

Larson Tyler

From: MERCER Holly * OHLA ASD <holly.mercer@state.or.us>
Sent: Wednesday, March 20, 2013 12:00 PM
To: Larson Tyler
Cc: PATNODE Samie * OHLA ASD
Subject: HB 2997

Tyler,

As we discussed, in preparation for the work session scheduled for March 22, you requested that I summarize some of the practical challenges surrounding the current language in HB 2997:

- 1) As the bill is written, the Board would have its own account and would pay OHLA for services. Currently, the Board is operating in the "red" and only because we have a shared administrative model, is the Board able to withstand its current deficit status.
- 2) As the bill is written, the Board would conduct the investigations and OHLA would reimburse the Board for its investigative functions out of civil penalties received by OHLA. Although it is our understanding that the Board would still rely on OHLA staff to conduct the investigations, it is not clear in the current language. In addition, OHLA has received less than \$5,000 in civil penalties relating to this Board over the last biennium and this amount would be deficient in funding the costs of investigations.
- 3) As the bill is written, we believe the Board is asking for final order authority for rule making and discipline, but leaves final order authority for licensing with the agency. This seems inconsistent. For other healthcare boards outside of OHLA, final order authority is for all functions, including the licensing function. For other healthcare boards outside of OHLA, agency/Board staff perform the administrative functions and the Board has final order authority. If the policy decision is to give the Board final order authority, the language could be written into the bill for licensing, discipline, and rule making.
- 4) As the bill is written, the exemption language is challenging from a practical standpoint. Although the Board could clarify the parameters of the exemptions in rulemaking, it would be helpful to receive guidance from the Committee regarding the intent of the exemptions. For example, what kind of evidence would be acceptable in establishing that a traditional midwife is "within" a religious or cultural group that holds a religious, spiritual or philosophical belief related to the practice of direct entry midwifery.

With additional discussion, I believe most of these challenges could be addressed. Please let me know if you or any of the Committee members have questions.

Thanks,
Holly

Holly Mercer
Interim Executive Director
Oregon Health Licensing Agency
700 Summer St. NE, Ste 320
Salem, OR 97301-1287
Phone: (503) 373-2084
Fax: (503) 585-9114
holly.mercer@state.or.us