program and the Juvenile Detention Education Program from the Statewide Education Initiatives Account under ORS 327.254;

(c) Moneys appropriated or otherwise transferred to the fund by the Legislative Assembly; and

(d) Other amounts deposited into the Juvenile Justice Education Fund from any source.

SECTION 23. (1) Each even-numbered year, the Department of Education shall prepare a target funding level for the Juvenile Justice Education Fund for the following biennium. Moneys in the Juvenile Justice Education Fund shall be distributed as provided by ORS 326.695 to the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695.

(2)(a) The target funding level of the Juvenile Justice Education Fund shall be calculated by multiplying:

(A) The average funding level per classroom, as calculated based on all classrooms operated under the Youth Corrections Education Program and the Juvenile Detention Education Program; and

(B) The total number of classrooms the Department of Education expects to be operated under the Youth Corrections Education Program and the Juvenile Detention Education Program for the following biennium.

(b) For the purpose of determining the average funding level per classroom under paragraph (a) of this subsection, the department shall:

(A) Determine the average funding level per classroom for the 2024-2025 school year; and

(B) Adjust the amount determined under subparagraph (A) of this paragraph based on the same percentage by which the amount appropriated to the State School Fund increased for the biennium in which the calculation is being made as compared with the amount appropriated for the 2021-2023 biennium.

(3) The department shall estimate the expected difference between the target funding level calculated under subsection (2) of this section and the amount anticipated to be made available to the Juvenile Justice Education Fund under section 22 (3)(a) and (d) of this 2024 Act. If, after all funding available under section 22 (3)(a), (c) and (d) of this 2024 Act has been accounted for, the department determines that the amount required for the target funding level for the fund has not been met, the department may transfer from the Statewide Education Initiatives Account to the fund any needed amounts.

(4) If, at any time during the biennium, the amount available in the Juvenile Justice Education Fund and from other sources is not sufficient to pay for costs incurred in relation to the Youth Corrections Education Program or the Juvenile Detention Education Program, the department shall inform the Legislative Assembly or the Emergency Board of the lack of funding and shall provide an accounting of the amount needed to pay those costs.

(5) No later than August 31 of each even-numbered year, the department shall submit to the Legislative Assembly and the Office of the Governor a report that explains the target funding level calculated under this section. When applicable, the report shall include any determinations by the department that the amounts available for the Youth Corrections Education Program and the Juvenile Detention Education Program will not be adequate to pay the costs of the programs.

SECTION 24. ORS 327.026 is amended to read:

327.026. *[(1) In order to accomplish the purpose described in ORS 326.700, the State Board of Education shall adopt by rule definitions and procedures to be applied to the computation of the State School Fund allocations where necessary to make students enrolled in the Youth Corrections Education Program, as defined in ORS 326.695, and the Juvenile Detention Education Program, as defined in ORS 326.695, equivalent to students enrolled in common and union high school districts for purposes of distribution of the fund.]*

(1) The State Board of Education shall adopt by rule definitions and procedures to be applied to the computation of State School Fund allocations for students enrolled in the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695. The computations shall be equivalent to students enrolled in common and union high school districts.

(2)(a) The Youth Corrections Education Program shall receive from the State School Fund for each school year a special State School Fund grant, consisting of a general purpose grant that is equal to the Youth Corrections Education Program extended ADMw multiplied by Funding Percentage and further multiplied by Statewide Target per ADMw Grant. For the purpose of the calculation made under this paragraph:

(A) ADMw equals ADM multiplied by 2.0 multiplied by the additional per student weight, as calculated in ORS 327.013 (1)(c)(A)(i).

(B) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.

(b) Notwithstanding paragraph (a) of this subsection, the Youth Corrections Education Program may not receive moneys under this section from the State School Fund for any youth in the program who:

(A) Has received a high school diploma; or

(B) Is 21 years of age or older.

(3) The Juvenile Detention Education Program shall receive from the State School Fund for each school year a special State School Fund grant, consisting of a general purpose grant that is equal to the Juvenile Detention Education Program extended ADMw multiplied by Funding Percentage and further multiplied by Statewide Target per ADMw Grant. For the purpose of the calculation made under this subsection:

(a) ADMw equals ADM multiplied by 1.5.

(b) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.

(4) Funds allocated to the Youth Corrections Education Program and the Juvenile Detention Education Program from the State School Fund shall [*remain with the Department of Education and*] **be deposited in the Juvenile Justice Education Fund. The amount of funds to be allocated** shall be adjusted in the year following the distribution to reflect the actual ADMw of students in the Youth Corrections Education Program and the Juvenile Detention Education Program in the same manner as for the school districts under ORS 327.101.

SECTION 25. ORS 327.254 is amended to read:

327.254. (1) The Department of Education shall use moneys in the Statewide Education Initiatives Account to provide funding for statewide education initiatives, including:

(a) Funding the High School Graduation and College and Career Readiness Act at the levels prescribed by ORS 327.856;

(b) Expanding school breakfast and lunch programs;

(c) Operating youth reengagement programs or providing youth reengagement services;

(d) Establishing and maintaining the Statewide School Safety and Prevention System under ORS 339.341;

(e) Developing and providing statewide equity initiatives, including any statewide education plan developed and implemented by the department;

(f) Providing summer learning programs at schools that are considered high poverty under Title I of the federal Elementary and Secondary Education Act of 1965;

(g) Funding early warning systems to assist students in graduating from high school, as described in ORS 327.367;

(h) Developing and implementing professional development programs and training programs, including programs that increase educator diversity and retain diverse educators;

(i) Planning for increased transparency and accountability in the public education system of this state;

(j) Providing additional funding to school districts participating in the intensive program under ORS 327.222;

(k) Providing technical assistance, including costs incurred for:

(A) The coaching program described in ORS 327.214; and

(B) The intensive program described in ORS 327.222, including costs for student success teams;

(L) Funding public charter schools, as described in ORS 327.362;

(m) Funding the Early Literacy Success School Grant program, as provided by ORS 327.833;

(n) Funding the Early Literacy Success Community Grant program, as established by ORS 327.843;

(o) Funding any additional amounts for approved recovery schools, as provided by rules of the State Board of Education adopted under ORS 327.029;

(p) Funding education service districts, as described in subsection (2) of this section; [*and*]

(q) Funding the Youth Corrections Education Program and the Juvenile Detention Education Program through the Juvenile Justice Education Fund established under section 22 of this 2024 Act, when necessary as provided by section 23 of this 2024 Act; and

[(q)] (r) Funding costs incurred by the department in implementing this section and ORS 327.175 to 327.235 and 327.274.

(2)(a) The amount of a distribution to an education service district under this section shall be made as provided by paragraph (b) of this subsection after calculating the following for each education service district:

(A) One percent of the total amount available for distribution to education service districts in each biennium.

(B) The education service district's $ADMw \times$ (the total amount available for distribution to education service districts in each biennium \div the total $ADMw$ of all education service districts that receive a distribution).

(b) The amount of the distribution to an education service district shall be the greater of the amounts calculated under paragraph (a) of this subsection, except that, for distributions made as provided by paragraph (a)(B) of this subsection, the total amount available for distribution to education service districts shall be the amount remaining after any distributions required under paragraph (a)(A) of this subsection have been made.

(c) For purposes of this subsection, $ADMw$ equals the $ADMw$ as calculated under ORS 327.013, except that the additional amount allowed for students who are in poverty families, as determined under ORS 327.013 (1)(c)(A)(v)(I), shall be 0.5.

(d) An education service district shall use moneys received under this section as provided by a plan developed by the school districts located within the education service district. A school district that declines to participate in the development of the plan or that has withdrawn from an education service district as provided by ORS 334.015 is not entitled to any moneys distributed to the education service district under this subsection.

(e) A plan developed under this subsection must:

(A) Align with and support the meeting of performance growth targets established for recipients of moneys under ORS 327.195 that are located within the education service district;

(B) Include the provision, to recipients of moneys under ORS 327.195 that are located within the education service district, of technical assistance in developing, implementing and reviewing a plan for receiving a grant from the Student Investment Account;

(C) Provide for coordination with the department in administering and providing technical assistance to recipients of moneys under ORS 327.195 that are located within the education service district, including coordinating any coaching programs established under ORS 327.214; and

(D) Be adopted and amended as provided for local service plans under ORS 334.175 and approved by the department.

(f) For the purposes of paragraph (e) of this subsection, recipients of moneys under ORS 327.195 that are located within the education service district include, as applicable:

(A) Common school districts and union high school districts;

(B) Any charter school that is an eligible applicant, as defined in ORS 327.185; and

(C) The Youth Corrections Education Program or the Juvenile Detention Education Program.

(g) Each education service district must submit an annual report to the department that:

(A) Describes how the education service district spent moneys received under this subsection; and

(B) Includes an evaluation of the education service district's compliance with the plan from the superintendent of each school district that participated in the development of the plan.

(3) The State Board of Education shall adopt rules necessary for the distribution of moneys under this section.

SECTION 26. ORS 326.700 and 326.712 are repealed.

SECTION 27. The amendments to ORS 326.695, 327.026 and 327.254 by sections 20, 24 and 25 of this 2024 Act and the repeal of ORS 326.700 and 326.712 by section 26 of this 2024 Act become operative on July 1, 2024.

OREGON'S OPEN EDUCATIONAL RESOURCES PROGRAM

SECTION 28. ORS 348.752 is amended to read:

348.752. (1) The Higher Education Coordinating Commission shall regularly convene faculty, staff and librarians from public universities listed in ORS 352.002 and community colleges for the purpose of coordinating Oregon's Open Educational Resources (OER) Program by:

(a) Assisting and advising faculty at public universities and community colleges on the adoption, implementation and storage of open educational resource materials that are transferable between public universities and community colleges;

(b) Determining whether to develop a statewide repository of open educational resource materials for the purpose of supporting the program and, if applicable, developing a plan for the development of the repository; and

(c) Developing criteria that may be used to provide up to \$150,000 to public universities and community colleges for the purpose of increasing the creation, adoption or implementation of open educational resources.

(2) The commission may enter into contracts or agreements with public or private entities for the purpose of fulfilling its obligations under [this section] **ORS 348.748 to 348.757**.

SHORT-ACTING OPIOID ANTAGONIST SCHOOL POLICIES

SECTION 29. ORS 339.869 is amended to read:

339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

(a) Rules for the administration of prescription and nonprescription medication to students by trained school personnel and for student self-medication. The rules shall include age appropriate guidelines and training requirements for school personnel.

(b) Rules for the administration of premeasured doses of epinephrine by school personnel trained as provided by ORS 433.815 to any student or other individual on school premises who the personnel believe in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

(c)(A) Rules for the administration of medication that treats adrenal insufficiency by school personnel trained as provided by ORS 433.815 to any student on school premises whose parent or guardian has provided for the personnel the medication as described in ORS 433.825 (3) and who the personnel believe in good faith is experiencing an adrenal crisis, as defined in ORS 433.800.

(B) Rules adopted under this paragraph must:

(i) Include guidelines on the designation and training of school personnel who will be responsible for administering medication; and

(ii) Specify that a school district is only required to train school personnel when the school district has been notified by a parent or guardian that a student enrolled in a school of the school district has been diagnosed with adrenal insufficiency.

(d) Guidelines for the management of students with life-threatening food allergies and adrenal insufficiency, which must include:

(A) Standards for the education and training of school personnel to manage students with life-threatening allergies or adrenal insufficiency.

(B) Procedures for responding to life-threatening allergic reactions or an adrenal crisis, as defined in ORS 433.800.

(C) A process for the development of individualized health care and allergy or adrenal insufficiency plans for every student with a known life-threatening allergy or adrenal insufficiency.

(D) Protocols for preventing exposures to allergens.

(e) Rules for the administration of a short-acting opioid antagonist to any student or other individual on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

(2)(a) School district boards shall adopt policies and procedures that provide for:

(A) The administration of prescription and nonprescription medication to students by trained school personnel, including the administration of medications that treat adrenal insufficiency;

(B) Student self-medication; and

(C) The administration of premeasured doses of epinephrine to students and other individuals.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section. A school district board shall not require school personnel who have not received appropriate training to administer medication.

(3)(a) School district boards may adopt policies and procedures that provide for the administration of a short-acting opioid antagonist.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section.

(4)(a) A school district [*board*] shall provide to the parent or legal guardian of each minor student enrolled in a school in the school district information regarding short-acting opioid antagonists. The information described in this subsection must include at least:

(A) A description of short-acting opioid antagonists and their purpose;

(B) A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;

[(C) *A statement that all schools within the school district have access to short-acting opioid antagonists and the necessary medical supplies to administer the short-acting opioid antagonist on site; and*]

(C) A statement identifying which schools, if any, in the school district will have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, on site and available for emergency situations; and

(D) A statement that a representative of a school may administer to a student a short-acting opioid antagonist in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

(b) A school district board shall ensure that the parent or legal guardian of a minor student enrolled in a school within the school district is immediately notified when a short-acting opioid antagonist is administered to the student if the short-acting opioid antagonist is administered while the student is at school, on school property under the jurisdiction of the school district or at any activity under the jurisdiction of the school district.

(c) The State Board of Education shall adopt rules that prescribe minimum requirements for the information provided under paragraph (a) of this subsection.

SECTION 30. Nothing in ORS 339.869 (4)(a)(C) (2023 Edition) shall be construed to:

(1) Require a school, a school district or a school district board to provide access to short-acting opioid antagonists, and the necessary medical supplies to administer the short-acting opioid antagonist, on site in all schools of the school district; or

(2) Allow a school, a school district, a school district board, a school district employee or a school district board member to be held liable in a criminal action or for civil damages for failure to provide access to short-acting opioid antagonists, and the necessary medical supplies to administer the short-acting opioid antagonist, on site in all schools of the school district.

EDUCATOR ADVANCEMENT COUNCIL

SECTION 31. ORS 342.940 is amended to read:

342.940. [(1) As used in this section and ORS 342.943, “educator” means a teacher, administrator or other school professional who is licensed, registered or certified by the Teacher Standards and Practices Commission.]

(1) As used in this section and ORS 342.943, “educator” means a person who is:

(a) A teacher, an administrator or another school employee who is employed to provide instruction or support to students in early childhood education or in kindergarten through grade 12; or

(b) Entering into or enrolled in an educator preparation program.

(2)(a) The Educator Advancement Council shall be established and function under an intergovernmental agreement, pursuant to ORS 190.003 to 190.130, between state agencies and one or more school districts and education service districts. **The state agencies that must be parties to the intergovernmental agreement are the Department of Education, the Department of Early Learning and Care, the Teacher Standards and Practices Commission and the Higher Education Coordinating Commission.**

(b) The purposes of the council are to provide resources related to educator professional learning and to provide other educator supports.

(3) The intergovernmental agreement establishing the council shall outline the governance framework and the administrative details necessary for the efficient and effective implementation of the duties of the council.

(4)(a) The council shall consist of:

(A) Members who are representatives of the parties to the intergovernmental agreement establishing the council.

(B) No more than 10 members who are practicing educators, classified staff in a public school or for an education service district, early learning providers and professionals and school district board members.

(C) No more than 10 members who are representatives of educator preparation providers, education-focused nonprofit organizations, education-focused philanthropic organizations, professional education associations, community-based education organizations that represent families and students, post-secondary institutions of education and federally recognized Indian tribes of this state.

(b) Subject to any limits designated as provided by the intergovernmental agreement establishing the council, the majority of the members of the council identified under paragraph (a) of this subsection may propose additional members of the council. The inclusion of additional members on the council shall be subject to the procedures established by the council under the intergovernmental agreement.

(5) The council shall:

(a) Establish a system of educator networks, as described in ORS 342.943, by which every educator in this state has access to professional learning opportunities;

(b) Administer the beginning teacher and administrator mentorship program under ORS 329.788 to 329.820;

(c) Coordinate the distribution of moneys to educator networks from the Educator Advancement Fund based on the needs of the educators identified by the networks;

(d) Connect educator networks and facilitate communications within and among the networks to improve teaching and learning; and

(e) Continuously assess the needs of educators in this state and coordinate priorities based on the moneys available for distribution from the Educator Advancement Fund.

(6) The Department of Education shall provide support to the strategic direction of the council by:

(a) Conducting and coordinating research to monitor:

(A) Teaching and learning conditions;

(B) Educator workforce supply and demand; and

(C) Common outcomes and measures anticipated to promote improvement in teaching and learning.

(b) Assisting the council in coordinating and connecting educator networks, supporting professional learning priorities, enabling access to professional learning and supports, leveraging funding sources and managing innovation funds.

(c) Recommending statutory and agency rule changes needed to support the purposes of the council.

(d) Supporting programs that help to achieve the purposes of the Educators Equity Act.

(e) Supporting a statewide plan for increasing:

(A) The supply of culturally diverse teacher candidates; and

(B) The successful recruitment of effective educators to work in high-need schools and in practice areas with a shortage of educators.

(f) Identifying high-leverage educator practices to be developed by educators throughout their careers.

(g) Providing accountability of the council by ensuring that the council:

(A) Gives preference, when making recommendations about funding distributions, to entities that have demonstrated success in improving student indicators.

(B) Considers the delivery of services for the benefit of all regions of this state when establishing the system of educator networks.

(C) Works toward improving student progress indicators identified by the Department of Education or set forth in ORS 350.014.

(D) Includes and connects education providers and leaders from prekindergarten through post-secondary education.

(h) Providing staff support for the administrative functions of the council.

(i) Developing a system that allows for the statewide dissemination of emerging practices and evidence-based models.

(j) Providing technical assistance to the council, including online systems for sharing professional learning resources and supporting educator networks.

(k) Administering the distribution of grant and contract funds for programs described in this section.

(L) Providing administrative support to the educator networks, including:

(A) Making recommendations to the council about the selection of the sponsors of educator networks;

(B) Providing technical assistance to educator networks; and

(C) Entering into grant agreements or contracts for the distribution of funds to educator networks.

(7)(a) The State Board of Education and the Teacher Standards and Practices Commission may adopt any rules necessary at the request of the council to support the council or to perform any duties assigned to the board or commission under this section.

(b) The council may adopt rules pursuant to ORS chapter 183 for the purposes of ORS 329.788 to 329.820 and 342.943.

(8) The council shall be considered a board for purposes of ORS chapter 180.

SECTION 32. Notwithstanding ORS 329.805 (2), grants awarded under ORS 329.805 during the 2023-2025 biennium are not required to be awarded on a competitive basis.

COREQUISITE STUDENT SUPPORT

SECTION 33. (1) As used in this section, “corequisite” means a course or requirement related to mathematics or writing that a student must take or satisfy at the same time that the student is taking or satisfying another course or requirement in mathematics or writing that is required for a program of study or a degree.

(2) The Higher Education Coordinating Commission shall convene a work group to study evidence-based corequisite student support models, including models that use in-class tutoring, online learning labs, paired courses and other aligned academic supports. The work group shall provide information to the commission to assist the commission in:

(a) Determining whether to require the community colleges in this state to implement evidence-based corequisite student support models and identifying the most effective models to implement;

(b) Identifying the steps and resources required for community colleges in this state to transition from traditional prerequisite development education to evidence-based corequisite student support models;

(c) Identifying the steps and resources required for community colleges in this state to implement corequisite student support models in conjunction with courses of study in mathematics;

(d) Determining whether evidence-based corequisite student support models should be funded by Community College Support Fund grants;

(e) Identifying any statutory changes or administrative rule changes necessary to provide and fund evidence-based corequisite student support models; and

(f) Identifying how to determine if a person should participate in a corequisite, and whether participation should be voluntary or mandatory.

(3)(a) The work group convened under this section shall be appointed by the executive director of the Higher Education Coordinating Commission and shall include:

(A) The Director of the Office of Community Colleges and Workforce Development, or the director's designee;

(B) One representative of a research center focused on the policies and practices of community colleges in this state;

(C) Three community college faculty members who have experience in teaching corequisite or developmental education;

(D) Three community college faculty members who have experience in teaching the first credit-bearing college-level course in mathematics or writing;

(E) One representative of a statewide organization representing community college faculty members;

(F) One community college president;

(G) One chief academic officer or chief instructional administrator for a community college;

(H) One developmental education or adult basic education administrator for a community college;

(I) One student services administrator or professional for a community college; and

(J) One community college student.

(b) The commission shall solicit nominations from organizations representing faculty, students and community colleges to determine the membership of the work group.

(4) No later than December 15, 2024, the work group shall submit to the Higher Education Coordinating Commission a report on the study conducted as provided by this section.

SECTION 34. Section 33 of this 2024 Act is repealed on January 2, 2025.

APPLIED BACCALAUREATE PROGRAMS

SECTION 35. ORS 341.013 is amended to read:

341.013. (1) As used in this section:

(a) "Applied baccalaureate degree" has the meaning given that term in ORS 348.910.

(b) "Bachelor of Science: Nursing degree" means a post-licensure degree program in which individuals who have already received an associate degree in nursing receive a bachelor's degree in nursing.

(2) A community college may offer applied baccalaureate degrees and Bachelor of Science: Nursing degrees under the provisions of this section.

(3) For each applied baccalaureate degree program or Bachelor of Science: Nursing degree program a community college wants to offer to its students, the community college shall submit to the Higher Education Coordinating Commission:

(a) A description of the program to be offered;

(b) The method by which the program will be created, including any necessary accreditation by the relevant accrediting agency;

(c) Documentation of local unmet workforce needs that would be addressed by offering the program; and

(d) Documentation that the community college has the expertise, resources and student interest necessary to make the program successful.

(4) A proposed applied baccalaureate degree program or Bachelor of Science: Nursing degree program must be approved by the commission. The commission shall approve a proposed applied baccalaureate degree program or Bachelor of Science: Nursing degree program if:

(a) The community college submits all of the information and documentation required under subsection (3) of this section; and

(b) The commission determines that the criteria set forth in ORS 350.075 (3)(g) are satisfied.

(5) An applied baccalaureate degree program or Bachelor of Science: Nursing degree program that is approved by the commission is eligible for funding from the Community College Support Fund established in ORS 341.620.

[5] (6) The commission may adopt rules to implement this section.

SECTION 36. (1) The amendments to ORS 341.013 by section 35 of this 2024 Act become operative January 1, 2025.

(2) The amendments to ORS 341.013 by section 35 of this 2024 Act first apply to expenses incurred for the 2025-2026 academic year.

SECTION 37. As part of the Higher Education Coordinating Commission's budget presentation during the 2025 regular session of the Legislative Assembly, the commission shall include in a report prepared in the manner required under ORS 192.245 the following information:

(1) The estimated impact of funding the applied baccalaureate degree program and the Bachelor of Science: Nursing degree program from the Community College Support Fund established in ORS 341.620.

(2) The extent the commission can determine the approximate cost of funding the applied baccalaureate degree program and the Bachelor of Science: Nursing degree program from the Community College Support Fund for the 2025-2026 academic year.

(3) Any recommendations for funding the applied baccalaureate degree program or the Bachelor of Science: Nursing degree program in a manner other than from the Community College Support Fund.

SECTION 38. Section 37 of this 2024 Act is repealed on June 30, 2025.

FACULTY HEALTH CARE BENEFITS

SECTION 39. ORS 350.355 is amended to read:

350.355. (1)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a public institution of higher education is eligible for the same employee-only health care benefits, including dental benefits and vision benefits, as full-time faculty members if the part-time faculty member is eligible for membership in the Public Employees Retirement System or another plan authorized under ORS chapter 238 or 238A by *[teaching]* **working** either at a single public institution of higher education or in aggregate at multiple public institutions of higher education during the previous academic year.

(b) The total cost of providing any health benefit plan offered by a public institution of higher education to a part-time faculty member under this section may not increase annually by more than the annual increase in premium amounts paid for contracted health benefit plans that is permitted under ORS 243.135 (8)(b) or 243.866 (9)(b).

(2)(a) In order to receive employee-only health care benefits under this section, a part-time faculty member must select a home public institution of higher education for the duration of the benefit year under a process established by each institution. A home public institution of higher education selected under this subsection:

[(A) Must be one at which the part-time faculty member is working during the academic term at the time of the application; and]

(A) Must be one from which the part-time faculty member received a salary, a grant or other payment for work performed by the part-time faculty member that is substantially similar to work performed by a full-time faculty member, including teaching, research or student mentorship and advising;

(B) Must be one from which the part-time faculty member received payment, as described in subparagraph (A) of this paragraph, at:

(i) The time of the application; or

(ii) Any time during the previous benefit year, if the part-time faculty member is not currently receiving payment from any public institution of higher education but otherwise is eligible for employee-only health care benefits; and

[(B)] (C) Is responsible for:

(i) Determining whether the part-time faculty member is eligible to receive health care benefits under this section;

(ii) Determining, on an annual basis, whether a part-time faculty member who was found to be eligible to receive health care benefits under sub-subparagraph (i) of this subparagraph continues to be eligible to receive health care benefits under this section;

(iii) Collecting the premiums for health benefit plans that must be paid by the part-time faculty member under subsection (3) of this section;

(iv) Paying the full cost of the insurance premiums for providing health benefit plans to the part-time faculty member, subject to reimbursement as described in subsection (4) of this section; and

(v) Administering and providing health benefit plans to the part-time faculty member in the manner described in this section.

(b) In order to receive health care benefits under this section, a part-time faculty member must provide the home public institution of higher education with all information necessary for the institution to determine the eligibility of the part-time faculty member to receive health care benefits under this section.

(c) No later than 30 days before the deadline to submit an application to receive health care benefits under this section, each public institution of higher education must notify all part-time faculty members who have been employed by the institution during the current academic year and the previous academic year of:

(A) The eligibility requirements to receive health benefits under this section;

(B) The health care benefits and associated costs available to qualifying part-time faculty members; and

(C) Instructions on how part-time faculty members may apply to receive health care benefits under this section.

(3)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a public institution of higher education shall pay 10 percent of all insurance premiums for health benefit plans.

(b) A public institution of higher education may provide by collective bargaining at the institution to pay for some or all of the insurance premiums that must otherwise be paid by a part-time faculty member under paragraph (a) of this subsection. The public institution of higher education

may not be reimbursed under subsection (4) of this section for the costs the institution incurs to provide health benefit plans under this paragraph.

(4)(a) Every three months a public institution of higher education may request reimbursement from the Higher Education Coordinating Commission for the cost of paying insurance premiums for providing health benefit plans to each part-time faculty member who has selected the institution as the faculty member's home public institution of higher education under subsection (2) of this section.

(b) The commission shall use moneys from the Part-Time Faculty Insurance Fund established under ORS 350.357 to fully reimburse each public institution of higher education for all documented costs requested by the institution under this subsection, except for any costs described in subsection (3) of this section.

(5) Unless otherwise provided for by collective bargaining, a part-time faculty member at a public institution of higher education who is eligible for health care benefits under subsection (1) of this section may receive health care benefits only in the manner provided by this section.

(6) Each agency request budget filed by the Higher Education Coordinating Commission under ORS 291.208 must include, as part of the budget, moneys sufficient to provide health care benefits to part-time faculty members in the manner required by this section.

(7) The Higher Education Coordinating Commission may adopt rules necessary to implement subsection (4) of this section.

FORESTRY WORKFORCE STUDY

SECTION 40. (1) As used in this section:

(a) **"Forestry sector" means private businesses, nonprofit organizations, educational and workforce providers and public entities that are engaged in logging, forestation, wildland fire prevention and suppression, construction and maintenance of roads required for forestry, aggregate production of forestry products, trucking related to forestry, tree services, technical and professional services required for forestry, forest surveying, fuel mitigation efforts related to forestry, forestry habitat restoration, watershed improvement, crop tree release and stand improvement, forest tract management, tree nurseries, mechanical services for forestry, provision of forestry products, training resources for the forestry workforce, educational resources for the forestry workforce, human resources for the forestry workforce and other in-forest or forest-affiliated services.**

(b) **"Forestry workforce" means the owners, proprietors, partners and employees of companies and organizations composing the forestry sector.**

(2) The Higher Education Coordinating Commission shall conduct a forestry workforce study to assist the commission in understanding and addressing challenges in Oregon's forestry workforce.

(3) The study conducted under this section shall:

(a) Identify existing secondary and post-secondary education, training, apprenticeship and workforce development programs that prepare Oregonians for careers in the forestry workforce;

(b) Collect data on participation in, completion of and employment outcomes for programs identified in paragraph (a) of this subsection;

(c) Identify the number, type and location of businesses, nonprofit organizations, education and workforce providers and public entities composing the forestry sector in this state;

(d) Collect data on the number, occupations, industries, wages and demographics of the forestry workforce in this state;

(e) Assess current and projected forestry workforce needs;

(f) Identify challenges faced by the forestry sector in retaining and recruiting the forestry workforce; and

(g) Develop recommendations to enhance the recruitment and retention of the forestry workforce.

(4) When conducting the study under this section, the commission shall:

(a) Assess the current forestry workforce, the workforce's demographics and needs and the community benefits of forestry. The assessment required under this paragraph shall take into consideration state plans and initiatives related to forest health, climate and economic development that may influence the demands on the forestry workforce.

(b) Collaborate with Oregon business associations that represent private forest employers and forest management enterprises to assess the future forestry workforce capacity requirements, as well as the potential impacts, benefits and opportunities for the forestry workforce.

(c) Consult with state and federal economic development, labor, employment and licensing agencies to account for current tracking and monitoring techniques for the forestry workforce and to ensure that the study is not duplicative of other studies.

(d) Consult with state and federal natural resource agencies to align priorities and understand future forestry workforce needs.

(e) Consult with state training and education agencies to fully understand career pathways and training opportunities for the forestry workforce.

(5) The commission may enter into a contract with a public or private entity for the purpose of conducting the study described in this section.

(6) The commission shall submit a report in the manner provided by ORS 192.245 to the interim committees of the Legislative Assembly related to natural resources, education and higher education no later than June 30, 2025.

SECTION 41. Section 40 of this 2024 Act is repealed on January 2, 2026.

SECTION 42. In addition to and not in lieu of any other appropriation, there is appropriated to the Higher Education Coordinating Commission, for the biennium ending June 30, 2025, out of the General Fund, the amount of \$300,000, for the purpose of the study described in section 40 of this 2024 Act.

TRANSFER COUNCIL SUBCOMMITTEES

SECTION 43. ORS 192.690 is amended to read:

192.690. (1) ORS 192.610 to 192.705 do not apply to any of the following:

(a) Deliberations of the Psychiatric Security Review Board or the State Board of Parole and Post-Prison Supervision.

(b) Deliberations of state agencies conducting hearings on contested cases in accordance with the provisions of ORS chapter 183.

(c) Deliberations of the Workers' Compensation Board or the Employment Appeals Board of similar hearings on contested cases.

(d) Meetings of the state lawyers assistance committee operating under the provisions of ORS 9.568.

(e) Meetings of the personal and practice management assistance committees operating under the provisions of ORS 9.568.

(f) Meetings of county child abuse multidisciplinary teams required to review child abuse cases in accordance with the provisions of ORS 418.747.

(g) Meetings of child fatality review teams required to review child fatalities in accordance with the provisions of ORS 418.785.

(h) Meetings of peer review committees in accordance with the provisions of ORS 441.055.

(i) Mediation conducted under ORS 36.252 to 36.268.

(j) Any judicial proceeding.

(k) Meetings of the Oregon Health and Science University Board of Directors or its designated committee regarding candidates for the position of president of the university or regarding sensitive business, financial or commercial matters of the university not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures or related to the sale or other dispo-

sition of, or substantial change in use of, significant real or personal property, or related to health system strategies.

(L) Oregon Health and Science University faculty or staff committee meetings.

(m) Meetings of Transfer Council subcommittees that are established under ORS 350.426 and that relate to the common course numbering system and the coordination, establishment, alignment, effectiveness and maintenance of foundational curricula.

[(m)] **(n)** Communications between or among members of a governing body that are:

(A) Purely factual or educational in nature and that convey no deliberation or decision on any matter that might reasonably come before the governing body;

(B) Not related to any matter that, at any time, could reasonably be foreseen to come before the governing body for deliberation and decision; or

(C) Nonsubstantive in nature, such as communication relating to scheduling, leaves of absence and other similar matters.

(2) Because of the grave risk to public health and safety that would be posed by misappropriation or misapplication of information considered during such review and approval, ORS 192.610 to 192.705 shall not apply to review and approval of security programs by the Energy Facility Siting Council pursuant to ORS 469.530.

EDUCATION FOR OCCUPATIONAL OR PROFESSIONAL LICENSE

SECTION 44. ORS 670.280 is amended to read:

670.280. (1) As used in this section:

(a) "License" includes a registration, certification or permit.

(b) "Licensee" includes a registrant or a holder of a certification or permit.

(2) Except as provided in ORS 342.143 (3) or 342.175 (3), a licensing board, commission or agency may not deny, suspend or revoke an occupational or professional license solely for the reason that the applicant or licensee has been convicted of a crime, but it may consider the relationship of the facts which support the conviction and all intervening circumstances to the specific occupational or professional standards in determining the fitness of the person to receive or hold the license. There is a rebuttable presumption as to each individual applicant or licensee that an existing or prior conviction for conduct that has been classified or reclassified as a Class E violation does not make an applicant for an occupational or professional license or a licensee with an occupational or professional license unfit to receive or hold the license.

(3) Except as provided in ORS 342.143 (3) and 342.175 (3), a licensing board, commission or agency may deny an occupational or professional license or impose discipline on a licensee based on conduct that is not undertaken directly in the course of the licensed activity, but that is substantially related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required. In determining whether the conduct is substantially related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required, the licensing board, commission or agency shall consider the relationship of the facts with respect to the conduct and all intervening circumstances to the specific occupational or professional standards. There is a rebuttable presumption as to each individual applicant or licensee that an existing or prior conviction for conduct that has been classified or reclassified as a Class E violation is not related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required.

(4)(a) Prior to beginning an education, a training or an apprenticeship program for an occupational or professional license, a person who was convicted of a crime may petition a licensing board, commission or agency for a determination as to whether a criminal conviction will prevent the person from receiving an occupational or professional license. The licensing board, commission or agency may charge a reasonable fee to pay the costs of making the determination.

(b) A determination from a licensing board, commission or agency that a criminal conviction will not prevent the person from obtaining an occupational or professional license may be rescinded if, at the time the person submits a complete application, the person:

(A) Has allegations or charges pending in criminal court;

(B) Has failed to disclose a previous criminal conviction;

(C) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or

(D) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

(c) A licensing board, commission or agency shall reconsider a determination that a criminal conviction will prevent the person from obtaining an occupational or professional license if the person submits a completed application for an occupational or professional license.

(d) A determination made under this subsection:

(A) Shall be made by the same entity that reviews completed applications for an occupational or professional license for the licensing board, commission or agency;

(B) Shall be subject to the same confidentiality requirements that are applicable to completed applications for an occupational or professional license for the licensing board, commission or agency; and

(C) Is not considered a final determination of the licensing board, commission or agency.

(e) Nothing in this subsection prohibits a licensing board, commission or agency from denying licensure for a reason other than conviction of a crime.

(f) A licensing board, commission or agency may adopt rules necessary to implement the provisions of this subsection.

(g) This subsection does not apply to the Department of Public Safety Standards and Training or to any regulation of psilocybin services.

SECTION 44a. (1) The amendments to ORS 670.280 by section 44 of this 2024 Act become operative on July 1, 2025.

(2) Notwithstanding the operative date set forth in subsection (1) of this section, a licensing board, commission or agency may choose to make determinations as described in ORS 670.280 (4) before the operative date set forth in subsection (1) of this section.

RECOVERY SCHOOLS

SECTION 45. ORS 336.680 is amended to read:

336.680. (1) As used in this section, "approved recovery school" means a school that is under an agreement with the Department of Education to provide students enrolled in the school with a holistic approach to:

(a) Educational services for grades 9 through 12; and

(b) Health care services related to recovery from substance use disorders.

(2) The department shall provide or cause to be provided appropriate education for students enrolled in an approved recovery school. For the purpose of paying the costs of providing education to students enrolled in an approved recovery school, the Superintendent of Public Instruction shall make the following:

(a) Payments from amounts available from the State School Fund under ORS 327.029.

(b) Payments from the Statewide Education Initiatives Account, as provided by rule adopted by the State Board of Education in collaboration with the advisory committee convened under ORS 336.685. The rules adopted as provided by this paragraph may include a minimum amount, a maximum amount or both for approved recovery schools.

(3) The Superintendent of Public Instruction may contract with a school district, an education service district or a public charter school to provide or cause to be provided appropriate education to students enrolled in an approved recovery school. Unless otherwise specified, any educational services provided under a contract entered into under this subsection shall be paid as described in this section and not by any other state moneys distributed based on average daily membership that are available to the school district, education service district or public charter school for the purpose of providing educational services.

(4) The State Board of Education shall adopt by rule the standards for a recovery school to become and operate as an approved recovery school. The standards must provide that:

(a) The recovery school must align, to the extent identified by the board, with standards for accreditation established by a nonprofit accrediting organization composed of representatives of recovery schools and individuals who support the growth of recovery schools. The standards must include requirements that:

(A) The recovery school, in compliance with timelines established by the department, be accredited by a nonprofit accrediting organization that establishes standards for recovery schools. Nothing in this subparagraph requires the recovery school to be accredited at the time the superintendent first enters into a contract with the recovery school.

(B) Student enrollment in the recovery school is voluntary. No school district or state or local agency may compel or otherwise require a student to enroll in a recovery school. Students enrolled in an approved recovery school may not be counted in determining the number of pupils in average daily membership for purposes of ORS 334.175 (5).

(C) All students who reside in this state and who meet the eligibility criteria established under subsection (8) of this section may enroll in an approved recovery school if space is available. If space is not available, the approved recovery school may prioritize for enrollment student groups identified in ORS 327.180 (2)(b).

(D) The school district, education service district or public charter school with which the department has entered into a contract for a recovery school must agree to award high school diplomas, modified diplomas, extended diplomas and alternative certificates as provided by ORS 329.451 and 339.877. An entity that awards high school diplomas as provided by this subparagraph:

(i) May not impose requirements for a high school diploma that are in addition to the requirements prescribed by ORS 329.451 (2)(a) or by rule of the State Board of Education; and

(ii) Must accept any credits previously earned by students in another school or educational program in this state and apply those credits toward the requirements prescribed by ORS 329.451 (2)(a) or by rule of the State Board of Education.

(E) Except as provided by [subparagraph (F)] **subparagraphs (F) and (G)** of this paragraph, the recovery school must satisfy the same laws that apply to public charter schools under ORS 338.115.

(F) All administrators and teachers at the recovery school must be licensed by the Teacher Standards and Practices Commission.

(G) An approved recovery school is not required to comply with the enrollment requirements prescribed by ORS 338.115 (1)(bb) or (5).

(H) An approved recovery school must comply with the requirements of the uniform budget and accounting system adopted by rule of the State Board of Education under ORS 327.511.

(b) Recovery schools will be approved, to the greatest extent practicable, in a manner that:

(A) Represents a geographic distribution across this state; and

(B) Takes into consideration the needs for services by the community in which the recovery school would be located.

(5) Any school that provides the services of a recovery school may enter into a contract with the superintendent to become an approved recovery school, including schools already providing the services of a recovery school and schools that are proposing to provide the services of a recovery school.

(6) An approved recovery school may enter into agreements with other entities, including community-based organizations and federally recognized tribes of this state, for the purposes of providing educational and health care services to students enrolled in the approved recovery school.

(7)(a) The department shall be responsible for:

(A) Identifying, locating and evaluating students enrolled in an approved recovery school who may be in need of special education and related services; and

(B) Ensuring that eligible students receive special education and related services.

(b) For the purpose of this subsection, the department may enter into a contract with a school district or an education service district.

(8) The department shall establish eligibility criteria for students to enroll in an approved recovery school, based on input from the advisory committee convened under ORS 336.685 and based on research from a nonprofit organization composed of representatives of recovery schools and individuals who support the growth of recovery schools and other relevant organizations.

(9) For the purposes of administering this section:

(a) The State Board of Education shall adopt any necessary rules.

(b) The department shall collaborate with the Oregon Health Authority, the Youth Development Division, the Alcohol and Drug Policy Commission, the Oregon Youth Authority, the Department of Human Services and local public health and mental health authorities or providers and shall coordinate, to the greatest extent practicable, funding of services provided in relation to approved recovery schools.

(10) Each biennium, the Department of Education shall prepare a report on the progress, successes and challenges of approved recovery schools and submit that report to:

(a) The interim committees of the Legislative Assembly related to education; and

(b) The advisory committee convened under ORS 336.685.

EMPLOYMENT OF CLASSIFIED SCHOOL EMPLOYEES

SECTION 46. ORS 332.544 is amended to read:

332.544. (1) As used in this section, "classified school employee" includes all employees of a school district **in a position represented by a collective bargaining unit**, except those for whom a teaching or administrative license is required as a basis for employment in a school district.

(2) A classified school employee shall have the right to be dismissed, demoted or disciplined only for just cause.

(3) School district employees subject to the civil service provisions of ORS 242.310 to 242.640 are exempt from the provisions of this section.

SECTION 47. ORS 334.231 is amended to read:

334.231. (1) As used in this section, "classified school employee" includes all employees of an education service district **in a position represented by a collective bargaining unit**, except those for whom a teaching or administrative license is required as a basis for employment in an education service district.

(2) A classified school employee shall have the right to be dismissed, demoted or disciplined only for just cause.

SUBSTITUTE TEACHER PAY

SECTION 48. ORS 342.610 is amended to read:

342.610. (1)(a) A teacher employed as a substitute teacher may not be paid less per day than 85 percent of 1/190th of the statewide average salary of a beginning teacher who holds a bachelor's degree.

(b) The Department of Education shall compute the statewide average salary of a beginning teacher who holds a bachelor's degree to be used for purposes of this subsection by:

(A) Using the latest data available to the department; and

(B) Not using data from earlier than the preceding school year.

(2) A school district shall set the working hours for a substitute teacher and, when a teacher is employed as a substitute teacher for the school district, the school district shall pay the substitute teacher a salary that is:

(a) No less than one-half of the daily minimum salary computed under subsection (1) of this section if the teacher is employed as a substitute teacher for **one-half day or** less than one-half day; or

(b) No less than the daily minimum salary computed under subsection (1) of this section if the teacher is employed as a substitute teacher for **more than** one-half day [*or more*].

(3)(a) Notwithstanding subsection (1) of this section, a teacher employed as a substitute teacher for more than 10 consecutive days in any one assignment for the same teacher shall not be paid after the 10th day of the assignment less per day than:

(A) For school districts with no salary scale, 100 percent of 1/190th of the statewide average salary computed in subsection (1) of this section; or

(B) For school districts with a salary scale, the higher of:

(i) 1/190th of the employing school district's salary for a beginning teacher who holds a bachelor's degree; or

(ii) The daily minimum salary computed under subsection (1) of this section.

(b) Used sick leave, whether paid or unpaid, and weekends, school holidays and days when schools are closed by weather or other conditions and when substitute teachers are not required to appear in person at the school may not be considered in determining consecutive days for purposes of this subsection.

(c) When substituting for a part-time teacher, the part of the day worked by the substitute teacher shall count as a full day in determining consecutive days for purposes of this subsection.

(4) Notwithstanding subsections (1) and (3) of this section, if a school district has a class schedule based on a four-day week:

(a) The daily minimum salary computed under subsection (1) or (3) of this section must be multiplied by 1.125; and

(b) Calculations described in subsection (3) of this section must be made after a teacher has been employed as a substitute teacher for more than eight consecutive days in any one assignment for the same teacher.

(5)(a) A school district shall classify a substitute teaching assignment as a temporary position when the school district determines that a teacher will be employed as a substitute teacher for 60 or more consecutive days in any one assignment for the same teacher.

(b) The designation under paragraph (a) of this subsection must occur either:

(A) At the beginning of the substitute teaching assignment; or

(B) As soon as practicable, but no later than 10 consecutive days, after the school district determines that a substitute teaching assignment will be extended to 60 or more consecutive days.

(c) If a school district has a class schedule based on a four-day week, the school district shall:

(A) Classify a substitute teaching assignment as a temporary position when the school district determines that a teacher will be employed as a substitute teacher for 48 or more consecutive days in any one assignment for the same teacher; and

(B) Make the designation described in paragraph (b)(B) of this subsection when the school district determines that a teacher will be employed as a substitute teacher for 48 or more consecutive days in any one assignment for the same teacher.

(d) Nothing in this subsection prohibits a school district from making the classification required under paragraph (a) or (c) of this subsection after fewer consecutive days.

(6) A teacher employed by a school district as a substitute teacher shall be paid for any training that is required for that teacher to apply for or be assigned to a substitute teaching assignment.

(7) This section does not apply to substitute teachers represented in a bargaining unit in the school district by which they are employed.

SECTION 49. The amendments to ORS 342.610 by section 48 of this 2024 Act apply to hours worked on or after the effective date of this 2024 Act.

EARLY SUCCESS READING INITIATIVE

SECTION 50. ORS 329.832 and 329.837 are repealed.

FISCAL PROVISIONS

SECTION 51. Notwithstanding any other provision of law, the General Fund appropriation made to the Department of Education by section 1 (1), chapter 449, Oregon Laws 2023, for the biennium ending June 30, 2025, for operations, is increased by \$198,739, for the costs associated with implementing sections 1 to 7 of this 2024 Act.

SECTION 52. Notwithstanding any other provision of law, the General Fund appropriation made to the Higher Education Coordinating Commission by section 1 (1), chapter 454, Oregon Laws 2023, for the biennium ending June 30, 2025, for Higher Education Coordinating Commission programs and operations, is increased by \$158,865, for the costs associated with the implementation of section 11 of this 2024 Act.

SECTION 53. Notwithstanding any other provision of law, the General Fund appropriation made to the Legislative Policy and Research Committee by section 15, chapter 383, Oregon Laws 2023, for the biennium ending June 30, 2025, is increased by \$363,817, for the costs associated with the implementation of section 12 of this 2024 Act.

SECTION 54. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (4), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for public health, is increased by \$135,937, for the costs associated with the implementation of section 44 of this 2024 Act.

SECTION 55. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (7), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for state assessments and enterprise-wide costs, is increased by \$7,200, for the costs associated with the implementation of section 44 of this 2024 Act.

MISCELLANEOUS

SECTION 56. The unit captions used in this 2024 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2024 Act.

SECTION 57. This 2024 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect on its passage.

Passed by Senate March 7, 2024

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House March 7, 2024

.....
Dan Rayfield, Speaker of House

Received by Governor:

.....M,....., 2024

Approved:

.....M,....., 2024

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M,....., 2024

.....
LaVonne Griffin-Valade, Secretary of State



International Academy of Neuromusculoskeletal Medicine

Roger A. Russell, DC, MS, DIANM

President, International Academy of Neuromusculoskeletal Medicine

DrRussell@ianmmedicine.com

February 12, 2025

RE: Board Certification Integrity

Dear State Board Executive Director,

The continuous effort spanning more than four decades to improve and define accreditation standards serves as the foundation of this document. We would like to acknowledge the contributions of organizations such as the National Committee for Quality Excellence (NCQA), Institute of Credentialing Excellence (I.C.E.), and others who have been instrumental in this pursuit.

NBCE

The National Board of Chiropractic Examiners (NBCE) is responsible for developing and administering exams to assess the competency of chiropractic candidates, but it does not license or certify chiropractic physicians. Its exams, covering basic and clinical sciences, are used by state licensing boards to help evaluate applicants for licensure. While some early NBCE certificate holders could use the title "Diplomate," this term is no longer permitted to avoid confusion with specialty certifications, which require advanced training beyond the NBCE's basic competency exams. ***Misuse of terms like "NBCE Diplomate" or "Board Certified Chiropractic Physician" can mislead the public, as passing the NBCE exams only confirms minimal competency, not specialized expertise or board certification.*** Board certification in chiropractic involves additional education and specialization, distinguishing it from holding a chiropractic degree or passing NBCE exams. Misrepresenting these credentials may lead to legal consequences.

In the field of neuromusculoskeletal (NMS) medicine, the following terms and definitions are applicable:

Board Certified

To achieve "Board Certified" status in the NMS field, a candidate must successfully complete a minimum of 300 approved hours, as outlined in the IANM Pillars of Practice Documents. This serves as the prerequisite for entering the certification process, which includes a written



International Academy of Neuromusculoskeletal Medicine

examination with a minimum of 150 questions, followed by a series of Objective Structured Clinical Examinations (OSCE). On successful completion, candidates are entitled to use the designation "Board Certified" within the NMS domain. Any other usage of this terminology is strictly prohibited.

Fellowship

The title of "Fellow" is granted on successful completion of an additional 100 approved hours, also based on the IANM Pillars of Practice Documents, along with a 100-item examination and the fulfillment of specific observations and participating with clinical work requirements. The use of this title is restricted to those who have met these standards. The doctor must be board certified by a recognized chiropractic specialty to obtain a fellowship.

Certification

On completion of the Board Certification and Fellowship requirements, candidates will receive a formal certificate issued by the certifying board.

Organizations or academic programs wishing to be recognized by the IANM for their Board Certification credentials may submit evidence of compliance for review.

The following boards are currently recognized as having the authority to confer certification status:

Recognized Independent Board Certifications:

- The International Academy of Neuromusculoskeletal Medicine (DIANM): Formerly the Academy of Chiropractic Orthopedists (DACO) and the American Board of Chiropractic Orthopedists (DABCO). IANM Advanced Specialties include:
 - IANM Forensics
 - IANM Concussion Management
 - IANM Injection Therapy
 - IANM Diagnostic Ultrasound
 - IANM Advanced Practice (DCPCP)
 - IANM Manipulation Under Anesthesia (MUA)
 - IANM Geriatrics
- American Chiropractic Board of Radiology (DACBR)
- American Board of Forensic Professionals (DABFP)
- American Clinical Board of Nutrition (DACBN)
- American Chiropractic Rehabilitation Board (DACRB)
- American Chiropractic Board of Sports Physicians (DACBSP)



International Academy of Neuromusculoskeletal Medicine

Recognized ACA Board Certifications:

- American Board of Chiropractic Acupuncture (DABCA)
- American Board of Chiropractic Internists (DABCI)
- American Chiropractic Neurology Board (DACNB)
- Chiropractic Board of Clinical Nutrition (DCBCN)
- American Chiropractic Board of Occupational Health (DABCN)
- American Board of Chiropractic Pediatrics (DABCP)

We recommend that state licensing boards and regulatory agencies carefully review the standards for Board Certification to safeguard public interest by ensuring adherence to these established requirements. Providers who utilize these credentials without undergoing the recognized certification process may be subject to investigation for fraud or unprofessional conduct.

Primary Source Verification

As a routine procedure, the IANM frequently receives requests for primary source verification (PSV). These requests come from provider panels, insurance carriers verifying Board Certified status and current Maintenance of Credential (MOC) standings, state and local licensing boards, and public members verifying advertising claims. In cases where unauthorized use, credential creep, or fraud is suspected, the IANM notifies state licensing boards as a courtesy. We encourage state agencies to contact us for primary source verification when needed.

Concern for Faux “Board Certification”

Unfortunately, there are several entities that are misusing the term Board Certification. There is a need to define the rigorous standards traditionally required for such a credential and demonstrate how this course falls short in comparison.

Key Points Explaining the Misrepresentation:

1. **Inadequate Training Hours:** True Board Certification in any medical specialty typically requires extensive, formalized training involving hundreds to thousands of hours. For example, in the Neuromusculoskeletal (NMS) realm, board certification requires at least 300 approved hours of training, followed by comprehensive exams and clinical assessments. For example, short video programs and a weekend class would obviously lack the depth of training, education, and practical experience that is the cornerstone of legitimate certification.
2. **Absence of Comprehensive Examination:** Legitimate Board Certification exams, like those in NMS, often involve a rigorous written examination and clinical skills assessments such as Objective Structured Clinical Examinations (OSCE). These are designed to measure a candidate's competence across a wide range of clinical scenarios.



International Academy of Neuromusculoskeletal Medicine

In contrast, a course with a basic online exam does not sufficiently test the hands-on skills or in-depth knowledge typically required for true Board Certification. A Board Certification implies mastery of a specialty, not simply completing a short online course and passing a study guide-based exam.

3. **Lack of Clinical and Practical Oversight:** True board certification often requires supervised clinical experience and peer-reviewed performance metrics in a relevant field. Many of these courses lack any requirement for clinical observance or supervised training. In legitimate certification processes, direct, hands-on patient care and clinical evaluations are essential components, ensuring that the physician is capable of safely and effectively applying the learned techniques.
4. **Misuse of the Term "Board Certification":** The term "Board Certification" is a protected and well-established term in medical fields. It represents the highest level of professional competence within a specialty, certified by a recognized board of specialists who evaluate both knowledge and skill. The usage of the term in the context of a brief course devalues the rigorous standards typically associated with it and can mislead the public and healthcare providers into overestimating the expertise of course participants.
5. **Promotion of Commercial Interests:** Some of these courses promote utilization of their products, raising concerns about the commercial nature of the program. Board Certification should be a purely educational and credentialing process based on clinical competency, not associated with specific commercial products or treatment devices. This intertwining of educational content and product promotion further undermines the credibility of the certification.
6. **Insufficient Accreditation and Oversight:** There should be oversight by recognized accrediting bodies, such as the International Academy of Neuromusculoskeletal Medicine (IANM), American Board of Chiropractic Specialties (ABCS), American Board of Medical Specialties (ABMS) or the Accreditation Council for Graduate Medical Education (ACGME). True board certifications are regulated by established organizations that ensure the certification process meets high standards of medical education and practice.

Conclusion:

Given the significant discrepancy between the standards of legitimate Board Certification and the requirements of many brief courses, the International Academy of Neuromusculoskeletal Medicine (IANM), along with all legitimate chiropractic board specialties, strongly calls on state licensing boards and regulatory agencies to implement greater oversight and regulation of the use of the term "Board Certification." The public must be protected from misleading credentials that falsely suggest a high level of expertise. We urge state boards to ensure that only physicians who have undergone rigorous, accredited certification processes are permitted to use the title "Board Certified," and to investigate any misuse of this designation as a potential case of fraud or unprofessional conduct. By enforcing these standards, the integrity of chiropractic / medical credentials can be preserved, ensuring the highest quality of care for patients.



International Academy of Neuromusculoskeletal Medicine

The IANM recommends the following:

- Minimum of 300 hours
- Appropriate testing procedures, inclusive of a rigorous written examination and Objective Structured Clinical Examinations (OSCE).
- Valid certification through the International Academy of Neuromusculoskeletal Medicine (IANM), American Board of Chiropractic Specialists (ABCS), or other recognized agencies approved by the state board.

We appreciate your attention to these important standards and welcome any further inquiries you may have.

Sincerely,

Roger A. Russell, DC, MS, DIANM
President, IANM



Letter of Request

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Mon 4/14/2025 9:33 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

 1 attachment (69 KB)

State Board Letter 2025.docx;

From: Fiona Santiago <msfiona@ianmmedicine.org>

Sent: Wednesday, February 12, 2025 7:37 AM

To: OBCE Oregon * BCE <info@obce.oregon.gov>

Subject: Letter of Request

You don't often get email from msfiona@ianmmedicine.org. [Learn why this is important](#)

Dear Executive Director,

Please take a look at the attached letter regarding board certification and fellowships.

The Academy of Chiropractic Orthopedists (dba), also known as the International Academy of Neuromusculoskeletal Medicine (IANM), has noticed unqualified programs calling themselves board-certified or fellows with little or no academic scrutiny.

These faux or quasi-programs degrade the profession, give the public a false sense of qualifications, and inflate their credentials.

Thank you for presenting this to your board. If you have any questions, please don't hesitate to contact me.

Sincerely,



Roger Russell DC, MS, DIANM

President, IANM



Outlook

Informal feedback - OBCE strategic plan

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>**Date** Tue 4/15/2025 2:30 PM**To** PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

2 attachments (887 KB)

OBCE_StrategicPlan_Reviewed.pdf; Criteria_AgencyStrategicPlans.pdf;

From: INITIATIVES Strategic * DAS <strategic.initiatives@DAS.oregon.gov>**Sent:** Wednesday, February 26, 2025 6:03 PM**To:** MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>**Subject:** Informal feedback - OBCE strategic plan

Dear agency director,

Thank you again for submitting your updated strategic plan to meet the Governor's expectation. Strategic plans are important to help agencies define priorities, identify opportunities, mitigate risks and align resources and activities efficiently. Your commitment to mission and strategic vision for your agency is much appreciated.

I'm writing to share feedback on your specific plan. Since plans were submitted in June of 2024, our team reviewed each of them. We adapted criteria from Government Accountability Office publications to look for components that might be expected of a "complete" strategic plan. Our review used the lens of strategic planning as a management resource while not assessing specifics connected to agency mission (for example, we assessed if a plan includes agency priorities but did not assess the choice to include any specific priority). Attached you will find a packet that contains a summary of our feedback as well as the copy of your plan that was reviewed.

In terms of next steps, no specific action is requested in response to this review. This feedback is intended as an informal assessment to inform future planning efforts—it is not a grade of performance. This June, agencies are scheduled to submit updates on progress implementing strategic plans. These updates will not require a response to the feedback shared today and our team will provide a template for the progress update in the coming weeks.

If you have any questions, feel free to respond to this email and our team would be happy to meet with you to have a discussion.

Thank you again for your partnership,

MM

Mary R. MollerChief of [Strategic Initiatives and Enterprise
Accountability](#)

(503) 551-9193

Pronouns: she, her, hers



Oregon Board of Chiropractic Examiners

Strategic Plan

Cassandra C. McLeod-Skinner, J.D., Executive Director
530 Center Street, Suite 620
Salem, OR 97301
503 373-1620

July 1, 2023 – June 30, 2025
Board Adopted May 15, 2024

I. Agency Mission, Vision, and Values

<p>The business we are in</p>	<p style="text-align: center;">Agency Mission:</p> <p>The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic. (2019)</p>
<p>What we want to be known for</p>	<p style="text-align: center;">Vision</p> <p>To protect the health, safety, and welfare of the public in all matters of chiropractic care by setting a national standard in educating, licensing, and regulating our licensees.</p>
<p>What beliefs guide our actions</p>	<p style="text-align: center;">Values</p> <ol style="list-style-type: none"> 1. Integrity – a commitment to acting honestly, ethically, and fairly. 2. Accountability – a willingness to accept responsibility for actions in a transparent manner. 3. Excellence – an expectation of the highest quality work and innovation. 4. Professionalism – a dedication to provide equitable, caring service to all Oregonians with compassion and respect. 5. Equity – create and foster a consistent environment where everyone has access and opportunity to thrive.

II. Agency Affirmative Action Contacts

Agency Executive Director

Cassandra C. McLeod-Skinner, J.D.

cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

Governor’s Policy Advisor

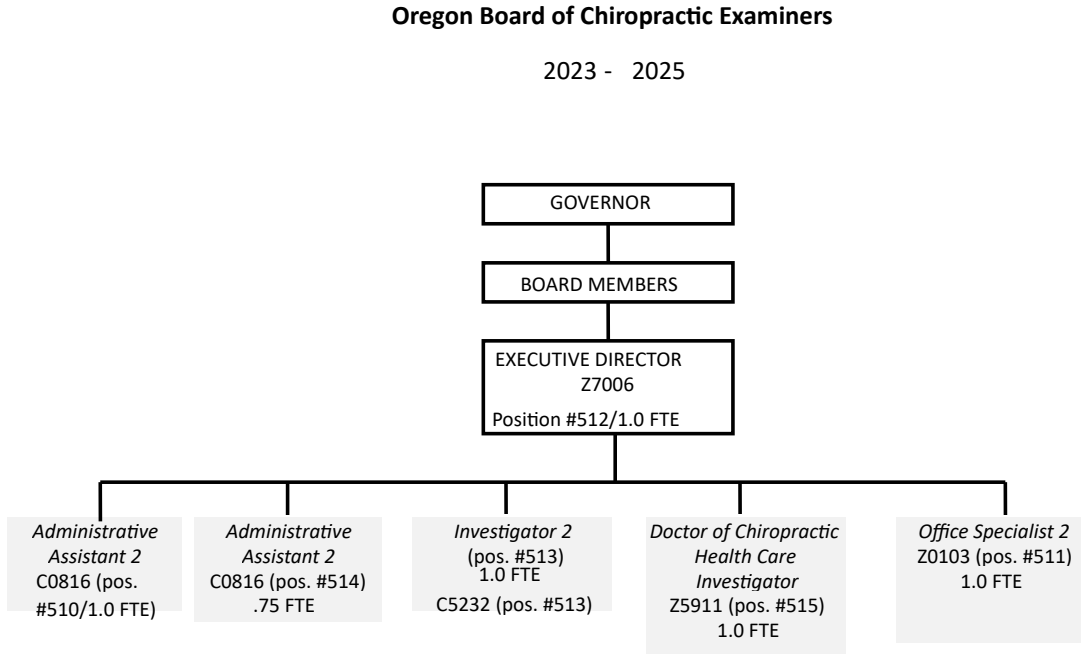
Kristina Narayan

Kristina.narayan@oregon.gov, 503-689-0893

DEI & Affirmative Action Representative

Cassandra C. McLeod-Skinner, J.D., Executive Director
cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

III. Organizational Chart



IV. Agency Function

The Board of Chiropractic Examiners (OBCE or Board) is comprised of a seven member board and 6 staff members. The Board members are nominated by the Governor and confirmed by the Senate. Although our staff is rather small (5.75 FTE), we are diverse in ethnicity, age, gender, religion, sexual orientation, and ability. We strive to broaden the outreach that CHRO does on our behalf for temporary or permanent hires by including local community college career centers as well as transitional programs for job posting locations and prioritizing the ability to work in multiple languages.

The authority and responsibilities of the OBCE are contained in Oregon Revised Statutes (ORS) Chapter 676 (Health Professions Generally), ORS Chapter 684 (Chiropractors) and in Oregon Administrative Rules (OAR) Chapter 811. The

primary program activities are Licensing, Investigation, Compliance, and Administration.

V. Affirmative Action Statement

The OBCE is committed to achieving a work force that represents the diversity of Oregon's population and to providing fair and equal employment opportunities. The Board is committed to an affirmative action program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability. The Board provides an environment for each applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, gender, sexual orientation, national origin, age, marital status or disability. The Board employment practices are consistent with the State's Affirmative Action Statement Guidelines and with state and federal laws, which preclude discrimination.

Accordingly, the OBCE shall:

- A. Maintain a policy of equal treatment and equality of opportunity in employment for all applicants and employees in its employment decisions.
- B. Apply all terms, conditions, benefits, and privileges of employment with the agency to all applicants and employees regardless of race, color, religion, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, FMLA/OFLA leave status, military leave status, disability, or any other reason prohibited by the law or policy of the state or federal government.
- C. Engage in efforts improve the workforce pipeline and diversity of the profession, including through collaboration with agency partners.

The Executive Director will communicate the plan to every employee via email and at an all staff meeting. The Director will review hiring and promotion patterns and job descriptions with our HR Business Partner within DAS CHRO with a goal of identifying and removing any barriers to equal employment opportunities. This partnership will also ensure that the agency's DEI/Affirmative Action Statement is posted on the agency's website and is effectively communicated to the Board's employees.

VI. Diversity, Equity, and Inclusion Statement

The Governor's Office, and the OBCE, recognize "diversity as the collective mixtures of our differences and similarities. These differences are viewed as a strength that maximizes the state's competitive advantage through innovation, effectiveness, and adaptability. Equity is a value and goal, not a process. It allows all individuals to thrive and reach their full potential. Inclusion is leveraging diversity

which builds and sustains a culture in which people are engaged and motivated. Ultimately, inclusion is the environment that people create to allow these differences to thrive.” (See p. 32, *2017-2019 Affirmative Action Biennial Report*, Office of Governor Kate Brown, Diversity, Equity, and Inclusion/Affirmative Action).

As such, the OBCE is committed to establishing, monitoring, and maintaining a work environment where all employees and Board members are given opportunities to develop, treated with respect and integrity and feel part of the Board’s goals and mission. This is accomplished by promoting and retaining diverse staff where everyone feels supported and valued. The Board recognizes that given the small size of its staff, the greatest DEI impact it can have is by identifying and resourcing community engagement with its partners to help achieve the profession’s goals for chiropractic workforce development.

VII. Community Engagement Efforts

While the majority of our licensee base is still white, English speaking, and men, our affected community members and patients are not. As the Executive Director for the agency and Board, I reached out to the state’s only chiropractic school (University of Western States) to learn more about their recruitment and retention practices for BIPOC students and professors. UWS has been in the process of evaluating and updating their recruitment and retention efforts for future classes of chiropractic students who will eventually become eligible for OBCE board membership.

Among those efforts, UWS is hosting the American Black Chiropractic Association’s (ABCA) annual meeting/convention being held at UWS in June 2024. OBCE Staff and Board members will be attending the convention, educating the ABCA members of licensure in Oregon, with the hope of recruiting chiropractic professionals from diverse areas of the country.

We have begun to raise workforce pipeline issues with the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE) and will continue to do so in order to streamline testing and licensure timelines.

VIII. Human Resource Services

The OBCE contracts with Department of Administrative Services (DAS), Chief Human Resource Office (CHRO) for our HR needs in recruiting, performance evaluations, personnel actions, and payroll. We have access to all state and federal employment law documents through that office and all staff and Board members have access to CHRO through our contact person, Reba Dunnington.

IX. Agency Employee Diversity Training/Professional Development

Prior to the onset of COVID in 2020, members of OBCE staff had attended the statewide DEI conference in 2019 and 2020 and brought back insights to other staff

members. The Executive Director was a member of the statewide Enterprise Leadership Team (ELT) and, as such, was also a member of the ELT's DEI subcommittee, working on fostering and promoting recruitment, retention, training, and support for BIPOC employees. The Executive Director was also co-lead for the Department of Administrative Services (DAS)'s DEI Training Advisory Committee to create new and ongoing DEI trainings for all state employees. This work was currently been on hold with changes to DAS's cultural change office and the unknown atmosphere with a new Governor and administration as of November 2022.

Continued professional development and training opportunities ensures that employees are provided with the skills needed to excel in their work, and, therefore, be retained by the agency. The OBCE uses a variety of approaches to establish a climate that supports continuous learning and development through the following:

- Webinars and other interactive online training
- Internal and external training courses
- Establish individual needs and training requests and make those a standard part of the conversation during quarterly check-ins with employees.

Investing in training opportunities for all employees reflects the value and support the Board places on our employees.

X. Affirmative Action Statement Previous Objectives

Goals set and met

1. *Continue to advertise and recruit for diversity for the Board and the Board's committees and have demonstrable results.*

Within the 2019-2021 biennium, the Board recruited and retained 2 female Board members and a female member for our Peer Review Committee. This is the second time in the Board's history, and the second biennia in a row, that the Board consists of a majority of women members and that trend continues, including BIPOC women.

2. *Review the Oregon Health Authority's recommendations for culturally appropriate continuing education and encourage licensees to attend those courses.*

Biannually, the OBCE hosts an Introduction to the Board continuing education class that is required for newly licensed chiropractic physicians within the state. Within that class, we review the importance of cultural competency and provide resources, including a list of OHA's recommendations, for licensees to participate in. For some disciplinary cases, the Board has required that OHA's cultural competency curriculum be utilized.

Additionally, the Executive Director is an alumna of Oregon Health Authority's Office of Equity and Inclusion's DELTA (Developing Leadership through Training and Action) program and participates with past and current members as often as possible.

3. *Propose a Board mandate of cultural competency education as part of its annual renewal continuing education requirements.*

The Board voted to mandate cultural competency CE for all doctors of chiropractic for 2021 and later required, through promulgated rulemaking, that cultural competency continuing education be required for annual license renewal.

4. *Continue to provide information and opportunities for staff to participate in diversity training and multi-cultural events, and seek new opportunities for working with higher education and local ethnic groups.*

In August 2020, the Board President and Executive Director both attended History of Racism in Oregon, a presentation put on by the staff of the Oregon Historical Society. It was such an amazing presentation – a primer for DEI work in the state – that we invited OHS, and they accepted, to present to the full board and staff at our January 2021 board meeting.

The Board will continue to develop strategies to recruit, retain, and promote a diverse staff. The Board recognizes the value of individual and cultural difference and creates a work environment where talents and abilities are valued. If vacancies occur, OBCE will explore new and different venues to promote a diverse pool of applicants, including attending job fairs and trade shows.

5. *Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.*

Staff is provided notices of events that are occurring within state government and throughout the state that they are encouraged to participate in. The agency's Executive Director is involved in many multicultural professional and recreational organizations and share events through those groups with staff as well.

Goals not met or not expected to meet

1. *Identify and implement a Cultural Competency Assessment within the existing budget limitation.*

We have not yet initiated this assessment.

X. Strategic Plan 2023-2025 objectives

Accomplishments that define our success	Key Goal/Objectives <i>Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events.</i>	Key Goal/Objectives <i>Work with UWS and the ABCA to better recruit, retain, and matriculate diverse chiropractic students who will then become eligible for Board membership.</i>	Key Goal/Objectives <i>Review all rules and policies for gender neutral language.</i>	Key Goal/Objectives <i>Review continuing education requirements and recommendations for cultural responsiveness and relevance.</i>
How we achieve the objectives	Strategies/ Initiatives <i>Share events and opportunities available through FCLB, DOJ, DAS, and other organizations. Incorporate educational field trips as part of in-person board meetings.</i>	Strategies/ Initiatives <i>Communication about and participation in ABCA and UWS events.</i>	Strategies/ Initiatives <i>Staff will review each section of our OARs and provide recommended amendments to the Board.</i>	Strategies/ Initiatives <i>Staff will review CE requirements for cultural responsiveness and relevance and provide recommendations to the Board.</i>
How we determine we are making progress	Evaluation/ Measure/Outcomes <i>Educational programming will be recommended to staff and Board members and will be incorporated into our Board meetings at twice per biennium.</i>	Evaluation/ Measure/Outcomes <i>Attendance and participation at ABCA's Annual Conference at UWS in June 2024.</i>	Evaluation/ Measure/Outcomes <i>Full rule review to be completed by end of the 2023-25 biennium.</i>	Evaluation/ Measure/Outcomes <i>Full review to be completed by the end of the 2023-25 biennium.</i>

XI. Agency Demographics

With respect to the demographics of our current staff and Board, the following reflects the current composition of the Board and its staff:

	Gender	Race/Ethnicity	Age Range	Languages Spoken	Sexual Orientation
Board Members	57% female 43% male	71% White; European 14% African American/White 14% Asian/European	14% 25-20 14% 35-40 71% 40-55	100% English	86% heterosexual 14% LGBTQ+
Staff Members	66% female 16% non-binary 16% male	66% White; European 16% Asian; Japanese 16% Hispanic/Latino; Mexican	16% 25-35 33% 35-45 16% 45-55 16% 55-60 16% 60-70	100% English 33% Spanish 16% Japanese 16% Russian	50% heterosexual 33% LGBTQ+ 16% non-report

The OBCE remains committed to its policy on Affirmative Action and Equal Opportunity and to a rigorous and active affirmative action program. My personal commitment to these ideas is represented in the Affirmative Action Statement. Likewise, the Statement represents the Board's commitment to equal opportunity and affirmative action in employment and public service consistent with all applicable federal and state laws, including, but not limited to: Executive Order 11246; Title VII of the Civil Rights Act of 1964; Sections 503 and 504 of the Rehabilitation Act of 1974; the Vietnam Era Veterans Readjustment Assistance Act; and the Americans with Disabilities Act. This Affirmative Action Plan has my complete authorization and commitment.



Cassandra C. McLeod-Skinner, J.D.
Executive Director

05/15/2024

Date



Oregon Board of Chiropractic Examiners

Strategic Plan 2025-27

Cassandra C. McLeod-Skinner, J.D., Executive Director
530 Center Street, Suite 620
Salem, OR 97301
503 373-1620

July 1, 2025 – June 30, 2027
Adopted July 25, 2024

I. Agency Mission, Vision, and Values

<p>The business we are in</p>	<p style="text-align: center;">Agency Mission:</p> <p>The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic. (2019)</p>
<p>What we want to be known for</p>	<p style="text-align: center;">Vision</p> <p>To protect the health, safety, and welfare of the public in all matters of chiropractic care by setting a national standard in educating, licensing, and regulating our licensees.</p>
<p>What beliefs guide our actions</p>	<p style="text-align: center;">Values</p> <ol style="list-style-type: none"> 1. Integrity – a commitment to acting honestly, ethically, and fairly. 2. Accountability – a willingness to accept responsibility for actions in a transparent manner. 3. Excellence – an expectation of the highest quality work and innovation. 4. Professionalism – a dedication to provide equitable, caring service to all Oregonians with compassion and respect. 5. Equity – create and foster a consistent environment where everyone has access and opportunity to thrive.

II. Agency Affirmative Action Contacts

Agency Executive Director

Cassandra C. McLeod-Skinner, J.D.

cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

Governor’s Policy Advisor

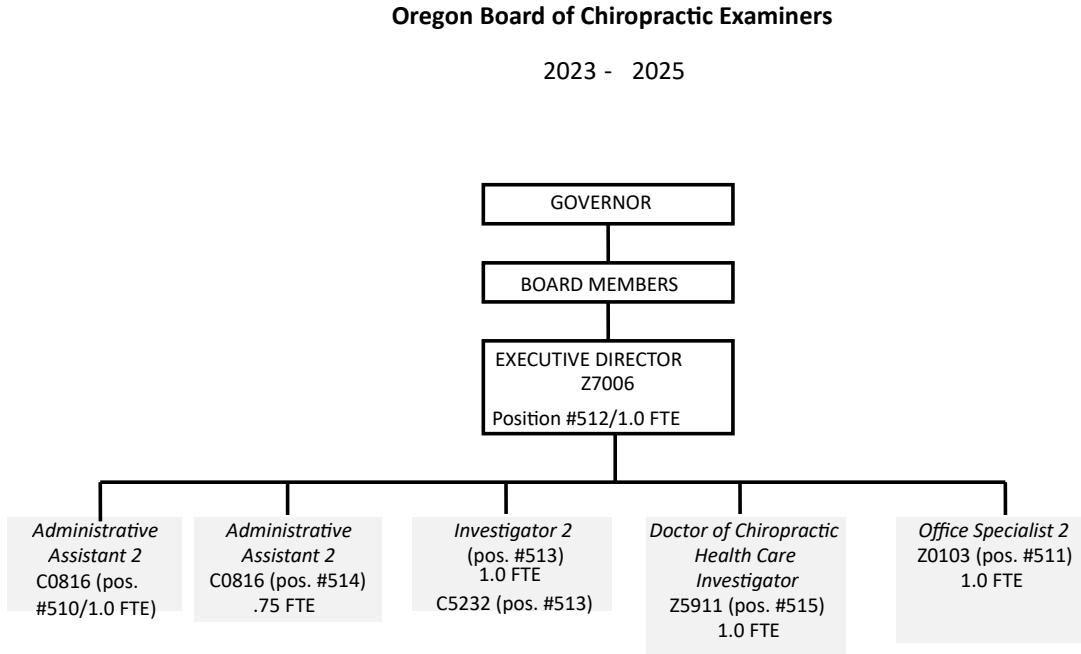
Kristina Narayan

Kristina.narayan@oregon.gov, 503-689-0893

DEI & Affirmative Action Representative

Cassandra C. McLeod-Skinner, J.D., Executive Director
cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

III. Organizational Chart



IV. Agency Function

The Board of Chiropractic Examiners (OBCE or Board) is comprised of a seven member board and 6 staff members. The Board members are nominated by the Governor and confirmed by the Senate. Although our staff is rather small (5.75 FTE), we are diverse in ethnicity, age, gender, religion, sexual orientation, and ability. We strive to broaden the outreach that CHRO does on our behalf for temporary or permanent hires by including local community college career centers as well as transitional programs for job posting locations and prioritizing the ability to work in multiple languages.

The authority and responsibilities of the OBCE are contained in Oregon Revised Statutes (ORS) Chapter 676 (Health Professions Generally), ORS Chapter 684 (Chiropractors) and in Oregon Administrative Rules (OAR) Chapter 811. The

primary program activities are Licensing, Investigation, Compliance, and Administration.

V. Affirmative Action Statement

The OBCE is committed to achieving a work force that represents the diversity of Oregon's population and to providing fair and equal employment opportunities. The Board is committed to an affirmative action program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability. The Board provides an environment for each applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, gender, sexual orientation, national origin, age, marital status or disability. The Board employment practices are consistent with the State's Affirmative Action Statement Guidelines and with state and federal laws, which preclude discrimination.

Accordingly, the OBCE shall:

- A. Maintain a policy of equal treatment and equality of opportunity in employment for all applicants and employees in its employment decisions.
- B. Apply all terms, conditions, benefits, and privileges of employment with the agency to all applicants and employees regardless of race, color, religion, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, FMLA/OFLA leave status, military leave status, disability, or any other reason prohibited by the law or policy of the state or federal government.
- C. Engage in efforts improve the workforce pipeline and diversity of the profession, including through collaboration with agency partners.

The Executive Director will communicate the plan to every employee via email and at an all staff meeting. The Director will review hiring and promotion patterns and job descriptions with our HR Business Partner within DAS CHRO with a goal of identifying and removing any barriers to equal employment opportunities. This partnership will also ensure that the agency's DEI/Affirmative Action Statement is posted on the agency's website and is effectively communicated to the Board's employees.

VI. Diversity, Equity, and Inclusion Statement

The Governor's Office, and the OBCE, recognize "diversity as the collective mixtures of our differences and similarities. These differences are viewed as a strength that maximizes the state's competitive advantage through innovation, effectiveness and adaptability. Equity is a value and goal, not a process. It allows all individuals to thrive and reach their full potential. Inclusion is leveraging diversity

which builds and sustains a culture in which people are engaged and motivated. Ultimately, inclusion is the environment that people create to allow these differences to thrive.” (See p. 32, *2017-2019 Affirmative Action Biennial Report*, Office of Governor Kate Brown, Diversity, Equity, and Inclusion/Affirmative Action).

As such, the OBCE is committed to establishing, monitoring, and maintaining a work environment where all employees and Board members are given opportunities to develop, treated with respect and integrity and feel part of the Board’s goals and mission. This is accomplished by promoting and retaining diverse staff where everyone feels supported and valued. The Board recognizes that given the small size of its staff, the greatest DEI impact it can have is by identifying and resourcing community engagement with its partners to help achieve the profession’s goals for chiropractic workforce development.

VII. Community Engagement Efforts

While the majority of our licensee base is still white, English speaking, and men, our affected community members and patients are not. As the Executive Director for the agency and Board, I reached out to the state’s only chiropractic school (University of Western States) to learn more about their recruitment and retention practices for BIPOC students and professors. UWS has been in the process of evaluating and updating their recruitment and retention efforts for future classes of chiropractic students who will eventually become eligible for OBCE board membership.

Among those efforts, UWS is hosting the American Black Chiropractic Association’s (ABCA) annual meeting/convention being held at UWS in June 2024. OBCE Staff and Board members will be attending the convention, educating the ABCA members of licensure in Oregon, with the hope of recruiting chiropractic professionals from diverse areas of the country.

We have begun to raise workforce pipeline issues with the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE) and will continue to do so in order to streamline testing and licensure timelines.

VIII. Human Resource Services

The OBCE contracts with Department of Administrative Services (DAS), Chief Human Resource Office (CHRO) for our HR needs in recruiting, performance evaluations, personnel actions, and payroll. We have access to all state and federal employment law documents through that office and all staff and Board members have access to CHRO through our contact person, Reba Dunnington.

IX. Agency Employee Diversity Training/Professional Development

Prior to the onset of COVID in 2020, members of OBCE staff had attended the statewide DEI conference in 2019 and 2020 and brought back insights to other staff

members. The Executive Director was a member of the statewide Enterprise Leadership Team (ELT) and, as such, was also a member of the ELT's DEI subcommittee, working on fostering and promoting recruitment, retention, training, and support for BIPOC employees. The Executive Director was also co-lead for the Department of Administrative Services (DAS)'s DEI Training Advisory Committee to create new and ongoing DEI trainings for all state employees. This work was currently been on hold with changes to DAS's cultural change office and the unknown atmosphere with a new Governor and administration as of November 2022.

Continued professional development and training opportunities ensures that employees are provided with the skills needed to excel in their work, and, therefore, be retained by the agency. The OBCE uses a variety of approaches to establish a climate that supports continuous learning and development through the following:

- Webinars and other interactive online training
- Internal and external training courses
- Establish individual needs and training requests and make those a standard part of the conversation during quarterly check-ins with employees.

Investing in training opportunities for all employees reflects the value and support the Board places on our employees.

X. Affirmative Action Statement Previous Objectives

Goals set and met

1. *Continue to advertise and recruit for diversity for the Board and the Board's committees and have demonstrable results.*

Within the 2019-2021 biennium, the Board recruited and retained 2 female Board members and a female member for our Peer Review Committee. This is the second time in the Board's history, and the second biennia in a row, that the Board consists of a majority of women members and that trend continues, including BIPOC women.

2. *Review the Oregon Health Authority's recommendations for culturally appropriate continuing education and encourage licensees to attend those courses.*

Biannually, the OBCE hosts an Introduction to the Board continuing education class that is required for newly licensed chiropractic physicians within the state. Within that class, we review the importance of cultural competency and provide resources, including a list of OHA's recommendations, for licensees to participate in. For some disciplinary cases, the Board has required that OHA's cultural competency curriculum be utilized.

Additionally, the Executive Director is an alumna of Oregon Health Authority's Office of Equity and Inclusion's DELTA (Developing Leadership through Training and Action) program and participates with past and current members as often as possible.

3. *Propose a Board mandate of cultural competency education as part of its annual renewal continuing education requirements.*

The Board voted to mandate cultural competency CE for all doctors of chiropractic for 2021 and later required, through promulgated rulemaking, that cultural competency continuing education be required for annual license renewal.

4. *Continue to provide information and opportunities for staff to participate in diversity training and multi-cultural events, and seek new opportunities for working with higher education and local ethnic groups.*

In August 2020, the Board President and Executive Director both attended History of Racism in Oregon, a presentation put on by the staff of the Oregon Historical Society. It was such an amazing presentation – a primer for DEI work in the state – that we invited OHS, and they accepted, to present to the full board and staff at our January 2021 board meeting.

The Board will continue to develop strategies to recruit, retain, and promote a diverse staff. The Board recognizes the value of individual and cultural difference and creates a work environment where talents and abilities are valued. If vacancies occur, OBCE will explore new and different venues to promote a diverse pool of applicants, including attending job fairs and trade shows.

5. *Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.*

Staff is provided notices of events that are occurring within state government and throughout the state that they are encouraged to participate in. The agency's Executive Director is involved in many multicultural professional and recreational organizations and share events through those groups with staff as well.

Goals not met or not expected to meet

1. *Identify and implement a Cultural Competency Assessment within the existing budget limitation.*

We have not yet initiated this assessment.

X. Strategic Plan 2023-2025 objectives

Accomplishments that define our success	<p>Key Goal/Objectives</p> <p><i>Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events.</i></p>	<p>Key Goal/Objectives</p> <p><i>Work with UWS and the ABCA to better recruit, retain, and matriculate diverse chiropractic students who will then become eligible for Board membership.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review all rules and policies for gender neutral language.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review continuing education requirements and recommendations for cultural responsiveness and relevance.</i></p>
How we achieve the objectives	<p>Strategies/ Initiatives</p> <p><i>Share events and opportunities available through FCLB, DOJ, DAS, and other organizations. Incorporate educational field trips as part of in-person board meetings.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Communication about and participation in ABCA and UWS events.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review each section of our OARs and provide recommended amendments to the Board.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review CE requirements for cultural responsiveness and relevance and provide recommendations to the Board.</i></p>
How we determine we are making progress	<p>Evaluation/ Measure/Outcomes</p> <p><i>Educational programming will be recommended to staff and Board members and will be incorporated into our Board meetings at twice per biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Attendance and participation at ABCA's Annual Conference at UWS in June 2024.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full rule review to be completed by end of the 2023-25 biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full review to be completed by the end of the 2023-25 biennium.</i></p>

XI. Agency Demographics

With respect to the demographics of our current staff and Board, the following reflects the current composition of the Board and its staff:

	Gender	Race/Ethnicity	Age Range	Languages Spoken	Sexual Orientation
Board Members	57% female 43% male	71% White; European 14% African American/White 14% Asian/European	14% 25-20 14% 35-40 71% 40-55	100% English	86% heterosexual 14% LGBTQ+
Staff Members	66% female 16% non-binary 16% male	66% White; European 16% Asian; Japanese 16% Hispanic/Latino; Mexican	16% 25-35 33% 35-45 16% 45-55 16% 55-60 16% 60-70	100% English 33% Spanish 16% Japanese 16% Russian	50% heterosexual 33% LGBTQ+ 16% non-report

The OBCE remains committed to its policy on Affirmative Action and Equal Opportunity and to a rigorous and active affirmative action program. My personal commitment to these ideas is represented in the Affirmative Action Statement. Likewise, the Statement represents the Board's commitment to equal opportunity and affirmative action in employment and public service consistent with all applicable federal and state laws, including, but not limited to: Executive Order 11246; Title VII of the Civil Rights Act of 1964; Sections 503 and 504 of the Rehabilitation Act of 1974; the Vietnam Era Veterans Readjustment Assistance Act; and the Americans with Disabilities Act. This Affirmative Action Plan has my complete authorization and commitment.

Cassandra C. McLeod-Skinner, J.D.
Executive Director

Date

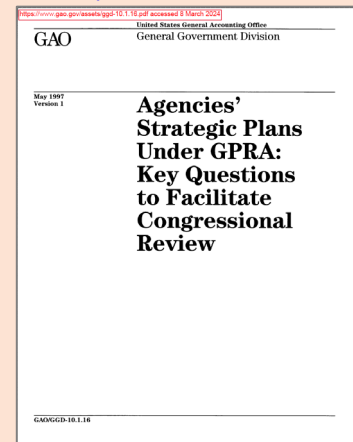
Review Criteria: Agency Strategic Plans



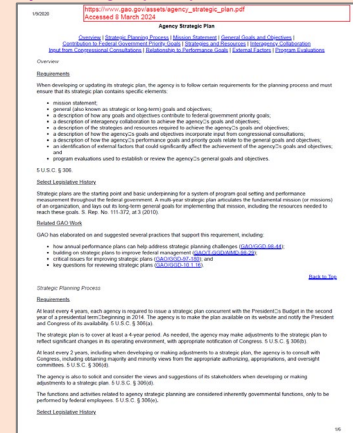
DAS adapted criteria from guidance published by the U.S. Government Accountability Office for oversight of agency strategic plans

	✓	✗	
Mission	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan articulate a clear mission statement that reflects the agency's mandate?
Objectives	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan articulate high-level priorities that align to the organization's mission?
Goals	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan articulate concrete goals that align to stated priorities?
	<input type="checkbox"/>	<input type="checkbox"/>	Are goals Specific Measurable Achievable Relevant Timebound?
Considerations	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan indicate analysis of external factors that could impact achievement of mission?
	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan reflect the agency's DEIB plan?
	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan incorporate the agency's IT Strategic Plan?
Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan describe a process for performance monitoring and accountability?
	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan describe an approach for regular reporting to ensure transparency?
Development process	<input type="checkbox"/>	<input type="checkbox"/>	Did agency engage their community in the development of priority areas?
	<input type="checkbox"/>	<input type="checkbox"/>	Did agency consult with Governor's Policy advisors to shape priorities?

<https://www.gao.gov/assets/ggd/10.1.16.pdf>



https://www.gao.gov/assets/agency_strategic_plan.pdf



Board of Chiropractic Examiners

Agency: Board of Chiropractic Examiners

Reviewer: Rosa Klein

Date: 8/3/2024

Start Year of Plan: 2025-2027

End Year of Plan: unknown

	Question	Decision	Page (PDF)	Notes
Development process	Did the agency engage their community in the development of priority areas?	No		Unclear how priorities were chosen- for update please include a process description
	Did the agency consult with Governor’s Policy advisors to shape priorities?	Yes	2	
Mission	Does the plan articulate a clear mission statement that reflects the agency’s mandate?	Yes	2	
Objectives	Does the plan articulate high-level priorities that align to the organization’s mission?	Yes	8	
Goals	Does the plan articulate concrete goals that align to stated priorities?	Yes	8	
	Are goals specific?	Yes	8	
	Are goals measurable?	Yes	8	
	Are goals achievable?	Yes	8	
	Are goals relevant?	Yes	8	
	Are goals timebound?	Yes	8	
Considerations	Does the plan indicate analysis of external factors that could impact achievement of mission?	No		Not clear what process for creating plan is- please include process section on next
	Does the plan reflect the agency’s DEIB plan?	Yes	3-4	I believe this document is intended to encompass DEI plan, AA plan and Strategic Plan
	Does the plan reflect the agency’s IT Strategic Plan?	No		Not required for this agency
Monitoring	Does the plan describe a process for performance monitoring and accountability?	Yes	8	
	Does the plan describe an approach for regular reporting to ensure transparency?	No	8	I assume that materials will be posted to the board website regularly- for update, please

Board of Chiropractic Examiners

Mission Statement The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic.

Priorities	Subject/Theme of Priority (for cross-agency tracking)
1 Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events.	DEI Training
2 Work with UWS and the ABCA to better recruit, retain, and matriculate diverse ch	Board Recruitment + Retention
3 Review all rules and policies for gender neutral language.	Policy review
4 Review continuing education requirements and recommendations for cultural re	CE requirements Review

Board of Chiropractic Examiners

Agency: Board of Chiropractic Examiners

Reviewer: Zak Ostertag

Date: 7/26/2024

Start Year of Plan: 2023

End Year of Plan: 2025

	Question	Decision	Page (PDF)	Notes
Development process	Did the agency engage their community in the development of priority areas?	Yes	5	
	Did the agency consult with Governor’s Policy advisors to shape priorities?	Yes	2	
Mission	Does the plan articulate a clear mission statement that reflects the agency’s mandate?	Yes	2	
Objectives	Does the plan articulate high-level priorities that align to the organization’s mission?	Yes	8	
Goals	Does the plan articulate concrete goals that align to stated priorities?	Yes	8	
	Are goals specific?	Yes	8	
	Are goals measurable?	Yes	8	
	Are goals achievable?	Yes	8	
	Are goals relevant?	Yes	8	
	Are goals timebound?	No		
Considerations	Does the plan indicate analysis of external factors that could impact achievement of mission?	No		
	Does the plan reflect the agency’s DEIB plan?	Yes	4	
	Does the plan reflect the agency’s IT Strategic Plan?	No		
Monitoring	Does the plan describe a process for performance monitoring and accountability?	Yes	8	
	Does the plan describe an approach for regular reporting to ensure transparency?	No		

Board of Chiropractic Examiners

Mission Statement The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic.

Priorities

Subject/Theme of Priority (for cross-agency tracking)

- | | |
|--|-----------------------|
| 1 Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events | Workforce development |
| 2 Work with UWS and the ABCA to better recruit, retain, and matriculate diverse chiropractic students who will then become eligible for Board membership | Service equity |
| 3 Review all rules and policies for gender neutral language | Regulatory language |
| 4 Review continuing education requirements and recommendations for cultural responsiveness and relevance | DEIB |



Oregon Board of Chiropractic Examiners

Strategic Plan

Cassandra C. McLeod-Skinner, J.D., Executive Director
530 Center Street, Suite 620
Salem, OR 97301
503 373-1620

July 1, 2023 – June 30, 2025
Board Adopted May 15, 2024

I. Agency Mission, Vision, and Values

<p>The business we are in</p>	<p style="text-align: center;">Agency Mission:</p> <p>The mission of the Oregon Board of Chiropractic Examiners is to protect the public by regulating the practice of chiropractic. (2019)</p>
<p>What we want to be known for</p>	<p style="text-align: center;">Vision</p> <p>To protect the health, safety, and welfare of the public in all matters of chiropractic care by setting a national standard in educating, licensing, and regulating our licensees.</p>
<p>What beliefs guide our actions</p>	<p style="text-align: center;">Values</p> <ol style="list-style-type: none"> 1. Integrity – a commitment to acting honestly, ethically, and fairly. 2. Accountability – a willingness to accept responsibility for actions in a transparent manner. 3. Excellence – an expectation of the highest quality work and innovation. 4. Professionalism – a dedication to provide equitable, caring service to all Oregonians with compassion and respect. 5. Equity – create and foster a consistent environment where everyone has access and opportunity to thrive.

II. Agency Affirmative Action Contacts

Agency Executive Director

Cassandra C. McLeod-Skinner, J.D.

cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

Governor’s Policy Advisor

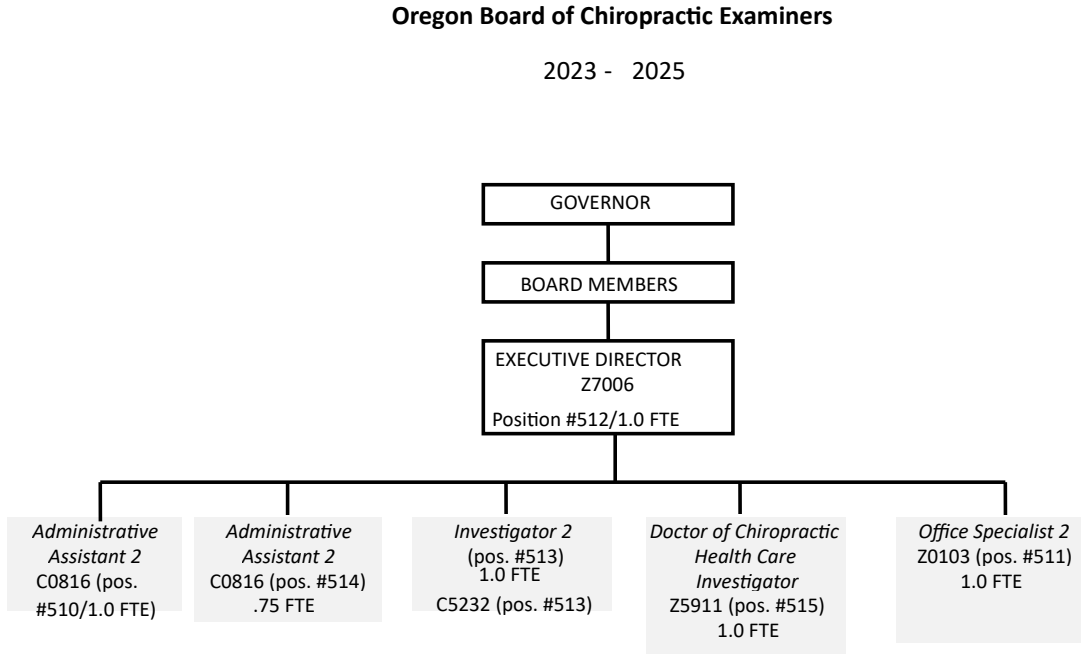
Kristina Narayan

Kristina.narayan@oregon.gov, 503-689-0893

DEI & Affirmative Action Representative

Cassandra C. McLeod-Skinner, J.D., Executive Director
cass.mcleod-skinner@obce.oregon.gov, 503-373-1620

III. Organizational Chart



IV. Agency Function

The Board of Chiropractic Examiners (OBCE or Board) is comprised of a seven member board and 6 staff members. The Board members are nominated by the Governor and confirmed by the Senate. Although our staff is rather small (5.75 FTE), we are diverse in ethnicity, age, gender, religion, sexual orientation, and ability. We strive to broaden the outreach that CHRO does on our behalf for temporary or permanent hires by including local community college career centers as well as transitional programs for job posting locations and prioritizing the ability to work in multiple languages.

The authority and responsibilities of the OBCE are contained in Oregon Revised Statutes (ORS) Chapter 676 (Health Professions Generally), ORS Chapter 684 (Chiropractors) and in Oregon Administrative Rules (OAR) Chapter 811. The

primary program activities are Licensing, Investigation, Compliance, and Administration.

V. Affirmative Action Statement

The OBCE is committed to achieving a work force that represents the diversity of Oregon's population and to providing fair and equal employment opportunities. The Board is committed to an affirmative action program that provides equal opportunities for all persons regardless of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability. The Board provides an environment for each applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, gender, sexual orientation, national origin, age, marital status or disability. The Board employment practices are consistent with the State's Affirmative Action Statement Guidelines and with state and federal laws, which preclude discrimination.

Accordingly, the OBCE shall:

- A. Maintain a policy of equal treatment and equality of opportunity in employment for all applicants and employees in its employment decisions.
- B. Apply all terms, conditions, benefits, and privileges of employment with the agency to all applicants and employees regardless of race, color, religion, age, sex, sexual orientation, gender identity, marital status, national origin, political affiliation, FMLA/OFLA leave status, military leave status, disability, or any other reason prohibited by the law or policy of the state or federal government.
- C. Engage in efforts improve the workforce pipeline and diversity of the profession, including through collaboration with agency partners.

The Executive Director will communicate the plan to every employee via email and at an all staff meeting. The Director will review hiring and promotion patterns and job descriptions with our HR Business Partner within DAS CHRO with a goal of identifying and removing any barriers to equal employment opportunities. This partnership will also ensure that the agency's DEI/Affirmative Action Statement is posted on the agency's website and is effectively communicated to the Board's employees.

VI. Diversity, Equity, and Inclusion Statement

The Governor's Office, and the OBCE, recognize "diversity as the collective mixtures of our differences and similarities. These differences are viewed as a strength that maximizes the state's competitive advantage through innovation, effectiveness, and adaptability. Equity is a value and goal, not a process. It allows all individuals to thrive and reach their full potential. Inclusion is leveraging diversity

which builds and sustains a culture in which people are engaged and motivated. Ultimately, inclusion is the environment that people create to allow these differences to thrive.” (See p. 32, *2017-2019 Affirmative Action Biennial Report*, Office of Governor Kate Brown, Diversity, Equity, and Inclusion/Affirmative Action).

As such, the OBCE is committed to establishing, monitoring, and maintaining a work environment where all employees and Board members are given opportunities to develop, treated with respect and integrity and feel part of the Board’s goals and mission. This is accomplished by promoting and retaining diverse staff where everyone feels supported and valued. The Board recognizes that given the small size of its staff, the greatest DEI impact it can have is by identifying and resourcing community engagement with its partners to help achieve the profession’s goals for chiropractic workforce development.

VII. Community Engagement Efforts

While the majority of our licensee base is still white, English speaking, and men, our affected community members and patients are not. As the Executive Director for the agency and Board, I reached out to the state’s only chiropractic school (University of Western States) to learn more about their recruitment and retention practices for BIPOC students and professors. UWS has been in the process of evaluating and updating their recruitment and retention efforts for future classes of chiropractic students who will eventually become eligible for OBCE board membership.

Among those efforts, UWS is hosting the American Black Chiropractic Association’s (ABCA) annual meeting/convention being held at UWS in June 2024. OBCE Staff and Board members will be attending the convention, educating the ABCA members of licensure in Oregon, with the hope of recruiting chiropractic professionals from diverse areas of the country.

We have begun to raise workforce pipeline issues with the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE) and will continue to do so in order to streamline testing and licensure timelines.

VIII. Human Resource Services

The OBCE contracts with Department of Administrative Services (DAS), Chief Human Resource Office (CHRO) for our HR needs in recruiting, performance evaluations, personnel actions, and payroll. We have access to all state and federal employment law documents through that office and all staff and Board members have access to CHRO through our contact person, Reba Dunnington.

IX. Agency Employee Diversity Training/Professional Development

Prior to the onset of COVID in 2020, members of OBCE staff had attended the statewide DEI conference in 2019 and 2020 and brought back insights to other staff

members. The Executive Director was a member of the statewide Enterprise Leadership Team (ELT) and, as such, was also a member of the ELT's DEI subcommittee, working on fostering and promoting recruitment, retention, training, and support for BIPOC employees. The Executive Director was also co-lead for the Department of Administrative Services (DAS)'s DEI Training Advisory Committee to create new and ongoing DEI trainings for all state employees. This work was currently been on hold with changes to DAS's cultural change office and the unknown atmosphere with a new Governor and administration as of November 2022.

Continued professional development and training opportunities ensures that employees are provided with the skills needed to excel in their work, and, therefore, be retained by the agency. The OBCE uses a variety of approaches to establish a climate that supports continuous learning and development through the following:

- Webinars and other interactive online training
- Internal and external training courses
- Establish individual needs and training requests and make those a standard part of the conversation during quarterly check-ins with employees.

Investing in training opportunities for all employees reflects the value and support the Board places on our employees.

X. Affirmative Action Statement Previous Objectives

Goals set and met

1. *Continue to advertise and recruit for diversity for the Board and the Board's committees and have demonstrable results.*

Within the 2019-2021 biennium, the Board recruited and retained 2 female Board members and a female member for our Peer Review Committee. This is the second time in the Board's history, and the second biennia in a row, that the Board consists of a majority of women members and that trend continues, including BIPOC women.

2. *Review the Oregon Health Authority's recommendations for culturally appropriate continuing education and encourage licensees to attend those courses.*

Biannually, the OBCE hosts an Introduction to the Board continuing education class that is required for newly licensed chiropractic physicians within the state. Within that class, we review the importance of cultural competency and provide resources, including a list of OHA's recommendations, for licensees to participate in. For some disciplinary cases, the Board has required that OHA's cultural competency curriculum be utilized.

Additionally, the Executive Director is an alumna of Oregon Health Authority's Office of Equity and Inclusion's DELTA (Developing Leadership through Training and Action) program and participates with past and current members as often as possible.

3. *Propose a Board mandate of cultural competency education as part of its annual renewal continuing education requirements.*

The Board voted to mandate cultural competency CE for all doctors of chiropractic for 2021 and later required, through promulgated rulemaking, that cultural competency continuing education be required for annual license renewal.

4. *Continue to provide information and opportunities for staff to participate in diversity training and multi-cultural events, and seek new opportunities for working with higher education and local ethnic groups.*

In August 2020, the Board President and Executive Director both attended History of Racism in Oregon, a presentation put on by the staff of the Oregon Historical Society. It was such an amazing presentation – a primer for DEI work in the state – that we invited OHS, and they accepted, to present to the full board and staff at our January 2021 board meeting.

The Board will continue to develop strategies to recruit, retain, and promote a diverse staff. The Board recognizes the value of individual and cultural difference and creates a work environment where talents and abilities are valued. If vacancies occur, OBCE will explore new and different venues to promote a diverse pool of applicants, including attending job fairs and trade shows.

5. *Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.*

Staff is provided notices of events that are occurring within state government and throughout the state that they are encouraged to participate in. The agency's Executive Director is involved in many multicultural professional and recreational organizations and share events through those groups with staff as well.

Goals not met or not expected to meet

1. *Identify and implement a Cultural Competency Assessment within the existing budget limitation.*

We have not yet initiated this assessment.

X. Strategic Plan 2023-2025 objectives

<p>Accomplishments that define our success</p>	<p>Key Goal/Objectives</p> <p><i>Provide information and opportunities for staff and Board members to participate in diversity training and multi-cultural events.</i></p>	<p>Key Goal/Objectives</p> <p><i>Work with UWS and the ABCA to better recruit, retain, and matriculate diverse chiropractic students who will then become eligible for Board membership.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review all rules and policies for gender neutral language.</i></p>	<p>Key Goal/Objectives</p> <p><i>Review continuing education requirements and recommendations for cultural responsiveness and relevance.</i></p>
<p>How we achieve the objectives</p>	<p>Strategies/ Initiatives</p> <p><i>Share events and opportunities available through FCLB, DOJ, DAS, and other organizations. Incorporate educational field trips as part of in-person board meetings.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Communication about and participation in ABCA and UWS events.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review each section of our OARs and provide recommended amendments to the Board.</i></p>	<p>Strategies/ Initiatives</p> <p><i>Staff will review CE requirements for cultural responsiveness and relevance and provide recommendations to the Board.</i></p>
<p>How we determine we are making progress</p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Educational programming will be recommended to staff and Board members and will be incorporated into our Board meetings at twice per biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Attendance and participation at ABCA’s Annual Conference at UWS in June 2024.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full rule review to be completed by end of the 2023-25 biennium.</i></p>	<p>Evaluation/ Measure/Outcomes</p> <p><i>Full review to be completed by the end of the 2023-25 biennium.</i></p>

XI. Agency Demographics

With respect to the demographics of our current staff and Board, the following reflects the current composition of the Board and its staff:

	Gender	Race/Ethnicity	Age Range	Languages Spoken	Sexual Orientation
Board Members	57% female 43% male	71% White; European 14% African American/White 14% Asian/European	14% 25-20 14% 35-40 71% 40-55	100% English	86% heterosexual 14% LGBTQ+
Staff Members	66% female 16% non-binary 16% male	66% White; European 16% Asian; Japanese 16% Hispanic/Latino; Mexican	16% 25-35 33% 35-45 16% 45-55 16% 55-60 16% 60-70	100% English 33% Spanish 16% Japanese 16% Russian	50% heterosexual 33% LGBTQ+ 16% non-report

The OBCE remains committed to its policy on Affirmative Action and Equal Opportunity and to a rigorous and active affirmative action program. My personal commitment to these ideas is represented in the Affirmative Action Statement. Likewise, the Statement represents the Board's commitment to equal opportunity and affirmative action in employment and public service consistent with all applicable federal and state laws, including, but not limited to: Executive Order 11246; Title VII of the Civil Rights Act of 1964; Sections 503 and 504 of the Rehabilitation Act of 1974; the Vietnam Era Veterans Readjustment Assistance Act; and the Americans with Disabilities Act. This Affirmative Action Plan has my complete authorization and commitment.



Cassandra C. McLeod-Skinner, J.D.
Executive Director

05/15/2024

Date

The American Chiropractic Association's mission is to inspire and empower its members to elevate the health and wellness of their communities. To this end, ACA has established the Code of Ethics as a standard of conduct for doctors of chiropractic. The following principles, adopted by the American Chiropractic Association, are based upon acknowledging the profession's responsibilities to the patient and to society. As a member, a fundamental principle of this profession is that a doctor of chiropractic's primary responsibility, first and foremost, is for the benefit of the patient.

I. Doctors of chiropractic should commit to the highest standards of excellence and should attend to their patients in accordance with established best practices.

II. Doctors of chiropractic should maintain the highest standards of professional and personal conduct and should comply with all governmental jurisdictional rules and regulations.

III. Doctor-patient relationships should be built on the principles of mutual respect, trust, and cooperation. The doctor-patient relationship requires the doctor of chiropractic to exercise utmost care to do nothing to exploit the trust and dependency of the patient. Doctors of chiropractic should utilize clear and understandable language regarding the patient's condition when communicating with the patient and/or representatives of the patient. Doctors of chiropractic should not mislead patients into false or unjustified expectations of the results of treatment. Doctors of chiropractic should never misrepresent their education, credentials, professional qualification, or scope of clinical ability.

IV. Doctors of chiropractic should preserve and protect the patient's confidential information, except as the patient directs or consents, or the law requires otherwise.

V. Doctors of chiropractic should employ the principles of shared decision-making and their best good faith efforts to provide accurate information and facilitate understanding to enable the patient to make an informed choice regarding proposed treatment options, including but not limited to services delivered by doctors of chiropractic.

VI. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust.

VII. Doctors of chiropractic should, when available, willingly consult with and/or recommend other health care professionals when this would benefit their patients or when their patients express a desire for such consultation or recommendation.

VIII. Doctors of chiropractic should never neglect nor abandon a patient. Due notice should be afforded to the patient and/or representatives of the patient when care will be withdrawn so that appropriate alternatives for continuity of care may be arranged. If it becomes necessary to cease care of a patient, due notice should be afforded to the patient and/or their representatives and appropriate alternatives for continuity of care should be arranged.

IX. Doctors of chiropractic should recognize the value of culturally competent care and, where appropriate, adjust their treatment and procedures to enhance the inclusion of diverse patient populations in accordance with ACA's published Diversity Statement. Doctors of chiropractic

should recognize the personal, religious, and societal factors that may influence a patient's health care decisions and should not create barriers or discriminate against patients regarding these decisions.

X. Doctors of chiropractic should conduct themselves as members of a learned profession and as members of the greater healthcare community dedicated to the promotion of public health, the prevention of illness and the alleviation of suffering. As such, doctors of chiropractic should collaborate and cooperate with other healthcare professionals to protect and enhance public health with the goals of reducing morbidity, increasing functional capacity, increasing the longevity of the U.S. population, and reducing healthcare costs.

XI. Doctors of chiropractic should adhere to ACA's published Advisory Guidance on Advertising and exercise utmost discretion that advertising is truthful and accurate in representing the doctor's professional qualifications and degree of competence. Advertising, including participation with social media, should not exploit the vulnerability of patients, should not be misleading, deceptive, or fraudulent and should conform to all governmental jurisdictional rules and regulations in connection with professional advertising.

XII. Doctors of chiropractic should report incidents of unprofessional, illegal, incompetent, and unethical acts to appropriate authorities and organizations to protect the patients, the public and the profession.

XIII. Doctors of chiropractic have an obligation to the profession to endeavor to assure that their behavior does not give the appearance of professional impropriety.

XIV. Doctors of chiropractic should utilize established best practices, current guidelines and standards of care when making clinical decisions regarding treatment, laboratory testing, X-ray procedures, and/or nutritional products to assure that that they are in the best interest of the patient and not in conflict with state statute or administrative rulings.

XV. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain the highest standards of scholarship, education, and training in the accurate and full dissemination of information and ideas.

Ratified by the ACA House of Delegates in 2023.

811-015-0025

Continuing Chiropractic Education

(1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.

(2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status.

(a) Chiropractic physician first year initial status – 8 hours which must include the following:

(A) Over-the-counter, non-prescriptive substances – 4 hours;

(B) Evidence-based medicine – 2 hours;

(C) Cultural competency – 1 hour;

(D) Suicide intervention training – 1 hour;

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

(B) Cultural competency – 2 hours;

(C) Suicide intervention training – 1 hour;

(D) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(E) General continuing education – 10 hours;

(c) Chiropractic physician active status - 20 hours which must include the following:

(A) Cultural competency – 2 hours;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 17 hours;

(d) Chiropractic physician senior active status – 6 hours which must include the following;

(A) Cultural competency – 1 hour;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 4 hours;

(e) Chiropractic assistant – 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(C) General continuing education – 5 hours.

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.

(3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records to support the attestation of completed hours.

(4) Courses or activities determined by licensees to meet the criteria herein are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner. The Board will maintain a list of disapproved courses available for review by licensees.

(5) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements.

(6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board's discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.

(7) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:

(a) They do not misrepresent or mislead;

(b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;

(c) They exclude practice-building subjects and the primary purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program's eligibility for CE credit.

(d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;

(e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and

(f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.

(8) The Board may accept a maximum of 6 credit hours from each of the following categories:

(a) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;

(b) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;

(c) Participation as an OBCE board member or on an OBCE committee;

(d) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;

(e) Teaching courses at an accredited health care institution;

(f) Teaching chiropractic continuing education courses;

(g) Professionally licensed staff of the OBCE; and

(h) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.

(9) The Board may accept a maximum of 12 credit hours from each of the following categories:

(a) Participation on a National Board of Chiropractic Examiners' (NBCE) examination; or

(b) NBCE test writing committee.

(10) The Board may accept credit hours from courses, seminars, or other activities. Completion of other activities as chiropractic continuing education is defined as follows:

(a) Continuing medical education (CME);

(b) Video or pre-recorded continuing education courses or seminars, unless specifically required by the Board to be taken in person;

(c) Successful completion of online or in-person college courses related to chiropractic health care taught at an educational institution; and

(d) BLS/CPR/AED courses.

(11) All licensees are required to keep full, accurate, and complete records:

(a) A verification of attendance for all CE courses or activities showing hours claimed for renewal credit, and or proof of completion signed by the sponsor and licensee.

(b) Video or pre-recorded courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor's or presenter's

name/s, total hours claimed for each course, location, and includes the following statement: “I swear or affirm that I viewed or listened to these continuing education courses in their entirety on the dates and times specified in this report.”

(c) A copy of a published article including the date of publication;

(d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.

(e) For licensees claiming CE hours under the provisions of (8)(d), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.

(f) For licensees claiming CE hours under the provisions of (8)(f), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.

(g) For licensees claiming CE hours under the provisions of (8)(g), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.

(12) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities.

(13) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee's compliance with this rule. The Board may issue civil citations for noncompliance of this rule.

(14) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.

(15) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.

(16) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

413.590 Pain management education required of certain licensed health care professionals; duties of Oregon Medical Board; rules.

(1) The following practitioners must complete a pain management education program described in ORS 413.572 (1)(c) or an equivalent pain management education program as described in ORS 675.110, 677.228, 678.101, 684.092, 685.102 or 689.285 at initial licensure and every 36 months thereafter:

- (a) A physician assistant licensed under ORS chapter 677;
- (b) A nurse licensed under ORS chapter 678;
- (c) A psychologist licensed under ORS 675.010 to 675.150;
- (d) A chiropractic physician licensed under ORS chapter 684;
- (e) A naturopath licensed under ORS chapter 685;
- (f) An acupuncturist licensed under ORS 677.759;
- (g) A pharmacist licensed under ORS chapter 689;
- (h) A dentist licensed under ORS chapter 679;
- (i) An occupational therapist licensed under ORS 675.210 to 675.340;
- (j) A physical therapist licensed under ORS 688.010 to 688.201; and
- (k) An optometrist licensed under ORS chapter 683.

(2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients in chronic or terminal pain and who must complete a pain management education program described in ORS 413.572. The board may identify by rule circumstances under which a requirement under this section may be waived. [Formerly 409.560; 2019 c.3 §2; 2021 c.50 §3; 2021 c.349 §15]



Pain management CE requirements

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Mon 4/14/2025 9:29 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

From: LARA Miriam * BCE <Miriam.LARA@obce.oregon.gov>

Sent: Tuesday, February 4, 2025 1:39 PM

To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>

Subject: RE: Pain management CE requirements

We do not require this of applicants. Licensed DCs are required to complete pain management education during their second year renewal.

OAR 811-015-0025(2)(b)

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

Thank you,

Miriam

Compliance Support Specialist

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>

Sent: Tuesday, February 4, 2025 9:31 AM

To: LARA Miriam * BCE <Miriam.LARA@obce.oregon.gov>; GILKER Heather * BCE <Heather.GILKER@obce.oregon.gov>

Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>

Subject: FW: Pain management CE requirements

Miriam and Heather,

How often are DC applicants/licensees currently required to take the Pain Management CE?



Fw: OCA can host CA training links

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Tue 3/4/2025 10:42 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

From: Oregon Chiropractic Association <info@ocanow.com>

Sent: Thursday, February 20, 2025 8:40:11 PM

To: GILKER Heather * BCE <heather.gilker@obce.oregon.gov>

Subject: OCA can host CA training links

You don't often get email from info@ocanow.com. [Learn why this is important](#)

Hi Heather,

It was brought to our attention that OBCE no longer has the CA training listed on your website.

OCA would like to host these training links on our website, if you would be willing to list our website as the place to go for finding CA training.

Please let me know if this is possible or if you have any questions.

Thank you,
Laura Blackburn

--

Oregon Chiropractic Association

info@ocanow.com

ocanow.com

[OCA Events Calendar](#)

[Click here to Register for Convention 2025!](#)

[Book your group rate for Oregon Chiropractic Association](#)

Please note OCA mailing address:

16869 SW 65th Ave, Ste 121

Lake Oswego, OR 97035-7865

811-030-0011

X-Rays

Staff employees of a chiropractic physician may be directed to take X-rays of a patient if they are in possession of a permit issued by the Oregon Board of Medical Imaging, but this permit is limited only to the taking of X-rays.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

811-030-0020

Scope of Radiography in the Chiropractic Practice

- (1) The radiographic diagnostic aspect of chiropractic practice shall include all standard radiographic procedures that do not conflict with ORS 684.025.
- (2) All radiographs shall be of diagnostic quality. Radiographic films are subject to review by the Board to determine quality. Poor quality radiographs may result in disciplinary action.
- (3) X-ray is not to be used for therapeutic purposes.
- (4) Fluoroscopy shall not be used as a substitute for an initial radiographic study and shall be used only with documented clinical justification.
- (5) Chiropractic physicians may order or refer patients for any diagnostic imaging study, including contrast studies using radio-opaque substances. Use of radio-opaque substances for diagnostic X-ray, other than by mouth or rectum, is not permitted.
- (6) Pregnant patients shall not be radiographed unless their symptoms are of such significance that the proper treatment might be jeopardized without the use of such radiographs.
- (7) All critical parts, i.e. fetus, eyes, and thyroid gland, beyond the area of primary examination, shall be shielded.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684

811-030-0030

X-Ray Departments, Equipment and Procedures

- (1) All X-ray departments, equipment, and procedures, including fluoroscopy, shall be in compliance with the current rules and regulations of the Oregon Radiation Protection Services, including, but not limited to: the physical design of the department, occupational exposure, collimation, shielding, exposure charts.
- (2) In addition:
 - (a) The patient shall be an adequate candidate for the radiographic or fluoroscopic procedure employed;
 - (b) The radiographic field shall be restricted to the area of clinical interest;
 - (c) Specialized views shall be used any time the area of clinical interest is not clearly visualized on a standard film;
 - (d) Every exposure, including post-treatment exposures, and scanograms, shall have clinical justification with adequate documentation consistent with the patient's case history;
 - (e) The operator shall maintain a record on each exposure of each patient containing the patient's name, the date, the operator's name or initials, the type of exposure, and the radiation factors of time, mA, kVp and target film distance, including those exposures resulting in the necessity of repeat exposure for better diagnostic information, such as patient motion or poor technical factors. For computerized and automated systems, the recording of technique factors is not necessary as long as the equipment is calibrated and maintained. OAR 333-106-0045 requires the facility to determine the typical patient exposure for their most common radiographic examinations, i.e. technique chart.
 - (f) Each film shall be properly identified by date of exposure, location of X-ray department, patient's name or number, patient's age, right or left marker, postural position marker, and indication of the position of the patient;
 - (g) The patient with tremors must be immobilized;
 - (h) The radiographs of a patient with an antalgic posture may be taken in an upright position only if the patient is adequately supported and immobilized to insure diagnostic quality. Otherwise, the recumbent position shall be used;
 - (i) Upright or postural views shall not be used for any patient whose size exceeds the capacity of the X-ray equipment. Penetration must be adequate on all films;
 - (j) Sectional views shall be taken in preference to a single 14 x 36 inch film if the patient's size or height prevents diagnostic quality on a single 14 x 36 inch film;
 - (k) If two exposures are made on a single film, the area of exposure shall be critically collimated to avoid double exposure of the overlapping area;
 - (l) All views shall employ graduated filtration or adequate devices to attenuate the primary beam for the purpose of reducing unnecessary radiation and to improve film quality. Split screens, gradient

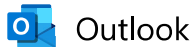
or graded screens, paper light barriers inside the cassette, or any other attenuating device in the beam between the patient and the film shall not be permitted, other than the grid controlling scattered radiation;

(m) A record of radiographic findings on every set of radiographs reviewed shall be included in the patient's permanent file; and

(n) Radiographs shall be kept and available for review for a minimum of seven years or until a minor becomes 18 years of age, whichever is longer.

Statutory/Other Authority: ORS 441 & 684

Statutes/Other Implemented: ORS 684.025, 684.150, 684.155 & 441.059



Fw: Dry Needling Scope

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Tue 3/4/2025 10:55 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

From: JOYCE MCCLURE <drjdm@comcast.net>

Sent: Friday, November 22, 2024 12:22 PM

To: OBCE Oregon * BCE <info@obce.oregon.gov>

Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>

Subject: Dry Needling Scope

Good afternoon Dr. Waggoner and Board Members,

I thought the following American Association of Manipulative Therapy (AAMT) information might be worth a look by our OBCE Board members. In the past, we reviewed dry needling as a technique and determined it was out of scope for licensed chiropractic physicians in Oregon. However, that decision was primarily politically motivated (I was a board member at the time.) Times are changing, the need for expanded public health offerings are upon us; Oregon always has been a leader in regulation and public health for US Chiropractic healthcare.

Given that Oregon DCs are indeed licensed to perform venipuncture and have training in this technique throughout pre-licensure education, as well as the requisite anatomy and physiology, there appears to be no public safety issue to Oregon Licensed Chiropractic Physicians performing this musculoskeletal therapy. We are licensed to penetrate the skin in this instance. Note that physical therapists are allowed to perform this within their scope, and our training is likely superior, or at least comparable. To my knowledge, PTs do NOT have the option to perform minor surgery or obstetrics in any situation.

Therefore, I request the OBCE revisit this technique as an appropriate tool for Oregon licensed chiropractic physicians, *provided they receive any necessary training*, either as part of their Doctor of Chiropractic degree training, or with Board Approved postgraduate certification/training. A precedent already can be found in many other states. Here is a link from FCLB listing each state. Oregon is now in the minority that prohibits dry needling:

https://fclb.org/files/publications/1638892911_dry-needling---dcboard-of-chiropractic.pdf

Many thanks in advance for your consideration of this technique.

Sincerely,

Joyce D McClure DC DACRB

----- Original Message -----

From: "American Academy of Manipulative Therapy (AAMT)"
<james.dunning@spinalmanipulation.org>

To: drjdm@comcast.net

Date: 11/19/2024 5:27 PM PST

Subject: Dry Needling Certification | Washington State

[View this email in your browser](#)

Get Certified in Dry Needling® (Cert. DN) by the Worldwide Leaders.

The following in-person **AAMT dry needling courses** are confirmed for
Washington state. Limited spots are available. All courses are approved by

WA Board of Physical Therapy, WA DOH, and BOC (NATA). DN-1, DN-2 and DN-3 provides 81 hours of in-person training in dry needling which meets the 75-hour requirement for WA State.

DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Disorders (27 hrs/CEUs)

[DN-1 Bellevue, WA: December 13-15, 2024](#)

[DN-1 Tacoma, WA: January 24-26, 2025](#)

[DN-1 Seattle, WA: February 21-23, 2025](#)

[DN-1 Spokane, WA: March 28-30, 2025](#)

DN-2: Dry Needling for Lumbopelvic & Lower Extremity Disorders (27 hrs/CEUs)

[DN-2 Spokane, WA: December 13-15, 2024](#)

[DN-2 Seattle, WA: January 24-26, 2025](#)

[DN-2 Bellevue, WA: February 14-16, 2025](#)

[DN-2 Tacoma, WA: March 7-9, 2025](#)

DN-3: Ultrasound-Guided Dry Needling for Spine & Extremity Musculoskeletal Conditions (27 hrs/CEUs)

[DN-3 Bellevue, WA: April 25-27, 2025](#)

[DN-3 Tacoma, WA: September 19-21, 2025](#)

Certification in Dry Needling® (Cert. DN) is awarded after completion of both DN-1 and DN-2.

AAMT faculty have [published more clinical trials on the effectiveness of dry needling for musculoskeletal conditions than any other institute!](#)

**According to WA DOH & WA PT Board, applicants for the dry needling endorsement need to submit course certificates for the 75 hours of in-person dry needling training; however, they do not need to submit anything for the 150 supervised treatments. That is, applicants will need to sign the attestation form on the dry needling endorsement application that they completed the 150 supervised treatments by direct supervision, indirect supervision, or retrospective chart review.

A complete listing of all AAMT course dates & locations is [listed here](#).

Kind regards,

James

James Dunning, PhD, DPT, MSc (Manip Ther), FAAOMPT, Dip. Osteopractic

Director, [AAMT Fellowship in Orthopaedic Manual Physical Therapy](#).

President, American Academy of Manipulative Therapy

Senior Instructor, Spinal Manipulation Institute & Dry Needling Institute

Owner, [Montgomery Osteopractic Physical Therapy & Acupuncture Clinic](#)

445 Dexter Ave, Suite 4050

Montgomery, AL 36104

www.spinalmanipulation.org

www.twitter.com/drdunning

Copyright © 2024 Spinal Manipulation Institute, All rights reserved.

You are receiving this email because you opted in at our website www.spinalmanipulation.org, or you are a healthcare practitioner in physical therapy, medicine or osteopathy that has attended a past course.

Our mailing address is:

Spinal Manipulation Institute

1036 Old Breckenridge Ln

Montgomery, AL 36117

[Add us to your address book](#)

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#).



CE Seminar Proposal: Chronic Pain for Oregon Chiropractors

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Mon 4/14/2025 8:41 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

From: Dr. Demetry Assimakopoulos, DC <demetry@thepwc.ca>

Sent: Monday, March 24, 2025 12:44 PM

To: OBCE Oregon * BCE <info@obce.oregon.gov>

Subject: CE Seminar Proposal: Chronic Pain for Oregon Chiropractors

You don't often get email from demetry@thepwc.ca. [Learn why this is important](#)

Dear Members of the Oregon Board of Chiropractic Examiners,

I am Dr. Demetry Assimakopoulos, proposing a collaboration with the Oregon Board of Chiropractic Examiners (OBCE) to offer a two-day seminar titled *"The Art and Science of Chronic Pain Diagnosis & Management for Chiropractors."*

This course combines interactive lectures and hands-on workshops, aligning with OBCE's commitment to high standards in chiropractic practice. Notably, Oregon requires chiropractic physicians to complete seven hours of pain management education as part of their continuing education requirements. I have successfully delivered this seminar across Canada and am scheduled to present at the University of Pittsburgh Chiropractic Program in May 2025. With over a decade of experience specializing in complex chronic pain, I established the Chiropractic Clinic at the University Health Network's Rehabilitation Pain Service. Currently, I practice at Ontario's Pain and Wellness Centre and serve as faculty in graduate studies at the Canadian Memorial Chiropractic College.

This seminar equips chiropractors with practical, evidence-based skills in:

- Comprehensive chronic pain assessment and phenotyping
- Clinical application of pain mechanisms
- Utilization of psychological assessment tools
- Implementation of treatment strategies including education, goal setting, exercise, and appropriate manual therapy

I welcome the opportunity to discuss how this seminar can meet your continuing education standards, particularly in fulfilling Oregon's pain management education requirements. Attached are my CV and a detailed course outline for your review.

Thank you for considering this collaboration.

Warm regards,

Dr. Demetry Assimakopoulos, DC

www.drdemetry.ca



Increased license fees...AGAIN!

From PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

Date Mon 4/14/2025 8:33 AM

To PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>

-----Original Message-----

From: Nicholi Khajavei <nkhajavei@gmail.com>

Sent: Monday, March 31, 2025 9:31 AM

To: OBCE Oregon * BCE <info@obce.oregon.gov>

Subject: Increased license fees...AGAIN!

[You don't often get email from nkhajavei@gmail.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Why has the licensure fee increased another \$140 in the last year? That's a nearly 50% increase in just the last two years. This is ridiculous and completely unacceptable. Does the board have any obligation to the Dr.'s it serves or is it there purely as a revenue machine, bc it's certainly not helping us to get reimbursed at a higher rate so we can pay these increased fees.

ABOLISH D.E.I. "CULTURAL COMPETENCY"

FEB 19 2025

O.C.A. O.B.C.E. O.H.A. 2-1-'25

OREGON BOARD OF
CHIROPRACTIC EXAMINERS

Cultural Competency is a terrible waste of time, money and energy! Worse yet, it promotes the very opposite goals it glowingly advocates by dividing everyone into a racist or a victim of racism. The basic premise seems to be that chiropractors are unconscious neanderthals who must be bludgeoned repeatedly with mind-numbing kindergarten platitudes in order for them to become "competent" doctors. Personally I enjoy people from other cultures and orientations and have never had a problem whatsoever which I am sure is true with 99.9% of chiropractors. Where is the evidence that C.C. will even help that possible one in a thousand? The Oregon Borg of C,E. most likely will dismiss me as a just-doesn't-get-it bigot which then allows them to avoid examining their warped thinking that is causing this madness.

C.C.'s demeaning, counter-productive mandate must end!. We NEED you O.C.A. to stand up AGAINST OBCE's repetitious, anti-chiropractic agendas and policies that are crowding out real chiropractic education. PLEASE stand up FOR rational, reality-based chiropractic education which most benefits chiropractic and the citizens of this wonderful state!

ABOLISH D.E.I. "CULTURAL COMPETENCY"

PORTLAND OR RPDC 972

7 FEB 2025 PM 2 L



O. B. C. E.

1225 FERRY ST. SE.

SALEM OR. 97301

RECEIVED

FEB 10 2025

DAS Procurement
Services

97301-427625



2-10-'25

TO: THE OREGON BORG OF CHIROPRACTIC EXAMINERS
(who seem to be locked into some "group think" to subvert
Chiropractic in Oregon)

RECEIVED

WHY are licensing fees increasing far above inflation?

FEB 19 2025

WHY/HOW is it that the head of the BORG is a non-
Chiropractic lawyer?

OREGON BOARD OF
CHIROPRACTIC EXAMINERS

IS #1 above related to #2 above?

WHY are you bludgeoning us with incessantly repeating
courses of D.E.I. "Cultural Competency" These courses are
full of hackneyed, boring kindergarten platitudes void of any
meaningful new information. What a waste!

WHY also the incessantly repeating courses in CPR that is
diverting us from genuine Chiropractic education? "To save
lives?" This perverted thinking is the same kind of thinking
that says if we we lower the speed of driving to 20 MPH lives
will be saved....but at what cost in the larger view of life?

DO you ever think to ask Chiropractors what we want instead
of just issuing dictates from above with zero democratic
input? How can the Borg be "Democratized?"

IF the above harmful, anti-Chiropractic agendas are being
dictated from above, what are YOU doing to eliminate them?

PLEASE – think of the COST as well as any perceived
benefit of your decisions!

PORTLAND OR RPDC 972

7 FEB 2025 PM 3 L



Oregon Bd. Chiropractic Ex
1225 Ferry St. N.E.
Salem OR. 97301

RECEIVED

FEB 10 2025

DAS Procurement
Services

97301-427825

