

HCI Rules by Section

Current Rule Language	HB 2419 Statutory Authority Language	Proposed Rule Language – DOJ Reviewed	Committee Issues/Concerns/Edits
<p>333-002-0000</p> <p>Purpose</p> <p>(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).</p> <p>(2) Any individual providing interpreting services, either in-person or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program.</p>		<p>333-002-0000</p> <p>Purpose</p> <p>(1) (4) These rules establish the Health Care Interpreter program, a central registry and procedures for certification and qualification of health care interpreters for persons with limited English proficiency (LEP). Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).</p> <p>(2) These rules are designed to allow the Oregon Health Authority to comply with Title VI of the Civil Rights Act of 1964 which mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.</p> <p>(3) (2) Any individual providing health care interpreting services, either in-person on-site or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program.</p>	
<p>333-002-0010</p> <p>Definitions</p> <p>As used in chapter 333, division 2 the following definitions apply:</p> <p>(1) "Applicant" means any individual who has applied under OAR 333-002-0050 for registry enrollment, qualification, or certification as a health care interpreter for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.</p> <p>(2) "Authority" means the Oregon Health Authority.</p> <p>(3) "Central Registry" means a registry of individuals recognized as health care interpreters maintained by the Authority in accordance with OAR 333-002-0030.</p> <p>(4) "Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the provisions of OAR 333-002-0150.</p> <p>(5) "Consecutive Interpreting" means the conversion of a</p>	<p>SECTION 1. ORS 413.550 is amended to read: 413.550.</p> <p>As used in ORS 413.550 to 413.558:</p> <p>Definitions</p> <p>[1] "Health care interpreter" means a person who is readily able to communicate with a person with limited English proficiency and to accurately translate the written or oral statements of the person with limited English proficiency into English, and who is readily able to translate the written or oral statements of other persons into the language of the person with limited English proficiency.]</p> <p>[2] "Health care" means medical, surgical or hospital care or any other remedial care recognized by state law, including mental health care.]</p> <p>(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority.</p> <p>(2) "Health care" means medical, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.</p>	<p>333-002-0010</p> <p>Definitions</p> <p>As used in chapter 333, division 2 the following definitions apply:</p> <p>(1) "Applicant" means any individual who has applied under OAR 333-002-0050 for registry enrollment, qualification, or certification as a health care interpreter, for any of the following languages, including but not limited to: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.</p> <p>(2) "Authority" means the Oregon Health Authority.</p> <p>(3) "Central Registry" means a registry of individuals recognized as health care interpreters and maintained by the Authority in accordance with OAR 333-002-0030. make sure numbers are checked</p> <p>(4) "Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the se rules provisions of OAR 333-002-0150.</p>	

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Commented [AJ1]: April, I would like to propose adding this under Purpose after points 2/3: In order to ensure that LEP individuals are served appropriately, requestors of interpretation services must contact Oregon Certified Interpreters in the county of service first. If an Oregon Certified Interpreter is not available in that county for needed language, an Oregon Qualified Interpreter with the following credentials shall be contacted first:

- Oregon State Court Certification
- Washington DSHS Certification (Medical or Social Services)
- CCHI Core Certification
- ASL Certification.....

If neither an Oregon Certified nor Qualified interpreter with the above credentials is available, and attempts to contact have been documented and reasons for rejection of assignment recorded, requestor may contact an Oregon Qualified interpreter without above credentials. If an Oregon Qualified interpreter without above credentials is not available after documented attempts to contact, another interpreter may be used until an appropriate pool of certified and qualified interpreters is established.

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speaker's message into another language after the speaker pauses.

(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.

(7) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.

(8) "Health Care" means medical, surgical or hospital care, or any other remedial care recognized by state law, including mental health care.

(9) "Health Care Interpreter" (HCI) means an individual who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.

(10) "Interpreting" means the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.

(11) "Interpreting Knowledge" means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.

(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate the necessary information between the medical provider and the patient.

(13) "Limited English Proficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.

(14) "Office of Multicultural Health and Services" (OMHS) means a central administrative support office of the Authority.

(15) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives.

(16) "Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority

(3) "Health care interpreter" means an individual who is readily able to:

(a) Communicate with a person with limited English proficiency;

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

(c) Sight translate documents from a person with limited English proficiency;

(d) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into sign language; and

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

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

(5) "Qualified health care interpreter" means an individual who has received a valid letter of qualification from the authority.

(6) "Sight translate" means to translate a written document into spoken or sign language.

~~(5) "Consecutive Interpreting" means the conversion of a speaker's message into another language after the speaker pauses.~~

~~(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.~~

~~(7) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.~~

~~(8) "Health Care" means medical, surgical or hospital care or any other remedial care recognized by state law, including physical, dental and behavioral health care."~~

~~medical, surgical or hospital care, or any other remedial care recognized by state law, including mental health care.~~

~~(9) "Health Care Interpreter" (HCI) means an individual who meets the standards for qualification or certification in Oregon:~~

~~(a) An individual~~

~~(b) And sight translate documents individual from the individual's language into English.~~

~~(c) Accurately and sight translate documents individual means an individual who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.~~

~~(10) "Interpreting" means the process of fully understanding analyzing, and processing a spoken or signed message then and faithfully rendering it into another spoken or signed language. analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.~~

~~(11) "Interpreting Knowledge Skills and Ability" means an entry level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.~~

~~(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and the ability to translate the necessary information between the medical provider and the patient.~~

~~(13) "Limited English Proficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure~~

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<p>under the provisions of OAR 333-002-0140.</p> <p>(17) "Remote Interpreting" means interpreting services provided via telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.</p> <p>(18) "Sight Translation" means translation of a written document into spoken language.</p> <p>(19) "Simultaneous Interpreting" means converting a speaker's message into another language while the speaker continues to speak.</p> <p>(20) "Translation" means the conversion of written text into a corresponding written text in a different language.</p> <p>(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log.</p> <p>(22) "Written verification" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>equal access to public services without an interpreter.</p> <p>(14) "Office of Multicultural Health and Services of Equity and Inclusion" (OMHSOEL) means a central administrative support office of the Authority.</p> <p>(15) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives.</p> <p>(16) "Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.</p> <p>(17) "Remote interpreting" means interpreting services provided via using telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.</p> <p>(18) "Sight translation" means translation of a written document into spoken language.</p> <p>(19) "Simultaneous interpreting" means converting translating a speaker's message into another language while the speaker continues to speak.</p> <p>(20) "Translation" means the conversion of written text into a corresponding written text in a different language.</p> <p>(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log. <u>Same as 22</u></p> <p>(22) (21) "Written verification" means the provision of documented proof by means that establish authenticity of submitted documents are in a reasonably reliable to manner establish authenticity of submitted documents, and may Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621, 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0020</p> <p>Health Care Interpreter Services</p> <p>Any individual providing Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous</p>		<p>333-002-0020</p> <p>Health Care Interpreter Services</p> <p>Any individual providing eConsecutive interpreting, interpreting</p>	

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<p>Interpreting as defined in this division may:</p> <p>(1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or</p> <p>(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140; or</p> <p>(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid letter of certification by the Authority under the provisions of OAR 333-002-0150.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p> <p>333-002-0030</p> <p>Central Registry</p> <p>The Authority will maintain a central registry of individuals who are registered, qualified, and certified to provide health care interpreter services as defined in OAR 333-002-0020.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Services, rRemote iInterpreting, sSight tTranslation or sSimultaneous iInterpreting as defined in this division may voluntarily meet the eligibility standards for qualification or certification enrollment established in OAR 333-002-0040 and be:</p> <p>(1) Voluntarily meet the eligibility standards for registry qualification or certification enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or</p> <p>(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140; or</p> <p>(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid letter of certification by the Authority under the provisions of OAR 333-002-0150.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p> <p>.</p> <p>333-002-0030</p> <p>Central Registry</p> <p>The Authority will maintain a central registry of individuals who are qualified, and certified to provide health care interpreter services as defined in OAR 333-002-0020.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f</p>	
<p>333-002-0035</p> <p>Fees</p> <p>The Authority establishes the following Health Care Interpreter program fees:</p> <p>(1) An HCI Registry Enrollment Application shall require a fee of</p>	<p>SECTION 5. ORS 413.558 is amended to read:</p> <p>Fees</p> <p>f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter <i>[and for other fees]</i> if deemed necessary by the authority.</p>	<p>333-002-0030</p> <p>Fees</p> <p>The Authority establishes the following Health Care Interpreter program fees:</p> <p>(5) An HCI Interpreting Assessment for a subspecialty shall</p>	

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<p>\$25 per application.</p> <p>(2) An HCI Registry Renewal Application shall require a fee of \$25 per application.</p> <p>(3) An HCI Qualification Application and Request for Evaluation shall require a fee of \$25 per application.</p> <p>(4) An HCI Certification Application and Request for Evaluation shall require a fee of \$30 per application.</p> <p>(5) An HCI Interpreting Assessment for a subspecialty shall require a fee of \$400 per attempt.</p> <p>(6) An HCI Certification Renewal Application shall require a fee of \$30 per application.</p> <p>(7) An HCI External Transcript Review Request shall require a fee of \$125 per request.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>require a fee of \$400 per attempt ??</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0040</p> <p>Eligibility Standards for Registry Enrollment, Qualification and Certification</p> <p>(1) Applicants seeking enrollment in the HCI registry must:</p> <p>(a) Be at least 18 years of age;</p> <p>(b) Submit applicable forms and fees;</p> <p>(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:</p> <p>(A) Presentation of ORS 413.550 through 413.558 and OAR chapter 333, division 2;</p> <p>(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and</p> <p>(C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.</p> <p>(d) Abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100;</p> <p>(e) Abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; and</p>		<p>333-002-0040</p> <p>Eligibility Standards for Registry Enrollment, Qualification and Certification</p> <p>(1) Applicants seeking enrollment in the HCIHealth Care Interpreter (HCI) registry must:</p> <p>(a) Be at least 18 years of age;</p> <p><u>(f) Have a high school diploma or a GED from an accredited school in the United States of America or an equivalent diploma from another country.</u></p> <p>(b) Submit applicable forms and fees;</p> <p><u>(e) Must not be on the Medicaid Exclusion list</u></p> <p>(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:</p> <p>(A) Presentation of ORS 409.615 through 409.623 and OAR chapter 333, division 2;</p> <p>(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and</p>	

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<p>(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</p> <p>(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 40 hours of experience; and</p> <p>(c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.</p> <p>(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and</p> <p>(c) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined in OAR 333-002-0070.</p> <p>(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must</p>		<p>(B) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.</p> <p>(d) Agree to Abide by the National Code of Ethics for Interpreters in Health Care, as established by OAR 333-002-0100;</p> <p>(e) Agree to Abide by the National Standards of Practice for Interpreters in Health Care, as established by OAR 333-002-0110; and</p> <p>(c) Not be on the Medicaid Exclusion list</p> <p>(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</p> <p>(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 40 hours of experience; and</p> <p>(c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.</p> <p>(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:</p> <p>(a) Provide verifiable evidence of 80 hours of work experience as an HCI.</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited</p>	
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<p>show proof of national certification.</p> <p>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</p> <p>(6) An applicant who has taken and passed a health care interpreter or medical interpreter certification test from an Authority approved testing center prior to March 1, 2011 is not required to comply with subsection (3)(c) of this rule.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and</p> <p>(be) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined in OAR 333-002-0070.</p> <p>(4) Each HCI applicant seeking certification must first have completedcomplete all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.</p> <p>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules.</p> <p>(6) The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</p> <p>(6) An applicant who has taken and passed a health care interpreter or medical interpreter certification test from an Authority approved testing center prior to March 1, 2011 December 31, 2012 is not required to comply with subsection (3)(e) of this rule. This exception is subject to the terms and conditions of said Authority's approved testing center.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0050</p> <p>Application Procedure</p> <p>(1) Upon request, the Authority shall provide an application packet or a link to the HCI webpage where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking registry enrollment for qualification or certification as an HCI.</p> <p>(2) Applicants must submit standard forms along with required documentation and applicable fees to the Authority.</p> <p>(3) All application materials submitted in a language other than English must be accompanied by:</p> <p>(a) An accurate translation of those documents into English; and</p> <p>(b) A translator's certificate certifying that the documents that have been translated are true and accurate, by an independent</p>		<p>333-002-0050</p> <p>Application Procedure</p> <p>(1) Upon request, the Authority shall provide an application packet or a link to the HCIHealth Care Interpreter (HCI) webpage to any individual seeking qualification or certification as an HCI where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking registry enrollment for qualification or certification as an HCI.</p> <p>(2) Applicants must submit standardrequired forms along with required documentation and applicable fees to the Authority.</p> <p>(3) All application materials submitted in a language other than English must be accompanied by:</p> <p>(a) An accurate translation of those documents into English; and</p> <p>(b) A translator's certificate certifying that the documents that have been translated are true and accurate, by an independent translator other</p>	

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<p>translator other than the applicant.</p> <p>(4) The applicant shall pay for any translation costs for documents required by the Authority.</p> <p>(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:</p> <p>(a) Required information or original signatures; or</p> <p>(b) Required forms, documentation or fees.</p> <p>(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority; however the Authority shall not refund any fees that are paid.</p> <p>(7) Applicants must submit a request for qualification testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>(8) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>than the applicant.</p> <p>(4) The applicant shall pay for any translation costs for documents required by the Authority.</p> <p>(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:</p> <p>(a) Required information or original signatures; or</p> <p>(b) Required forms and documentation or fees</p> <p>;</p> <p>(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority ; however the Authority shall not refund any fees that are paid.</p> <p>(7) Applicants must submit a request for qualification testing <u>or certification</u> directly to the Authority approved testing center.</p> <p>(a) Applicants must pay the required testing fees directly to the testing center.</p> <p>(b) Once <u>When</u> testing has been <u>is</u> completed the testing results shall become part of the applicant's permanent record.</p> <p>(c) Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>(8) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0060</p> <p>Training and Work Experience Requirement</p> <p>(1) Applicants seeking HCI qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care</p>		<p>333-002-0060</p> <p>Training and Work Experience Requirement</p> <p>(1) Applicants seeking <u>Health Care Interpreter (HCI)</u> qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care</p>	

<p>Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.</p> <p>(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:</p> <p>(a) Fifty-two hours of integrated Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and</p> <p>(b) Eight hours of Health Care Interpreting Ethics.</p> <p>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</p> <p>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.</p> <p>(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:</p> <p>(a) Fifty-two hours of integrated mMedical tTerminology, aAnatomy and pPhysiology, iIntroductory hHealth cCare iInterpreting cConcepts and mModes; and</p> <p>(b) Eight hours of Health Care Interpreting Ethics.</p> <p>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter <u>by providing verifiable evidence from an employer where the applicant has previously worked. Qualifying professional hours, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</u></p> <p>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0070</p> <p>Approval of Testing Centers, Skill Evaluation and Assessment</p> <p>(1) The Authority shall enter into a Memorandum of Agreement with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall establish the manner and means for testing Oregon applicants for health care interpreter testing, and shall include a process for sharing testing information with the Authority and the applicant.</p> <p>(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.</p> <p>(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.</p>		<p>333-002-0070</p> <p>Approval of Testing Centers, Skill Evaluation and Assessment</p> <p>(1) The Authority shall enter into a mMemorandum of aAgreement with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall <u>establishing</u> the manner and means for testing Oregon applicants for health care interpreter testing, qualification and certification <u>and shall</u> include a process for sharing testing information with the Authority and the applicant.</p> <p>(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.</p> <p>(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.</p> <p>(4) Government issued photo identification showing the name and</p>	

<p>(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.</p> <p>(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:</p> <p>(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;</p> <p>(b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;</p> <p>(c) Introducing unauthorized materials during any portion of the evaluation or assessment;</p> <p>(d) Attempting to remove evaluation or assessment materials or notations from the testing site; or</p> <p>(e) Violating the credentialing process by:</p> <p>(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;</p> <p>(B) Having an impersonator take the evaluation or assessment on one's behalf; or</p> <p>(C) Impersonating an applicant.</p> <p>(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.</p> <p>(7) The Authority may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.</p> <p>(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>address of the applicant must be presented to enter an evaluation or assessment. This identification could be aAcceptable identification includes a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.</p> <p>(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:</p> <p>(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process.;</p> <p>(b) Failure-Failing to follow written or oral instructions relative-related to conducting the evaluation or assessment, including termination times and procedures.;</p> <p>(c) Introducing unauthorized materials during any portion of the evaluation or assessment.;</p> <p>(d) Attempting to remove evaluation or assessment materials or notations from the testing site.;</p> <p>(e) Violating the credentialing process by:</p> <p>(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment.;</p> <p>(B) Having an impersonator take the evaluation or assessment on one's behalf; or</p> <p>(C) Impersonating an applicant.</p> <p>(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.</p> <p>(7) The Authority may release statistical information regarding evaluation or assessment pass <u>or</u> fail rates by group, evaluation or assessment type, and subject area to any interested party.</p> <p>(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
333-002-0080		333-002-0080	

<p>Skill Evaluation or Assessment Appeal</p> <p>Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Skill Evaluation or Assessment Appeal</p> <p>(a) Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. (b) The testing center's determination is final. (c) Applicants have no further appeal rights with the Authority.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0100</p> <p>Code of Ethics and Standards of Practice for Interpreters in Health Care</p> <p>(1) Health care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.</p> <p>(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0090</p> <p>Code of Ethics and Standards of Practice for Interpreters in Health Care- RemoveNO CHANGES</p>	
<p>333-002-0120</p> <p>Continuing Education</p> <p>(1) Upon application for renewal of certification, an HCI must:</p> <p>(a) Have completed 30 hours of continuing education; and</p> <p>(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.</p> <p>(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.</p> <p>(3) Continuing education records must be maintained by the HCI for a minimum of three years.</p> <p>(4) If the Authority finds indications of fraud or falsification of</p>		<p>333-002-009100</p> <p>Continuing Education</p> <p>(1) Upon application for renewal of certification, an an <u>Health Care Interpreter (HCI)</u> must:</p> <p>(a) Have completed 30 hours of continuing education; and</p> <p>(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.</p> <p>(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may only <u>not</u> be carried over to the next subsequent renewal period.</p> <p>(3) Continuing education records must be maintained by the HCI for a minimum of three years.</p> <p>(4) If the Authority may investigate allegations or suspicion of</p>	

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<p>records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>finds indications of fraud or falsification of records, investigative action will be instituted. Substantiation of fraud or falsification of documents Findings may result in disciplinary action including revocation of the certificate.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0130</p> <p>Registry Enrollment</p> <p>(1) If the Authority determines that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant shall be added to the central registry of health care interpreters.</p> <p>(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Registry Enrollment Omitted</p>	
<p>333-002-0140</p> <p>Letter of Qualification</p> <p>(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met, a letter of qualification shall be issued.</p> <p>(2) Letters of Qualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0110</p> <p>Letter of Qualification</p> <p>(1) If the Authority determines that <u>the qualification requirements in OAR 333-002-0040, 333-002-0050, and 333-002-0060</u>, 333-002-0070, and 333-002-0090 have been met, a letter of qualification shall be issued.</p> <p>(2) Letters of <u>q</u>ualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available for any of the following languages including but not limited to: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. For other languages, qualification may be renewed every 36 months.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0150</p> <p>Certificate</p> <p>(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been</p>		<p>333-002-0120</p> <p>Certificate</p> <p>(1) If the Authority determines that <u>the certification requirements in OAR 333-002-0040, 333-002-0050 and 333-002-0060</u>, 333-002-0070,</p>	

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Commented [KLW18]: The items I deleted here either (a) don't exist in this draft or (b) don't apply directly to the applicant.

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<p>met, a certificate shall be issued.</p> <p>(2) Certificates are valid for 36 months from the date of issue and are renewable.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>and 333-002-0090 have been met; a certificate shall be issued.</p> <p>(2) Certificates are valid for 36 months from the date of issue and are renewable.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0160</p> <p>Registry Enrollment Renewal</p> <p>(1) Applicants for registry enrollment renewal must provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) Applicable fees;</p> <p>(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the enrollment expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Registry Enrollment Omitted</p>	
<p>333-002-0170</p> <p>Certification Renewal</p> <p>(1) A certified HCI must renew certification every 36 months and provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) All applicable fees;</p> <p>(c) Written verification of a minimum of 30 hours of continuing</p>		<p>333-002-0130</p> <p>Certification Renewal</p> <p>1) A certified Health Care Interpreter (HCI) must renew certification every 36 months and provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) All applicable fees;</p> <p>(c) Written verification of a minimum of 30 hours of continuing</p>	

<p>education as defined in OAR 333-002-0120 during the preceding three years;</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>education as defined in OAR 333-002-001920 during the preceding three years.;</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials by fax, mail, email or hand delivery shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
<p>333-002-0180</p> <p>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment</p> <p>The Authority shall deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:</p> <p>(1) Applicant for initial registry enrollment fails to meet the eligibility standards of OAR 333-002-0040;</p> <p>(2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;</p> <p>(3) Applicant submits information that cannot be verified; or</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0180 Omitted</p> <p>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment- Omitted</p>	

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Commented [KLW22]: Are these two separate forms? If they aren't can we combine this into one section?

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Commented [KLW24]: OK this could be a big difference here. Why are we not doing one or the other? Is this about electronic submission? Are there other ways to receive the documents?

<p>333-002-0190</p> <p>Denial, Revocation, or Suspension of Letters of Qualification</p> <p>The Authority shall deny, revoke, or suspend a letter of qualification under the following conditions:</p> <p>(1) Applicant for an initial letter of qualification fails to meet the requirements of OAR 333-002-0040;</p> <p>(2) Applicant submits information that cannot be verified; or</p> <p>(3) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0190 Omitted</p> <p>Denial, Revocation, or Suspension of Letters of Qualification-Omitted and combined with formerly 0200 below.</p>	
<p>333-002-0200</p> <p>Denial, Revocation, Suspension or Refusal to Renew Certification</p> <p>The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:</p> <p>(1) Applicant for an initial certification fails to meet the requirements of OAR 333-002-0040;</p> <p>(2) Applicant for a certification renewal fails to comply with the requirements of OAR 333-002-0170;</p> <p>(3) Applicant submits information that cannot be verified; or</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0140</p> <p>Denial, Revocation, Suspension or Refusal to Renew status for Qualification and Certification</p> <p>The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:</p> <p>(1) Applicant for an initial qQualification or certification fails to meet the requirements of OAR 333-002-0040.;</p> <p>(2) Applicant for a qqualification or certification renewal fails to comply with the requirements of OAR 333-002-0170.;</p> <p>(3) Applicant submits information that cannot be verified.;</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p><u>Formerly Discipline combined w/0200</u></p> <p><u>The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if an applicant, registry enrollee, qualified or certified health care interpreter engages in any of the following conduct:</u></p> <p><u>(1) Representing that he or she is a qualified or certified health care interpreter without having been issued a valid letter of qualification or certificate by the Authority.</u></p>	

Commented [KLW25]: So you're saying this was previously a numbered section? Why aren't we leaving it as the same numbered section? The point is to combine it under denial etc.? What is the difference in this section and the previous discipline. Just skimming it I don't see any difference.

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		<p><u>(2) Knowingly giving misinformation or false information to the Authority.</u></p> <p><u>(3) Violating the credentialing process by:</u></p> <p><u>(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment.</u></p> <p><u>(b) Having an impersonator take an evaluation or assessment on one's his or her behalf.</u></p> <p><u>(c) Impersonating an applicant.</u></p> <p><u>(4) Having a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the HCI similar to acts described in this rule.</u></p> <p><u>(5) Being convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.</u></p> <p><u>(6) Engaging in false, deceptive or misleading advertising of their qualification or certification credentials.</u></p> <p><u>(a) False deceptive or misleading advertising, which includes but is not limited to advertising health care interpreting using the titles of qualified or certified health care interpreter in any private or public communication or publication by an individual who is when not credentialed by the Authority.</u></p> <p><u>(b) For the purposes of this rule, "advertising" includes telephone directory listings, business cards, social media networking, or any other source of advertisement public communication.</u></p> <p><u>(7) Allowing the use of an Authority issued credential by a non-credentialed person.</u></p> <p><u>(8) Presenting another person's credential as one's own credential.</u></p> <p><u>(9) Practicing health care interpreting services under a false or assumed name without notifying the Authority.</u></p> <p><u>(10) Impersonating another HCI.</u></p> <p><u>(11) Using or attempting to use an HCI credential that has been revoked, suspended, or lapsed.</u></p> <p><u>(12) Practicing or offering to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.</u></p> <p><u>(13) Failing to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts, including but are not limited to:</u></p>	
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Commented [AJ27]: How will we know unless we conduct a background check?

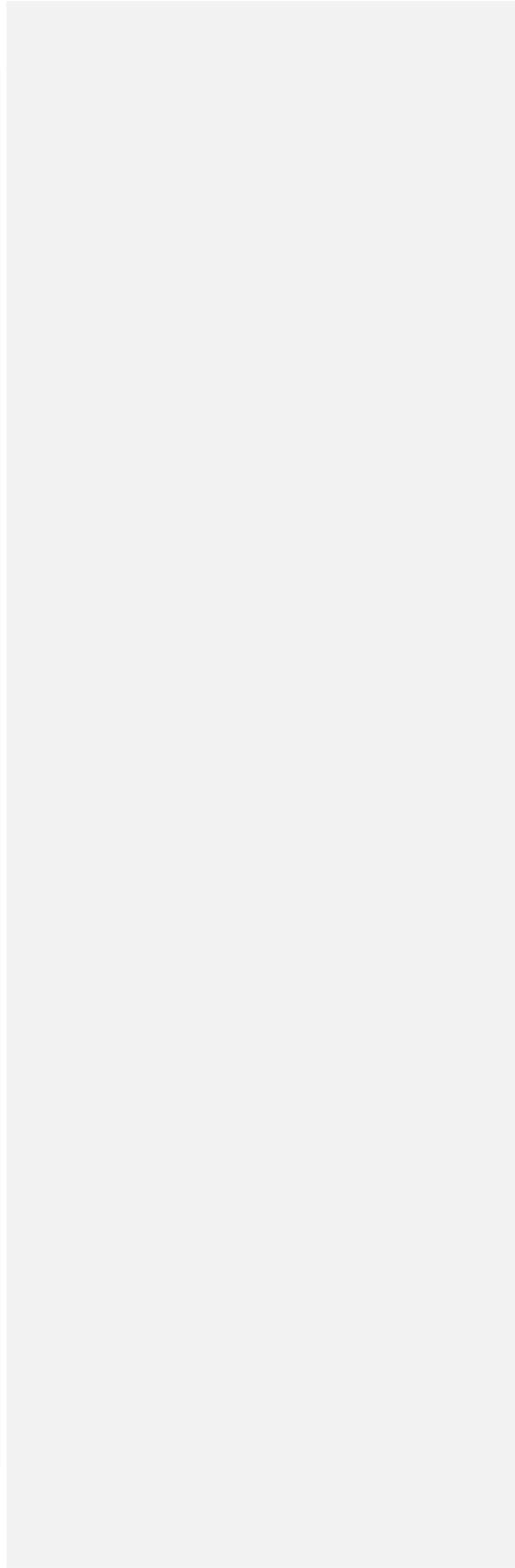
Commented [KLW28]: I changed this word...You can't use advertisement to define advertising.

		<p><u>(a) Failureing to furnish requested papers or documents.;</u></p> <p><u>(b) Failureing to furnish a written response to a matter contained in any complaint filed with the Authority;+er.</u></p> <p><u>(c) Failureing to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.</u></p> <p><u>(14) Failureing to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.</u></p> <p>Stat. Auth.: <u>ORS 409.623</u> Stats. Implemented: <u>ORS 409.621 & 409.623</u> Hist.: <u>PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</u></p> <p>Stat. Auth.: <u>ORS 409.623</u> Stats. Implemented: <u>ORS 409.621 & 409.623</u> Hist.: <u>PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11</u></p>	
<p>333-002-0210</p> <p>Complaints</p> <p>(1) Any affected party or witness may submit a complaint against an HCI. Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.</p> <p>(2) The Authority may commence an investigation of an HCI as a result of information received from any party.</p> <p>(3) Complaint forms received by the Authority shall be made available to the accused HCI and others involved in the investigation of the allegations.</p> <p>(4) The Authority shall conduct a preliminary review of the complaint to ensure there is sufficient cause to justify proceeding and that the allegations against the respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments. The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under</p>		<p>333-002-0150 (new)</p> <p>Complaints</p> <p>(1) Any affected party <u>individual</u> or witness may submit a complaint against a <u>Health Care Interpreter (HCI).</u></p> <p><u>(a) Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging <u>filing</u> the complaint.</u></p> <p><u>(b) A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.</u></p> <p>(2) The Authority may commence an investigation of an HCI as a result of information received from any party.</p> <p>(3) Complaint forms received by the Authority shall be made available to the accused HCI and others involved in the investigation of the allegations.</p> <p>(4) The Authority shall conduct a preliminary review of the complaint to ensure:</p> <p><u>(a)+ There is sufficient cause to justify proceeding.</u></p> <p><u>(b) The and that the allegations against the respondent <u>HCI</u> are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for</u></p>	

Commented [KLW29]: Just a personal thing but I would put the items with "subsections" at the end. It makes it less easy for people to get confused about the other items in my opinion.

<p>the following circumstances; only one extension may be allowed and the extension may not exceed 30 days. The Authority shall evaluate the complaint using available evidence.</p> <p>(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.</p> <p>(7) During the review, the respondent's identity shall remain confidential</p> <p>(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.</p> <p>(9) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.</p> <p>(10) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action. The respondent shall be notified in writing and that determination shall become public record.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>Interpreters in Health Care.</p> <p>(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments.</p> <p><u>(a)</u> The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances;</p> <p><u>(b)</u> Only one extension may be allowed and the extension may not exceed 30 days.</p> <p><u>(6)</u> The Authority shall evaluate the complaint using available evidence.</p> <p>(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.</p> <p>(7) During the review, the respondent's identity shall remain confidential</p> <p>(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.</p> <p><u>(9a)</u> If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.</p> <p>(10b) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action.</p> <p><u>(7)</u> The respondent shall be notified <u>of the outcome in</u> in writing and that the determination shall become public record.</p> <p>Stat. Auth.: ORS 409.623 Stats. Implemented: ORS 409.621 & 409.623 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>	
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<p>333-002-0220</p> <p>Discipline</p> <p>The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if an applicant, registry enrollee, qualified or certified health care interpreter engages in any of the following conduct:</p> <p>(1) Represents that he or she is a qualified or certified health care interpreter without having been issued a valid letter of qualification or certificate by the Authority.</p> <p>(2) Knowingly gives misinformation or false information to the Authority.</p> <p>(3) Violates the credentialing process by:</p> <p>(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;</p> <p>(b) Having an impersonator take an evaluation or assessment on one's behalf; or</p> <p>(c) Impersonating an applicant.</p> <p>(4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the HCI similar to acts described in this rule.</p> <p>(5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.</p> <p>(6) Has engaged in false, deceptive or misleading advertising of their qualification or certification credentials, which includes but is not limited to advertising health care interpreting using the titles of qualified or certified health care interpreter in any private or public communication or publication by an individual who is not credentialed by the Authority. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.</p> <p>(7) Allows the use of an Authority issued credential by a non-credentialed person.</p> <p>(8) Has presented as one's own credential, the credential of another.</p> <p>(9) Has practiced health care interpreting services under a false or assumed name without notification to the Authority.</p>		<p>333-002-0220-Omitted for this section</p> <p>Discipline Omitted and addressed in 0160</p>	
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<p>(10) Has impersonated another HCI.</p> <p>(11) Has used or attempted to use an HCI credential that has been revoked, suspended, or lapsed.</p> <p>(12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.</p> <p>(13) Fails to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:</p> <p>(a) Failure to furnish requested papers or documents;</p> <p>(b) Failure to furnish a written response to a matter contained in any complaint filed with the Authority; or</p> <p>(c) Failure to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.</p> <p>(14) Fails to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>			
<p>333-002-0230</p> <p>Hearings</p> <p>An individual who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 & 413.558 Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11</p>		<p>333-002-0160</p> <p>Hearings</p> <p>An individual who wishes to contest the denial, non-renewal, suspension or revocation of their qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.</p>	
<p>HEALTH CARE INTERPRETERS Oregon Revised Statute 413.554 Oregon Council on Health Care Interpreters. (1) The Oregon Council on Health Care Interpreters is created in</p>	<p>SECTION 3. ORS 413.554 is amended to read: 413.554. (1) The Oregon Council on Health Care Interpreters is created in the Oregon Health</p>		

<p>the Oregon Health Authority. The council shall consist of 25 members appointed as follows:</p> <p>(a) The Governor shall appoint two members from each of the following groups:</p> <p>(A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;</p> <p>(B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;</p> <p>(C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;</p> <p>(D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;</p> <p>(E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and</p> <p>(F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.</p> <p>(b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:</p> <p>(A) The Commission on Asian and Pacific Islander Affairs;</p> <p>(B) The Commission on Black Affairs;</p> <p>(C) The Commission on Hispanic Affairs;</p> <p>(D) The Commission on Indian Services;</p> <p>(E) The International Refugee Center of Oregon;</p> <p>(F) The Oregon Judicial Department's Certified Court Interpreter program;</p> <p>(G) The Commission for Women; and</p> <p>(H) The Institute for Health Professionals of Portland Community College.</p> <p>(c) The Director of the Oregon Health Authority shall appoint three members including:</p> <p>(A) One member with responsibility for administering mental health programs;</p> <p>(B) One member with responsibility for administering medical assistance programs; and</p> <p>(C) One member with responsibility for administering public health programs.</p> <p>(d) The Director of Human Services shall appoint:</p> <p>(A) One member with responsibility for administering developmental disabilities programs; and</p> <p>(B) One member with responsibility for administering programs for seniors and persons with disabilities.</p> <p>(e) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.</p> <p>(2) The term of a member shall be three years. A member may be reappointed.</p> <p>(3) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may</p>	<p>Authority. The council shall consist of [25 members appointed as follows:] no more than 15 members, appointed by the Director of the Oregon Health Authority, representing:</p> <p>(a) Persons with expertise and experience in the administration of or policymaking for programs or services related to interpreters;</p> <p>(b) Employers or contractors of health care interpreters;</p> <p>(c) Health care interpreter training programs;</p> <p>(d) Language access service providers; and</p> <p>(e) Practicing certified and qualified health care interpreters.</p> <p><i>[(a) The Governor shall appoint two members from each of the following groups:]</i></p> <p><i>[(A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;]</i></p> <p><i>[(B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;]</i></p> <p><i>[(C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;]</i></p> <p><i>[(D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;]</i></p> <p><i>[(E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and]</i></p> <p>Enrolled House Bill 2419 (HB 2419-B) Page 2</p> <p><i>[(F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.]</i></p> <p><i>[(b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:]</i></p> <p><i>[(A) The Commission on Asian and Pacific Islander Affairs;]</i></p> <p><i>[(B) The Commission on Black Affairs;]</i></p> <p><i>[(C) The Commission on Hispanic Affairs;]</i></p> <p><i>[(D) The Commission on Indian Services;]</i></p> <p><i>[(E) The International Refugee Center of Oregon;]</i></p> <p><i>[(F) The Oregon Judicial Department's Certified Court Interpreter program;]</i></p> <p><i>[(G) The Commission for Women; and]</i></p> <p><i>[(H) The Institute for Health Professionals of</i></p>		
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<p>appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.</p> <p>(4) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.</p> <p>(5) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.</p> <p>(6) A majority of the members of the council shall constitute a quorum for the transaction of business.</p> <p>(7) Members of the council are not entitled to compensation, but at the discretion of the Director of the Oregon Health Authority may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.</p> <p>(8) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council.</p> <p>(9) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties. [Formerly 409.619]</p>	<p><i>Portland Community College.</i></p> <p><i>[(c) The Director of the Oregon Health Authority shall appoint three members including:]</i></p> <p><i>[(A) One member with responsibility for administering mental health programs;]</i></p> <p><i>[(B) One member with responsibility for administering medical assistance programs; and]</i></p> <p><i>[(C) One member with responsibility for administering public health programs.]</i></p> <p><i>[(d) The Director of Human Services shall appoint:]</i></p> <p><i>[(A) One member with responsibility for administering developmental disabilities programs; and]</i></p> <p><i>[(B) One member with responsibility for administering programs for seniors and persons with disabilities.]</i></p> <p><i>[(e) (2) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.</i></p> <p><i>[(2) (3) The term of a member shall be three years. A member may be reappointed.</i></p> <p><i>[(3) (4) If there is a vacancy for any cause, the [appointing authority] director shall make an appointment to become immediately effective for the unexpired term. The [appointing authority] director may appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.</i></p> <p><i>[(4) (5) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.</i></p> <p><i>[(5) (6) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.</i></p> <p><i>[(6) (7) A majority of the members of the council shall constitute a quorum for the transaction of business.</i></p> <p><i>[(7) (8) Members of the council are not entitled to compensation, but at the discretion of the director [of the Oregon Health Authority] may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.</i></p> <p><i>[(8) (9) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other</i></p>		
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	source, public or private, for purposes consistent with the purposes of the council. [(9)] (10) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties.		
Add Section on Denial, Suspension or Revocation of Training Program Approval? Do we have statutory authority to add this?			

