

**REVENUE: No revenue impact**

**FISCAL: Minimal fiscal impact, no statement issued**

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed
<b>Vote:</b>	7 - 0 - 3
<b>Yeas:</b>	Cannon, Dembrow, Garrett, Harker, Maurer, Thompson, Greenlick
<b>Nays:</b>	0
<b>Exc.:</b>	Bruun, Kennemer, Kotek
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	1/28, 2/23

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**WHAT THE MEASURE DOES:** Standardizes health profession regulatory board appointment, confirmation, and removal process. Changes the board member term from four years to three years. Deletes “the Department of Human Services” from several references. Deletes term “family member” and defines relationship as a spouse, domestic partner, child, parent or sibling. Includes and standardizes the Oregon Mortuary and Cemetery Board member term limits, Governor appointment, and geographic and ethnic representation. Declares an emergency, effective on passage.

**ISSUES DISCUSSED:**

- Concerns with increasing the length of board member terms to four years
- Various meeting schedules for different boards
- Definition of family member
- Technical amendment for Department of Human Services
- Proposed amendments
- Suggested changes from the Oregon Mortuary and Cemetery Board
- Comments from the Oregon Board of Dentistry

**EFFECT OF COMMITTEE AMENDMENT:** Changes the board member term from four years to three. Deletes “the Department of Human Services” from several references. Deletes term “family member” and defines relationship as a spouse, domestic partner, child, parent or sibling. Includes and standardizes the Oregon Mortuary and Cemetery Board member term limits, Governor appointment, and geographic and ethnic representation.

**BACKGROUND:** Currently, there is no standardization of Oregon’s health profession regulatory boards’ membership, appointing authority, qualifications, confirmation process, and removal process, term of office, compensation, or size of the board. The 2007-08 House Interim Committee on Health Care received information relating to the following topics:

- Diverse array of regulatory boards in health care leads to piecemeal approach to consumer and public protection overall;
- No central authority;
- Board operations tailored to specific professions;
- Executive directors guide operations of each board and generally are responsible for administrative functions of the board;
- Board members have final authority in final orders and licenses;
- Board members may serve as expert advisors to the board staff;
- The public members are in the minority on each board; and
- The public members rely on licensed Board members for expertise in areas of practice, ethics and professionalism.

3/2/2009 10:04:00 AM

*This summary has not been adopted or officially endorsed by action of the committee.*