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CHAPTER 950

OREGON HEALTH AUTHORITY

EQUITY AND INCLUSION DIVISION

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FILING CAPTION: Removal of outdated language and clarification impacting health care interpreters on the Oregon registry.

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RULES:

950-050-0010, 950-050-0040, 950-050-0050, 950-050-0060, 950-050-0100, 950-050-0110, 950-050-0120, 950-050-0130, 950-050-0150, 950-050-0180

AMEND: 950-050-0010

RULE TITLE: Definitions

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Brief update of definitions due to legislative change.

RULE TEXT:

As used in chapter 950, division 50 the following definitions apply:

- (1) "Applicant" means any individual who applies for qualification or certification as a health care interpreter under these rules.
- (2) "Authority" means the Oregon Health Authority.
- (3) "Central registry" means the record maintained by the Authority of enrolled individuals recognized as approved certified or qualified health care interpreters.
- (4) "Certified health care interpreter" means an individual who has been approved by the Oregon Health Authority and issued a valid letter of certification by the Authority under these rules.
- (5) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.572 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.
- (6) "Formal training" means instruction obtained in an academic setting, seminars, in-service instruction, or by other means of substantive learning.
- (7) "Health care" means medical, oral, vision, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care. For the purpose of these rules, "health care" does not include assistance with the activities of daily living or instrumental activities of daily living by providers.
- (8) "Health care interpreter" means an individual who has proficiency in English and at least one other spoken or signed

language and who is readily able to accurately:

(a) Communicate in English and communicate with a person who has limited English proficiency or who communicates in signed language;

(b) Interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in signed language, into English or another language if relay interpreting;

(c) Interpret oral statements in English, or another language if relay interpreting, to a person with limited English proficiency or who communicates in signed language; and

(d) Sight translate simple written documents for a person with limited English proficiency;

(e) "Health care interpreter" also includes an individual who can provide the services described in paragraphs (a) through (c) of this subsection in a language of lesser diffusion using relay or indirect interpretation.

(9) "Health care interpreting services" means the provision of services to limited English proficient individuals through the process of fully understanding and analyzing a spoken or signed message, then faithfully rendering the message into another spoken or signed language to ensure access to any medical, surgical or hospital intervention including physical, oral, vision or behavioral health treatment.

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

(a) An individual licensed or certified by the:

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

(B) State Board of Chiropractic Examiners;

(C) State Board of Licensed Social Workers;

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

(E) Oregon Board of Dentistry;

(F) State Board of Massage Therapists;

(G) Oregon Board of Naturopathic Medicine;

(H) Oregon State Board of Nursing;

(I) Oregon Board of Optometry;

(J) State Board of Pharmacy;

(K) Oregon Medical Board;

(L) Occupational Therapy Licensing Board;

(M) Oregon Board of Physical Therapy;

(N) Oregon Board of Psychology;

(O) Board of Medical Imaging;

(P) State Board of Direct Entry Midwifery;

(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(R) Board of Registered Polysomnographic Technologists;

(S) Board of Licensed Dietitians; and

(T) State Mortuary and Cemetery Board;

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

(c) A clinical laboratory licensed under ORS 438.110;

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

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

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

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

(h) "Health care provider" does not include any individual listed in paragraph (a) of this subsection when providing services as an employee of or under contract with:

(A) A school district, as defined in ORS 332.002;

(B) A public charter school, as defined in ORS 338.005; or

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

(11) "Integrated interpreting skills" means the ability to perform as required for employment, demonstrated by interpreting a simulated cross-linguistic interview with acceptable accuracy and completeness while monitoring and helping to manage the interaction in the interest of better communication and understanding.

(12) "Interpreting service company" has the same meaning as "Interpretation service company" in ORS 413.550 and means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in Oregon.

(13) "Interpreting knowledge" means an entry-level range of knowledge, skills, and abilities that includes but is not limited to demonstrated capacity in:

- (a) Language proficiency;
- (b) Medical interpreting ethics;
- (c) Cultural competency;
- (d) Medical terminology;
- (e) Integrated interpreting skills; and
- (f) Sight translation of simple written instructions.

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

(15) "Person with limited English proficiency" means:

- (a) An individual who, by reason of place of birth or culture, communicates in a language other than English and does not communicate in English with adequate ability to communicate effectively to arrange for and receive health care or health related services; or
- (b) An individual who prefers to communicate in a language other than English.

(16) "Public funds" means any financial reimbursement or support provided directly or indirectly by the state, county, city, or federal government or any other public entity for the purpose of covering health care services, and includes but may not be limited to:

- (a) Medicaid or the Oregon Health Plan;
- (b) Medicare;
- (c) The U.S. Department of Veterans Affairs;
- (d) The Indian Health Service; and
- (e) Any medical assistance program administered by the Oregon Health Authority, the Oregon Department of Human Services, or any county or city within Oregon.

(17) "Qualified health care interpreter" means an individual who has been approved by the Authority and issued a valid letter of qualification by the Authority under these rules.

(18) "Relay interpreting" is the practice of interpreting from one language to another through a third language. It is necessary when no single interpreter commands the required language pair.

(19) "Sight translate" means to translate a simple written document into spoken or signed language.

(20) "These rules" means OAR 950, Division 50.

(21) "Translation" means the process of creating a written or signed target text based on a source text, in such a way that the content and in many cases the form of the two texts, can be considered to be equivalent.

(22) "Written verification" means providing proof that establishes the authenticity of submitted documents in a reasonably reliable manner and may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0040

RULE TITLE: Eligibility Standards for Central Registry Enrollment, Qualification and Certification

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to eligibility standards and removal of outdated dates.

RULE TEXT:

(1) To be enrolled in the Health Care Interpreter (HCI) central registry, an individual must:

- (a) Be at least 18 years of age.
- (b) Reside in the United States.
- (c) Have at least a high school diploma from an accredited school in the United States of America, or pass the General Educational Development Test (GED), or have an equivalent education from another country.
- (A) Individuals who received education outside the United States may apply to the Oregon Health Authority for an exception to this requirement when documentation to prove education is not available.
- (B) Exceptions are at the sole discretion of the Oregon Health Authority.
- (d) Not be on the Medicaid Exclusion list.
- (e) Agree to abide by a nationally recognized code of ethics and standards of practice such as the National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care, and the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.
- (f) Submit the required forms and documentation to become a certified or qualified health care interpreter as defined by OAR 950, division 50.
- (g) Agree to provide their full name (to include first and last name), their OHA central registry number, and the language they are interpreting for each interpreting session to health care providers, interpreting service companies, and Coordinated Care Organizations.

(2) Applicants seeking to become a qualified health care interpreter for a spoken language or languages and enrolled in the central registry must:

- (a) Complete an application on a form prescribed by the Authority and meet the requirements set out in section (1) of this rule;
- (b) Provide written verification of one of the following:
 - (A) At least 60 hours of formal training as defined in OAR 950-050-0060, with a certificate of completion dated no more than one year prior to the date of the written application to the HCI central registry; or
 - (B) At least 60 hours of formal training as defined in OAR 950-050-0060, with a certificate of completion dated more than one year, but no more than two years, prior to the date of the written HCI central registry application, along with documentation that shows the applicant has been performing HCI work since completing the training. Documentation shall include a letter of proof, on letterhead from the supervisor or the client. If the training was completed more than two years prior to the application date, the applicant must retake the full 60-hour training before applying; or
 - (C) Educators and trainers of health care interpreters who have worked in the field for two consecutive years within the 4 years prior to the date of application may receive credit for 40 hours of the 60 hour requirement by providing valid documentation from an established registry or institution for time spent training health care interpreters. The remaining 20 hours shall meet Oregon Health Authority-approved requirements.
- (c) Demonstrate health care interpreting knowledge by passing a skill evaluation offered by an Oregon Health Authority-approved language proficiency testing center provided for in OAR 950-050-0070, or meet equivalent language proficiency requirements set by the Oregon Health Authority. Equivalent standards include having an organization or community that represents limited English proficiency members provide language proficiency testing for languages that do not have a test available.

(3) Applicants seeking to become a qualified health care interpreter for American Sign Language and enrolled in the central registry must:

- (a) Complete an application prescribed by the Authority and meet the requirements set out in section (1) of this rule;

- (b) Provide written verification of certification in American Sign Language interpreting from the Registry of Interpreters for the Deaf (RID) or other Oregon Health Authority-approved signed language certification and testing bodies; and
- (c) Provide verification of passing an approved language proficiency exam, such as the American Sign Language Proficiency Interview (ASLPI); or the Sign Language Proficiency Interview (SLPI; ASL) with a minimum proficiency level of 4 or advanced.
- (4) Applicants seeking to become a certified health care interpreter in a spoken language or languages and enrolled in the central registry must:
 - (a) Complete an application prescribed by the Authority;
 - (b) Provide the information and comply with the requirements set out in section (1) and (2) of this rule; and
 - (c) Pass a certification test at an Oregon Health Authority approved interpreter certification testing center on the list provided for in OAR 950-050-0070.
- (5) Applicants seeking to become a certified health care interpreter in American Sign Language and enrolled in the central registry must:
 - (a) Complete an application prescribed by the Authority; and
 - (b) Provide the information and comply with the requirements set out in sections (1), (2)(b), and (3) of this rule.
- (6) Applicants seeking to become signed language interpreters and enrolled in the central registry must:
 - (a) Have a Registry of Interpreters for the Deaf (RID) certification; and
 - (b) Provide verification of passing an approved language proficiency exam, such as the American Sign Language Proficiency Interview (ASLPI); or the Sign Language Proficiency Interview (SLPI; ASL) with a minimum proficiency level of 4 or advanced.
- (7) The Oregon Health Authority may accept formal training from entities in the United States and its territories that demonstrate their criteria are equal to or exceed Oregon's criteria as established by these rules.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0050

RULE TITLE: Application Procedure

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to application procedures and identification.

RULE TEXT:

- (1) Upon request, the Authority shall provide a link to the Health Workforce Registry Applicant Portal or a link to the Health Care Interpreter (HCI) application packet to any individual seeking certification or qualification as an HCI. Applications must only be submitted by the individual who is applying to become an HCI.
- (2) Applicants shall submit required forms and supplemental materials, including government-issued identification from the approved list in section (5) of this rule, proof of formal training and a copy of any Authority-approved national certification, if applicable, to the Authority.
- (3) To meet testing requirements, applicants shall authorize an Authority-approved testing center to provide the Authority with proof of their test results.
 - (a) Requests for language proficiency testing or certification testing shall be made directly to the approved testing center.
 - (b) Required testing fees shall be paid directly to the approved testing center.
 - (c) Test results shall become part of the applicant's permanent record.
- (4) Supplemental materials in languages other than English shall be accompanied by:
 - (a) An accurate translation of those documents into English; and
 - (b) A signed and dated translator's certificate, from a translator other than the applicant and not related to the applicant by blood or marriage, stating that the documents provided are a true and accurate translation and that the translator is not related to the applicant. If there are no other translators available other than those related to the applicant by blood or marriage, then the translator shall provide a written statement of their relationship to the applicant, their translator qualifications, and a statement that there is no conflict of interest created.
 - (c) The applicant shall pay for any translation costs for documents required by the Authority.
- (5) Applicants shall provide at least one form of identification that includes a photograph and is issued by a United States federal, state or local government agency. Acceptable photographic identification includes:
 - (a) A current United States passport.
 - (b) A current United States passport card.
 - (c) A current U.S. Territory passport.
 - (d) Tribal ID card from a federally recognized tribe.
 - (e) Certificate of Citizenship (N560 and N561).
 - (f) Certificate of Naturalization (N550, N570 and N578).
 - (g) U.S. Citizen Identification Card (I-197 and I-179).
 - (h) U.S. Military documents including:
 - (A) Military or Armed Forces ID Card;
 - (B) Military Common Access Card; or
 - (C) U.S. Uniform Services ID and Privileges Card (DD1173 and DD1173-1).
 - (i) Noncitizen resident card, such as a Green Card, or Permanent Resident Card (I-551).
 - (j) Current government-issued driver's license, instruction permit or identification card that contains the applicant's photograph.
- (6) The Authority may:
 - (a) Refuse to accept a document as proof of identity or other application material if the Authority has reason to believe the document is not valid.
 - (b) Request an applicant to present additional proof of identity.
- (7) Upon submission of the application, the applicant will receive an auto-generated email confirming the application has

been received. 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.

(8) The Authority shall notify the applicant of the Authority's determination on the application no later than 60 days after the date the completed application is received by the Authority.

(9) Applicants may withdraw from the process at any time by providing written notification to the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0060

RULE TITLE: Formal Training Documentation and Approval of Training Programs

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to training application procedures for training programs.

RULE TEXT:

- (1) Applicants seeking Health Care Interpreter (HCI) certification or qualification shall provide written verification of the successful completion of at least 60 hours of Authority-approved formal training, including a minimum of:
- (a) Fifty-two hours of integrated medical terminology, anatomy and physiology, introductory health care interpreting concepts and modes, including supervised practice; and
 - (b) Eight hours of Health Care Interpreting Ethics.
- (2) Health Care Interpreter (HCI) training programs seeking approval from the Authority shall submit an application prescribed by the Authority and must receive written confirmation of approval from the Authority before the Authority will consider instruction to students to count toward a student's 60-hour HCI training requirement. Programs must demonstrate that they meet all required elements outlined in these rules and in the formal application materials to be approved.
- (a) To receive and maintain approval of their core curriculum, a training program must:
- (A) Include a minimum of fifty-two hours of instruction in anatomy, physiology, medical terminology, and introductory health care interpreting concepts and modes;
 - (B) Include a minimum of eight hours of instruction in health care interpreting ethics and standards of practice as outlined in these rules;
 - (C) Incorporate instruction in message conversion, discourse analysis, speech delivery, idiomatic and regional language variation, memory and note-taking strategies, and self-assessment;
 - (D) Include all three primary modes of interpreting: consecutive, simultaneous, and sight translation, and provide exposure to basic written translation; and
 - (E) Include cultural competency training covering how culture affects health and health care delivery.
- (b) To be approved and to maintain approval, training programs must demonstrate the use of at least two reflective (R) and two active (A) instructional strategies, such as but not limited to lectures with visual aids, guest speakers, role plays, case studies, and simulations.
- (c) Assessment and attendance. To be approved and to maintain approval training programs must:
- (A) Require 100% attendance for successful completion; and
 - (B) Include both formative and summative assessments to evaluate interpreter readiness.
- (d) Program approval and renewal:
- (A) OHA-approved training programs must renew their approval every three years by submitting to the Authority a renewal application prescribed by the Authority.
 - (B) Programs must notify OHA within 30 days of any substantive changes to curriculum, instructional staff, or organizational structure.
 - (C) OHA reserves the right to observe training sessions at any time for quality assurance purposes.
- (e) Application resubmission. If a training program's application is not complete:
- (A) After the first notice that an application is not complete, the training program may correct the application and resubmit immediately.
 - (B) After a second notice that an application is not complete, the training program must wait a minimum of three months from the date on the application notification before resubmitting.
 - (C) After a third notice that an application is not complete, and each subsequent notice, the training program must wait a minimum of six months from the date on the application notification before resubmitting.
- (f) Application denial or revocation. Training programs whose application is denied, or approval is revoked, must wait a minimum of two years from the date on the application denial or revocation notification before reapplying.

(g) All health care interpreter training programs seeking approval under this rule must be physically based in the United States and must conduct their administrative and instructional operations within U.S. jurisdictions.

(h) Programs must provide documentation verifying their U.S. presence, which may include:

(A) A current business license issued by a U.S. state or local government.

(B) A physical address within the United States where instruction or administration occurs.

(C) A copy of the program's IRS Employer Identification Number (EIN) registration or tax-exempt status, if applicable.

(D) A signed attestation from the program director confirming that all instruction and program oversight occur within the United States.

(i) The Authority may use a variety of methods to verify the program's United States presence and those found to be operating outside of the U.S. or misrepresenting their location may be denied approval or have their approval revoked.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0100

RULE TITLE: Letter of Qualification

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to letter of qualification.

RULE TEXT:

- (1) If the Authority determines that the qualification requirements in OAR 950-050-0040, 950-050-0050, and 950-050-0060 and any applicable renewal requirements have been met, a letter of qualification shall be issued.
- (2) Letters of qualification are valid for 48 months (4 years) from the date of issue and are renewable.
- (3) The issuance of a letter of qualification, or the HCI's holding of this credential, is in addition to, and not in lieu of any other certification, registration or licensure requirement necessary to comply with state law.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0110

RULE TITLE: Letter of Certification

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to letter of certification.

RULE TEXT:

- (1) If the Authority determines that the certification requirements in OAR 950-050-0040, 950-050-0050 and 950-050-0060 and any applicable renewal requirements have been met, a letter of certification shall be issued.
- (2) Letters of certification are valid for 48 months (4 years) from the date of issue and are renewable.
- (3) The issuance of a letter of certification, or the HCI's holding of this credential, is in addition to, and not in lieu of any other certification, registration or licensure requirement necessary to comply with state law.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0120

RULE TITLE: Certification and Qualification Renewal

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to clarify renewal process.

RULE TEXT:

- (1) Certified or qualified health care interpreters who intend to maintain enrollment in the central registry shall renew their certification or qualification every 48 months (4 years).
- (2) No more than 60 days before the expiration of certification or qualification, the individual seeking renewal shall submit:
 - (a) A signed copy of the Oregon Health Authority provided commitment form acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.
 - (b) Written verification showing the individual has maintained eligibility for central registry renewal by completing the continuing education required:
 - (A) For qualification, the continuing education required by OAR 950-050-0090.
 - (B) For certification, the continuing education required by OAR 950-050-0090 and any additional hours required by the applicant's national certifying body during the preceding four years. Actual recertification by the national body is not required, except for the Registry of Interpreters for the Deaf (RID). RID certification must be current at the time of renewal.
 - (c) For applicants seeking renewal as a qualified health care interpreter for American Sign Language, written verification of at least 60 hours of formal training from an Oregon Health Authority approved training center. These training hours are in addition to the continuing education required by OAR 950-050-0090. Qualified signed language health care interpreter renewal applicants who provide this documentation will be deemed to meet the requirements of a certified health care interpreter and will be issued a letter of certification.
 - (d) Government-issued identification from the approved list in section (5) of OAR 950-050-0050.
- (3) The date of submission shall be considered to be the date materials are received by the Oregon Health Authority in the online Health Workforce Registry Applicant Portal or by fax, mail, email or hand delivery.
- (4) If the qualification or certification has not been renewed within 1 year (12 months) of the expiration date, the HCI shall re-apply as a new applicant as outlined in these rules, including retaking the full 60-hour training before re-applying. During the period that the qualification or certification has expired and has not been renewed, the interpreter shall not represent themselves as having a current or valid OHA HCI credential.

STATUTORY/OTHER AUTHORITY: ORS 413.558, ORS 413.556

STATUTES/OTHER IMPLEMENTED: ORS 413.558, ORS 413.556

AMEND: 950-050-0130

RULE TITLE: Denial, Revocation, Suspension, Refusal to Renew, Progressive Disciplinary Actions, and Credential Status Reinstatement for Certification and Qualification

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Updates to denial, suspension or refusal to renew and progressive disciplinary actions.

RULE TEXT:

(1) The Authority shall deny, revoke, suspend or refuse to renew a letter of certification or qualification if:

(a) An applicant for an initial certification or qualification fails to meet the eligibility standards of OAR 950-050-0040.

(b) An applicant for certification or qualification renewal fails to comply with the requirements of OAR 950-050-0120.

(c) An applicant submits information that cannot be verified.

(d) An applicant engages in conduct or practices found by the Authority to be in violation of the National Council on Interpreting in Health Care Code of Ethics, the National Council on Interpreting in Health Care Standards of Practice, or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(2) The Authority may deny, revoke, suspend, or refuse to renew a certification or qualification, or impose remedial education or corrective actions on a renewal applicant or an individual on the central registry, if the individual engages in any of the following conduct:

(a) Representing that the applicant or individual is an Oregon certified or qualified health care interpreter without having been issued a valid letter of certification or qualification by the Authority.

(b) Knowingly giving false information to the Authority.

(c) Violating the credentialing process by:

(A) Falsifying or misrepresenting education credentials or other information required for admission to an evaluation or assessment.

(B) Having an impersonator take an evaluation or assessment on the applicant or enrollee's behalf.

(C) Impersonating an applicant or individual.

(d) Having a credential to provide health care interpreting services in another state, territory or country, or issued by another certifying entity denied, revoked or suspended based on behavior by the individual similar to prohibited acts described in this rule.

(e) Allowing the use of an Authority issued credential by a non-credentialed person.

(f) Presenting another person's credential as the applicant or enrollee's own credential.

(g) Impersonating another Oregon certified or qualified HCI.

(h) Practicing health care interpreting services under a false or assumed name.

(i) Using or attempting to use a credential that has been revoked, suspended, or lapsed.

(j) Practicing or offering to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care, or the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.

(k) Engaging in false, deceptive or misleading advertising of the applicant or enrollee's certification or qualification credentials.

(A) False, deceptive or misleading advertising includes but is not limited to advertising health care interpreting services using the terms "Oregon qualified" or "Oregon certified" health care interpreter in any private or public communication or publication when not credentialed by the Authority.

(B) Advertising includes telephone directory listings, business cards, social media networking, or any other source of public communication.

(l) Failing to comply or cooperate with an Authority request in any way, including but not limited to a credentialing action or disciplinary proceeding, including:

(A) Failing to submit requested papers or documents.

(B) Failing to submit a written response to a complaint filed with the Authority.

- (C) Failing to respond to requests for information issued by the Authority.
- (3) The Authority may impose progressive disciplinary actions based on the severity, frequency, and nature of the violation. Disciplinary actions may include one or more of the following, but is not limited to:
- (a) Issuance of a disciplinary letter of concern identifying the conduct and advising the individual of necessary corrective action.
 - (b) Requirement to complete remedial education or training relevant to the violation, including but not limited to ethics, standards of practice, or professional conduct.
 - (c) Revocation of qualification or certification, resulting in removal from the OHA central registry, subject to reinstatement under subsection (4) of this rule.
- (4) An individual whose qualification or certification has been revoked may apply for reinstatement, no sooner than twenty-four months from the effective date of the revocation, by submitting a written request to the Authority. The individual must demonstrate what they have done to correct the violation or violations that led to the revocation and ensure that future misconduct will not occur. The request must include:
- (a) A statement acknowledging the conduct that led to the disciplinary action and demonstrating understanding of the violation.
 - (b) Evidence of rehabilitation or corrective action taken, including but not limited to completion of any required remedial education or training.
 - (c) Documentation of compliance with all current eligibility, application, and renewal requirements under these rules.
 - (d) If required by the Authority, successful completion of a re-assessment or evaluation to demonstrate continued competency.
 - (e) Letters of reference or professional support, if requested by the Authority.
 - (f) Completed Authority-approved, fingerprint-based national criminal background check, if requested by the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0150

RULE TITLE: Hearings

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Brief update to individuals' hearings request, and inclusion of training programs.

RULE TEXT:

An individual who wishes to contest the denial, non-renewal, suspension, revocation, or other disciplinary action of their central registry enrollment, qualification or certification or a training program that wishes to contest an application denial or revocation of their approved status 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.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: 413.558, ORS 413.556

AMEND: 950-050-0180

RULE TITLE: Coordinated Care Organizations (CCOs)

NOTICE FILED DATE: 08/27/2025

RULE SUMMARY: Removal of unnecessary language.

RULE TEXT:

Coordinated Care Organizations shall work with qualified or certified health care interpreters from the central registry as detailed in OAR Chapter 410, Division 141.

STATUTORY/OTHER AUTHORITY: ORS 413.558

STATUTES/OTHER IMPLEMENTED: ORS 419.558, ORS 413.556