# HOUSE MINORITY REPORT AMENDMENTS TO HOUSE BILL 2013

By Nonconcurring Members of COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

April 15

1	On page $1$ of the printed bill, line 2, after "providers;" delete the rest of the line and insert
2	"creating new provisions; and amending ORS 675.520, 675.523, 675.597, 676.177 and 743A.168.".
3	Delete lines 4 through 30 and delete pages 2 through 7 and insert:
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5	"SOCIAL WORK LICENSURE COMPACT
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7	"SECTION 1. The provisions of the Social Work Licensure Compact are as follows:
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10	SOCIAL WORK LICENSURE COMPACT
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12	SECTION 1: PURPOSE
13	The purpose of the Compact is to facilitate interstate practice of regulated social workers
14	by improving public access to competent social work services. The Compact preserves the
15	regulatory authority of states to protect public health and safety through the current system
16	of state licensure.
17	The Compact is designed to achieve the following objectives:
18	A. Increase public access to social work services;
19	B. Reduce overly burdensome and duplicative requirements associated with holding mul-
20	tiple licenses;
21	C. Enhance the member states' ability to protect the public's health and safety;
22	D. Encourage the cooperation of member states in regulating multistate practice;
23	E. Promote mobility and address workforce shortages by eliminating the necessity for
24	licenses in multiple states by providing for the mutual recognition of other member state
25	licenses;
26	F. Support military families;
27	G. Facilitate the exchange of licensure and disciplinary information among member
28	states;
29	H. Authorize all member states to hold a regulated social worker accountable for abiding
30	by a member state's laws, regulations and applicable professional standards in the member
31	state in which the client is located at the time care is rendered; and
32	I. Allow for the use of telehealth to facilitate increased access to regulated social work
33	services.

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**SECTION 2. DEFINITIONS** 

As used in the Compact, and except as otherwise provided, the following definitions shall apply:

- A. "Active military member" means any individual with full-time duty status in the active armed forces of the United States including members of the National Guard and Reserve.
- B. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing authority or other authority against a regulated social worker, including actions against an individual's license or multistate authorization to practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice or any other encumbrance on licensure affecting a regulated social worker's authorization to practice, including issuance of a cease and desist action.
- C. "Alternative program" means a non-disciplinary monitoring or practice remediation process approved by a licensing authority to address practitioners with an impairment.
- D. "Charter member states" means member states who have enacted legislation to adopt the Compact where such legislation predates the effective date of the Compact as described in Section 14 of the Compact.
- E. "Compact Commission" or "Commission" means the government agency known as the Social Work Licensure Compact Commission, as described in Section 10 of the Compact, whose membership consists of all states that have enacted the Compact, and which shall operate as an instrumentality of the member states.
  - F. "Current significant investigative information" means:

- 1. Investigative information that a licensing authority, after a preliminary inquiry that includes notification and an opportunity for the regulated social worker to respond, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction as may be defined by the Commission; or
- 2. Investigative information that indicates that the regulated social worker represents an immediate threat to public health and safety, as may be defined by the Commission, regardless of whether the regulated social worker has been notified and has had an opportunity to respond.
- G. "Data system" means a repository of information about licensees, including continuing education, examination, licensure, current significant investigative information, disqualifying event, multistate license and adverse action information or other information as required by the Commission.
- H. "Disqualifying event" means any adverse action or incident which results in an encumbrance that disqualifies or makes the licensee ineligible to obtain, retain or renew a multistate license.
- I. "Domicile" means the jurisdiction in which the licensee resides and intends to remain indefinitely.
- J. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of social work licensed and regulated by a licensing authority.
- K. "Executive Committee" means a group of delegates elected or appointed to act on behalf of, and within the powers granted to them by, the Compact and Commission.
  - L. "Home state" means the member state that is the licensee's primary domicile.
- M. "Impairment" means a condition that may impair a practitioner's ability to engage in

full and unrestricted practice as a regulated social worker without some type of intervention and may include alcohol and drug dependence, mental health impairment and neurological or physical impairments.

- N. "Licensee" means an individual who currently holds a license from a state to practice as a regulated social worker.
- O. "Licensing authority" means the board or agency of a member state or equivalent that is responsible for the licensing and regulation of regulated social workers.
- P. "Member state" means a state, commonwealth, district or territory of the United States that has enacted the Compact.
- Q. "Multistate authorization to practice" means a legally authorized privilege to practice, which is equivalent to a license, associated with a multistate license permitting the practice of social work in a remote state.
- R. "Multistate license" means a license to practice as a regulated social worker issued by a home state licensing authority that authorizes the regulated social worker to practice in all member states under multistate authorization to practice.
- S. "Qualifying national exam" means a national licensing examination approved by the Commission.
- T. "Regulated social worker" means any clinical, master's or bachelor's social worker likensed by a member state regardless of the title used by that member state.
  - U. "Remote state" means a member state other than the licensee's home state.
  - V. "Rule" or "rule of the Commission" means a regulation or regulations duly promulgated by the Commission, as authorized by the Compact, that has the force of law.
  - W. "Single state license" means a social work license issued by any state that authorizes practice only within the issuing state and does not include multistate authorization to practice in any member state.
  - X. "Social work" or "social work services" means the application of social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities through the care and services provided by a regulated social worker as set forth in the member state's statutes and regulations in the state where the services are being provided.
  - Y. "State" means any state, commonwealth, district or territory of the United States that regulates the practice of social work.
  - Z. "Unencumbered license" means a license that authorizes a regulated social worker to engage in the full and unrestricted practice of social work.

## SECTION 3. STATE PARTICIPATION IN THE COMPACT

- A. To be eligible to participate in the Compact, a potential member state must currently meet all of the following criteria:
- 39 1. License and regulate the practice of social work at either the clinical, master's or 40 bachelor's category.
  - 2. Require applicants for licensure to graduate from a program that is:
  - a. Operated by a college or university recognized by the licensing authority;
  - b. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:
    - i. The Council for Higher Education Accreditation, or its successor; or

ii. The United States Department of Education; and

- c. Corresponds to the licensure sought as outlined in Section 4 of the Compact.
- 3. Require applicants for clinical licensure to complete a period of supervised practice.
- 4. Have a mechanism in place for receiving, investigating and adjudicating complaints about licensees.
  - B. To maintain membership in the Compact a member state shall:
  - 1. Require that applicants for a multistate license pass a qualifying national exam for the corresponding category of multistate license sought as outlined in Section 4 of the Compact.
  - 2. Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in the rules of the Commission.
  - 3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or the availability of current significant investigative information regarding a licensee.
  - 4. Implement procedures for considering the criminal history records of applicants for a multistate license. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
    - 5. Comply with the rules of the Commission.
  - 6. Require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable home state laws.
  - 7. Authorize a licensee holding a multistate license in any member state to practice in accordance with the terms of the Compact and rules of the Commission.
    - 8. Designate a delegate to participate in the Commission meetings.
  - C. A member state meeting the requirements of Section 3.A and 3.B of the Compact shall designate the categories of social work licensure that are eligible for issuance of a multistate license for applicants in such member state. To the extent that any member state does not meet the requirements for participation in the Compact at any particular category of social work licensure, such member state may choose, but is not obligated to, issue a multistate license to applicants that otherwise meet the requirements of Section 4 of the Compact for issuance of a multistate license in such category or categories of licensure.
    - D. The home state may charge a fee for granting the multistate license.
    - SECTION 4. SOCIAL WORKER PARTICIPATION IN THE COMPACT
  - A. To be eligible for a multistate license under the terms and provisions of the Compact, an applicant, regardless of category must:
    - 1. Hold or be eligible for an active, unencumbered license in the home state;
- 2. Pay any applicable fees, including any state fee, for the multistate license;
- 3. Submit, in connection with an application for a multistate license, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
- 4. Notify the home state of any adverse action, encumbrance or restriction on any professional license taken by any member state or non-member state within 30 days from the date the action is taken;

- 5. Meet any continuing competence requirements established by the home state; and
  - 6. Abide by the laws, regulations and applicable standards in the member state where the client is located at the time care is rendered.
  - B. An applicant for a clinical-category multistate license must meet all of the following requirements:
    - 1. Fulfill a competency requirement, which shall be satisfied by either:
    - a. Passage of a clinical-category qualifying national exam;

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- b. Licensure of the applicant in their home state at the clinical category, beginning prior to such time as a qualifying national exam was required by the home state and accompanied by a period of continuous social work licensure thereafter, all of which may be further governed by the rules of the Commission; or
- c. The substantial equivalency of the foregoing competency requirements which the Commission may determine by rule.
  - 2. Attain at least a master's degree in social work from a program that is:
  - a. Operated by a college or university recognized by the licensing authority; and
- b. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:
  - i. The Council for Higher Education Accreditation or its successor; or
- ii. The United States Department of Education.
- 3. Fulfill a practice requirement, which shall be satisfied by demonstrating completion of either:
- 22 a. A period of postgraduate supervised clinical practice equal to a minimum of 3,000 23 hours:
  - b. A minimum of two years of full-time postgraduate supervised clinical practice; or
  - c. The substantial equivalency of the foregoing practice requirements which the Commission may determine by rule.
  - C. An applicant for a master's-category multistate license must meet all of the following requirements:
    - 1. Fulfill a competency requirement, which shall be satisfied by either:
    - a. Passage of a master's-category qualifying national exam;
  - b. Licensure of the applicant in their home state at the master's category, beginning prior to such time as a qualifying national exam was required by the home state at the master's category and accompanied by a continuous period of social work licensure thereafter, all of which may be further governed by the rules of the Commission; or
  - c. The substantial equivalency of the foregoing competency requirements which the Commission may determine by rule.
    - 2. Attain at least a master's degree in social work from a program that is:
    - a. Operated by a college or university recognized by the licensing authority; and
- b. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:
  - i. The Council for Higher Education Accreditation or its successor; or
- 42 ii. The United States Department of Education.
- D. An applicant for a bachelor's-category multistate license must meet all of the following requirements:
  - 1. Fulfill a competency requirement, which shall be satisfied by either:

a. Passage of a bachelor's-category qualifying national exam;

- b. Licensure of the applicant in their home state at the bachelor's category, beginning prior to such time as a qualifying national exam was required by the home state and accompanied by a period of continuous social work licensure thereafter, all of which may be further governed by the rules of the Commission; or
- c. The substantial equivalency of the foregoing competency requirements which the Commission may determine by rule.
  - 2. Attain at least a bachelor's degree in social work from a program that is:
  - a. Operated by a college or university recognized by the licensing authority; and
- b. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:
  - i. The Council for Higher Education Accreditation or its successor; or
  - ii. The United States Department of Education.
- E. The multistate license for a regulated social worker is subject to the renewal requirements of the home state. The regulated social worker must maintain compliance with the requirements of Section 4.A of the Compact to be eligible to renew a multistate license.
- F. The regulated social worker's services in a remote state are subject to that member state's regulatory authority. A remote state may, in accordance with due process and that member state's laws, remove a regulated social worker's multistate authorization to practice in the remote state for a specific period of time, impose fines and take any other necessary actions to protect the health and safety of its citizens.
- G. If a multistate license is encumbered, the regulated social worker's multistate authorization to practice shall be deactivated in all remote states until the multistate license is no longer encumbered.
- H. If a multistate authorization to practice is encumbered in a remote state, the regulated social worker's multistate authorization to practice may be deactivated in that state until the multistate authorization to practice is no longer encumbered.

#### SECTION 5: ISSUANCE OF A MULTISTATE LICENSE

- A. Upon receipt of an application for multistate license, the home state licensing authority shall determine the applicant's eligibility for a multistate license in accordance with Section 4 of the Compact.
- B. If such applicant is eligible pursuant to Section 4 of the Compact, the home state licensing authority shall issue a multistate license that authorizes the applicant or regulated social worker to practice in all member states under a multistate authorization to practice.
- C. Upon issuance of a multistate license, the home state licensing authority shall designate whether the regulated social worker holds a multistate license in the clinical, master's or bachelor's category of social work.
- D. A multistate license issued by a home state to a resident in that state shall be recognized by all member states as authorizing social work practice under a multistate authorization to practice corresponding to each category of licensure regulated in each member state.

# SECTION 6: AUTHORITY OF INTERSTATE COMPACT COMMISSION AND MEMBER STATE LICENSING AUTHORITIES

A. Nothing in the Compact, nor any rule of the Commission, shall be construed to limit, restrict or in any way reduce the ability of a member state to enact and enforce laws, reg-

ulations or other rules related to the practice of social work in that state, where those laws, regulations or other rules are not inconsistent with the provisions of the Compact.

- B. Nothing in the Compact shall affect the requirements established by a member state for the issuance of a single state license.
- C. Nothing in the Compact, nor any rule of the Commission, shall be construed to limit, restrict or in any way reduce the ability of a member state to take adverse action against a licensee's single state license to practice social work in that state.
- D. Nothing in the Compact, nor any rule of the Commission, shall be construed to limit, restrict or in any way reduce the ability of a remote state to take adverse action against a licensee's multistate authorization to practice in that state.
- E. Nothing in the Compact, nor any rule of the Commission, shall be construed to limit, restrict or in any way reduce the ability of a licensee's home state to take adverse action against a licensee's multistate license based upon information provided by a remote state.

#### SECTION 7: REISSUANCE OF A MULTISTATE LICENSE BY A NEW HOME STATE

- A. A licensee can hold a multistate license issued by their home state in only one member state at any given time.
  - B. If a licensee changes their home state by moving between two member states:
- 1. The licensee shall immediately apply for the reissuance of their multistate license in their new home state. The licensee shall pay all applicable fees and notify the prior home state in accordance with the rules of the Commission.
- 2. Upon receipt of an application to reissue a multistate license, the new home state shall verify that the multistate license is active, unencumbered and eligible for reissuance under the terms of the Compact and the rules of the Commission. The multistate license issued by the prior home state will be deactivated and all member states notified in accordance with the applicable rules adopted by the Commission.
- 3. Prior to the reissuance of the multistate license, the new home state shall conduct procedures for considering the criminal history records of the licensee. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- 4. If required for initial licensure, the new home state may require completion of jurisprudence requirements in the new home state.
- 5. Notwithstanding any other provision of the Compact, if a licensee does not meet the requirements set forth in the Compact for the reissuance of a multistate license by the new home state, then the licensee shall be subject to the new home state requirements for the issuance of a single state license in that state.
- C. If a licensee changes their primary state of residence by moving from a member state to a non-member state or from a non-member state to a member state, the licensee shall be subject to the state requirements for the issuance of a single state license in the new home state.
- D. Nothing in the Compact shall interfere with a licensee's ability to hold a single state license in multiple states. However, for the purposes of the Compact, a licensee shall have only one home state and only one multistate license.
  - E. Nothing in the Compact shall interfere with the requirements established by a member

state for the issuance of a single state license.

#### **SECTION 8. MILITARY FAMILIES**

An active military member or their spouse shall designate a home state where the individual has a multistate license. The individual may retain their home state designation during the period the service member is on active duty.

#### **SECTION 9. ADVERSE ACTIONS**

- A. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:
- 1. Take adverse action against a regulated social worker's multistate authorization to practice only within that member state, and issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing authority in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing licensing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.
- 2. Only the home state shall have the power to take adverse action against a regulated social worker's multistate license.
- B. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
- C. The home state shall complete any pending investigations of a regulated social worker who changes their home state during the course of the investigations. The home state shall also have the authority to take appropriate action and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the data system shall promptly notify the new home state of any adverse actions.
- D. A member state, if otherwise permitted by state law, may recover from the affected regulated social worker the costs of investigations and dispositions of cases resulting from any adverse action taken against that regulated social worker.
- E. A member state may take adverse action based on the factual findings of another member state, provided that the member state follows its own procedures for taking the adverse action.
  - F. Joint investigations.
- 1. In addition to the authority granted to a member state by its respective social work practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.
- 2. Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.
- G. If adverse action is taken by the home state against the multistate license of a regulated social worker, the regulated social worker's multistate authorization to practice in all other member states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against

the license of a regulated social worker shall include a statement that the regulated social worker's multistate authorization to practice is deactivated in all member states until all conditions of the decision, order or agreement are satisfied.

- H. If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state and all other member states of any adverse actions by remote states.
- I. Nothing in the Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.
- J. Nothing in the Compact shall authorize a member state to demand the issuance of subpoenas for attendance and testimony of witnesses or the production of evidence from another member state for lawful actions within that member state.
- K. Nothing in the Compact shall authorize a member state to impose discipline against a regulated social worker who holds a multistate authorization to practice for lawful actions within another member state.

15 SECTION 10. ESTABLISHMENT OF SOCIAL WORK LICENSURE COMPACT COMMIS-16 SION

- A. The Compact member states hereby create and establish a joint government agency whose membership consists of all member states that have enacted the Compact, to be known as the Social Work Licensure Compact Commission. The Commission is an instrumentality of the Compact member states acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of the Compact as set forth in Section 14 of the Compact.
  - B. Membership, Voting and Meetings
- 1. Each member state shall have and be limited to one delegate selected by that member state's licensing authority.
  - 2. The delegate shall be either:

- a. A current member of the licensing authority at the time of appointment, who is a regulated social worker or public member of the licensing authority; or
  - b. An administrator of the licensing authority or their designee.
- 3. The Commission shall by rule or bylaw establish a term of office for delegates and may by rule or bylaw establish term limits.
- 4. The Commission may recommend the removal or suspension of any delegate from office.
- 5. A member state's licensing authority shall fill any vacancy of its delegate occurring on the Commission within 60 days of the vacancy.
- 6. Each delegate shall be entitled to one vote on all matters before the Commission requiring a vote by Commission delegates.
  - 7. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates to meet by telecommunication, videoconference or other means of communication.
  - 8. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference or other similar electronic means.
    - C. The Commission shall have the following powers:
    - 1. Establish the fiscal year of the Commission;

- 1 2. Establish code of conduct and conflict of interest policies;
- 2 3. Establish and amend rules and bylaws;

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- 3 4. Maintain its financial records in accordance with the bylaws;
- 4 5. Meet and take such actions as are consistent with the provisions of the Compact, the 5 Commission's rules and the bylaws;
  - 6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any licensing authority to sue or be sued under applicable law shall not be affected:
  - 7. Maintain and certify records and information provided to a member state as the authenticated business records of the Commission, and designate an agent to do so on the Commission's behalf:
    - 8. Purchase and maintain insurance and bonds;
  - 9. Borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
    - 10. Conduct an annual financial review;
  - 11. Hire employees, elect or appoint officers, fix compensation, define duties, grant to employees and officers appropriate authority to carry out the purposes of the Compact and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
    - 12. Assess and collect fees;
  - 13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials and services, and receive, utilize and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;
  - 14. Lease, purchase, retain, own, hold, improve or use any property, real, personal or mixed, or any undivided interest therein;
  - 15. Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
  - 16. Establish a budget and make expenditures;
    - 17. Borrow money;
  - 18. Appoint committees, including standing committees, composed of members, state regulators, state legislators or their representatives and consumer representatives and such other interested persons as may be designated in the Compact and the bylaws;
    - 19. Provide and receive information from, and cooperate with, law enforcement agencies;
    - 20. Establish and elect an Executive Committee, including a chair and a vice chair;
  - 21. Determine whether a state's adopted language is materially different from the model compact language such that the state would not qualify for participation in the Compact; and
- 38 22. Perform such other functions as may be necessary or appropriate to achieve the purposes of the Compact. 39
  - D. The Executive Committee
- 41 1. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of the Compact. The powers, duties and responsibilities of the **Executive Committee shall include:** 
  - a. Oversee the day-to-day activities of the administration of the Compact including enforcement and compliance with the provisions of the Compact, its rules and bylaws and

1 other such duties as deemed necessary;

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- b. Recommend to the Commission changes to the rules or bylaws, changes to the Compact legislation, fees charged to Compact member states, fees charged to licensees and other fees;
- c. Ensure Compact administration services are appropriately provided, including by contract:
  - d. Prepare and recommend the budget;
  - e. Maintain financial records on behalf of the Commission;
  - f. Monitor Compact compliance of member states and provide compliance reports to the Commission;
    - g. Establish additional committees as necessary;
  - h. Exercise the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending rules, adopting or amending bylaws and exercising any other powers and duties expressly reserved to the Commission by rule or bylaw: and
    - i. Other duties as provided in the rules or bylaws of the Commission.
    - 2. The Executive Committee shall be composed of up to 11 members:
- a. The chair and vice chair of the Commission shall be voting members of the Executive
  Committee.
  - b. The Commission shall elect five voting members from the current membership of the Commission.
  - c. Up to four ex-officio, non-voting members from four recognized national social work organizations.
    - d. The ex-officio members will be selected by their respective organizations.
  - 3. The Commission may remove any member of the Executive Committee as provided in the Commission's bylaws.
    - 4. The Executive Committee shall meet at least annually.
  - a. Executive Committee meetings shall be open to the public, except that the Executive Committee may meet in a closed, non-public meeting as provided in Section 10.F.2 of the Compact.
  - b. The Executive Committee shall give seven days' notice of its meetings, posted on its website and as determined to provide notice to persons with an interest in the business of the Commission.
  - c. The Executive Committee may hold a special meeting in accordance with Section 10.F.1.b of the Compact.
    - E. The Commission shall adopt and provide to the member states an annual report.
    - F. Meetings of the Commission
  - 1. All meetings shall be open to the public, except that the Commission may meet in a closed, non-public meeting as provided in Section 10.F.2 of the Compact.
  - a. Public notice for all meetings of the full Commission shall be given in the same manner as required under the rulemaking provisions in Section 12 of the Compact, except that the Commission may hold a special meeting as provided in Section 10.F.1.b of the Compact.
  - b. The Commission may hold a special meeting when it must meet to conduct emergency business by giving 48 hours' notice to all commissioners on the Commission's website and other means as provided in the Commission's rules. The Commission's legal counsel shall

certify that the Commission's need to meet qualifies as an emergency.

- 2. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting for the Commission or Executive Committee or other committees of the Commission to receive legal advice or to discuss:
  - a. Non-compliance of a member state with its obligations under the Compact;
- b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees;
- c. Current or threatened discipline of a licensee by the Commission or by a member state's licensing authority;
  - d. Current, threatened or reasonably anticipated litigation;
- e. Negotiation of contracts for the purchase, lease or sale of goods, services or real estate;
  - f. Accusing any person of a crime or formally censuring any person;
  - g. Trade secrets or commercial or financial information that is privileged or confidential;
  - h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
    - i. Investigative records compiled for law enforcement purposes;
  - j. Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact;
    - k. Matters specifically exempted from disclosure by federal or member state law; or
    - l. Other matters as promulgated by the Commission by rule.
  - 3. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.
  - 4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.
    - G. Financing of the Commission
  - 1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
- 2. The Commission may accept any and all appropriate revenue sources as provided in Section 10.C.13 of the Compact.
- 3.a. The Commission may levy and collect an annual assessment from each member state and impose fees on licensees of member states to whom it grants a multistate license to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for member states shall be allocated based upon a formula that the Commission shall promulgate by rule.
- b. An assessment levied, or any other financial obligation imposed, under the Compact is effective against the State of Oregon only to the extent that moneys necessary to pay the

assessment or meet the financial obligation have been deposited in the State Board of Licensed Social Workers Account established under ORS 675.597.

- 4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
- 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.
  - H. Qualified Immunity, Defense and Indemnification

- 1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.
- 2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense, and provided further that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.
- 3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.
- 4. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.
- 5. Nothing in the Compact shall be interpreted to waive or otherwise abrogate a member state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act or any other state or federal antitrust or anti-

competitive law or regulation.

6. Nothing in the Compact shall be construed to be a waiver of sovereign immunity by the member states or by the Commission.

#### **SECTION 11. DATA SYSTEM**

- A. The Commission shall provide for the development, maintenance, operation and utilization of a coordinated data system.
- B. The Commission shall assign each applicant for a multistate license a unique identifier, as determined by the rules of the Commission.
  - C. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom the Compact is applicable as required by the rules of the Commission, including:
    - 1. Identifying information;
  - 2. Licensure data;
    - 3. Adverse actions against a license and information related thereto;
  - 4. Non-confidential information related to alternative program participation, the beginning and ending dates of such participation and other information related to such participation not made confidential under member state law;
    - 5. Any denial of application for licensure and the reason for such denial;
    - 6. The presence of current significant investigative information; and
  - 7. Other information that may facilitate the administration of the Compact or the protection of the public, as determined by the rules of the Commission.
  - D. The records and information provided to a member state pursuant to the Compact or through the data system, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a member state.
  - E. Current significant investigative information pertaining to a licensee in any member state will only be available to other member states.
  - 1. It is the responsibility of the member states to report any adverse action against a licensee and to monitor the database to determine whether adverse action has been taken against a licensee. Adverse action information pertaining to a licensee in any member state will be available to any other member state.
  - F. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.
  - G. Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the member state contributing the information shall be removed from the data system.

#### SECTION 12. RULEMAKING

A. The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.

- B. The rules of the Commission shall have the force of law in each member state, provided however that where the rules of the Commission conflict with the laws of the member state that establish the member state's laws, regulations and applicable standards that govern the practice of social work as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that state to the extent of the conflict.
- C. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules shall become binding on the day following adoption or the date specified in the rule or amendment, whichever is later.
- D. If a majority of the legislatures of the member states rejects a rule or portion of a rule by enactment of a statute or resolution in the same manner used to adopt the Compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.
  - E. Rules shall be adopted at a regular or special meeting of the Commission.
- F. Prior to adoption of a proposed rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions and arguments.
- G. Prior to adoption of a proposed rule by the Commission, and at least 30 days in advance of the meeting at which the Commission will hold a public hearing on the proposed rule, the Commission shall provide a notice of proposed rulemaking:
  - 1. On the website of the Commission or other publicly accessible platform;
- 2. To persons who have requested notice of the Commission's notices of proposed rulemaking; and
  - 3. In such other ways as the Commission may by rule specify.
  - H. The notice of proposed rulemaking shall include:

- 1. The time, date and location of the public hearing at which the Commission will hear public comments on the proposed rule and, if different, the time, date and location of the meeting where the Commission will consider and vote on the proposed rule;
- 2. If the hearing is held via telecommunication, video conference or other electronic means, the Commission shall include the mechanism for access to the hearing in the notice of proposed rulemaking;
  - 3. The text of the proposed rule and the reason therefor;
  - 4. A request for comments on the proposed rule from any interested person; and
  - 5. The manner in which interested persons may submit written comments.
- I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed rule shall be available to the public.
- J. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- K. The Commission shall, by majority vote of all members, take final action on the proposed rule based on the rulemaking record and the full text of the rule.
- 1. The Commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.
- 2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

- 3. The Commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in Section 12.L of the Compact, the effective date of the rule shall be no sooner than 30 days after issuing the notice that it adopted or amended the rule.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule with 48 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
  - 1. Meet an imminent threat to public health, safety or welfare;
  - 2. Prevent a loss of Commission or member state funds;
- 3. Meet a deadline for the promulgation of a rule that is established by federal law or rule; or
  - 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.
  - N. No member state's rulemaking requirements shall apply under the Compact.
  - SECTION 13. OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT
  - A. Oversight

- 1. The executive and judicial branches of state government in each member state shall enforce the Compact and take all actions necessary and appropriate to implement the Compact.
- 2. Except as otherwise provided in the Compact, venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal offices of the Commission are located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter.
- 3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, the Compact or promulgated rules.
  - B. Default, Technical Assistance and Termination
- 1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact or the promulgated rules, the Commission shall provide written notice to the defaulting state. The notice of default shall de-

scribe the default, the proposed means of curing the default and any other action that the Commission may take and shall offer training and specific technical assistance regarding the default.

- 2. The Commission shall provide a copy of the notice of default to the other member states.
- C. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the delegates of the member states, and all rights, privileges and benefits conferred on that state by the Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
- D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's licensing authority and each of the member states' licensing authority.
- E. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
- F. Upon the termination of a state's membership from the Compact, that state shall immediately provide notice to all licensees within that state of such termination. The terminated state shall continue to recognize all licenses granted pursuant to the Compact for a minimum of six months after the date of said notice of termination.
- G. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
- H. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.
  - I. Dispute Resolution

- 1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.
- 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
  - J. Enforcement
- 1. By majority vote as provided by rule, the Commission may initiate legal action against a member state in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting member state's law.
  - 2. A member state may initiate legal action against the Commission in the U.S. District

Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

3. No person other than a member state shall enforce the Compact against the Commission.

#### SECTION 14. EFFECTIVE DATE, WITHDRAWAL AND AMENDMENT

- A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh member state.
- 1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the first seven member states ("charter member states") to determine if the statute enacted by each such charter member state is materially different than the model Compact statute.
- a. A charter member state whose enactment is found to be materially different from the model Compact statute shall be entitled to the default process set forth in Section 13 of this Compact.
- b. If any member state is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of member states should be less than seven.
- 2. Member states enacting the Compact subsequent to the seven initial charter member states shall be subject to the process set forth in Section 10.C.21 of the Compact to determine if their enactments are materially different from the model Compact statute and whether they qualify for participation in the Compact.
- 3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.
- 4.a. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules and bylaws shall be subject to the rules and bylaws as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- b. Notwithstanding Section 14.A.4.a of the Compact, the State Board of Licensed Social Workers shall review the rules of the Commission. The board may approve and adopt the rules of the Commission as rules of the board. The State of Oregon is subject to a rule of the Commission only if the rule of the Commission is adopted by the board.
- B. Any member state may withdraw from the Compact by enacting a statute repealing the same.
- 1. A member state's withdrawal shall not take effect until 180 days after enactment of the repealing statute.
  - 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's licensing authority to comply with the investigative and adverse action reporting requirements of the Compact prior to the effective date of withdrawal.
    - 3. Upon the enactment of a statute withdrawing from the Compact, a state shall imme-

diately provide notice of such withdrawal to all licensees within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all licenses granted pursuant to the Compact for a minimum of 180 days after the date of such notice of withdrawal.

- C. Nothing contained in the Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of the Compact.
- D. The Compact may be amended by the member states. No amendment to the Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

#### SECTION 15. CONSTRUCTION AND SEVERABILITY

- A. The Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of, the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.
- B. The provisions of the Compact shall be severable and if any phrase, clause, sentence or provision of the Compact is held by a court of competent jurisdiction to be contrary to the constitution of any member state, a state seeking participation in the Compact or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of the Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.
- C. Notwithstanding Section 15.B of the Compact, the Commission may deny a state's participation in the Compact or, in accordance with the requirements of Section 13.B of the Compact, terminate a member state's participation in the Compact, if the Commission determines that a constitutional requirement of a member state is a material departure from the Compact. Otherwise, if the Compact shall be held to be contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

### SECTION 16. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS

- A. A licensee providing services in a remote state under a multistate authorization to practice shall adhere to the laws and regulations, including laws, regulations and applicable standards, of the remote state where the client is located at the time care is rendered.
- B. Nothing herein shall prevent or inhibit the enforcement of any other law of a member state that is not inconsistent with the Compact.
- C. Any laws, statutes, regulations or other legal requirements in a member state in conflict with the Compact are superseded to the extent of the conflict.
- D. All permissible agreements between the Commission and the member states are binding in accordance with their terms.

"SECTION 2. The Legislative Assembly of the State of Oregon hereby ratifies the Social Work Licensure Compact set forth in section 1 of this 2025 Act.

"SECTION 3. (1) When the Social Work Licensure Compact Commission described in

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section 1 of this 2025 Act adopts a rule pursuant to the Social Work Licensure Compact described in section 1 of this 2025 Act, the State Board of Licensed Social Workers shall, within 90 days after the date on which the rule is adopted by the commission, adopt the rule of the commission as a rule of the board.

"(2) Failure of the board to adopt the rule of the commission as a rule of the board within the time described in this section shall constitute default under the Social Work Licensure Compact described in section 1 of this 2025 Act.

"SECTION 4. ORS 675.520 is amended to read:

"675.520. (1) A person may not use any title, words or abbreviations, including the title 'social worker,' that indicate that the person has an authorization to practice regulated social work unless the person is a regulated social worker.

- "(2) Subsection (1) of this section does not prohibit:
- "(a) The use of the educational designations 'Bachelor of Social Work' or 'Master's of Social Work' by a person who is not a regulated social worker; or
  - "(b) The use of the title 'school social worker' by a person who:
- "(A) Is not a regulated social worker;

- "(B) Holds a master's degree in social work from an accredited college or university; and
- "(C) Is licensed as a school social worker by the Teacher Standards and Practices Commission.
- "(3) Subsection (1) of this section does not apply to an individual who is authorized to practice social work by a multistate authorization to practice or a multistate license, as those terms are defined in section 1 of this 2025 Act.
  - "SECTION 5. ORS 675.523 is amended to read:
- "675.523. A person may not practice clinical social work unless the person is a clinical social worker licensed under ORS 675.530 or a clinical social work associate certified under ORS 675.537, except if the person is:
- "(1) Licensed or certified by the State of Oregon to provide mental health services, provided that the person is acting within the lawful scope of practice for the person's license or certification and does not represent that the person is a regulated social worker;
- "(2) Certified to provide alcohol and drug abuse prevention services, intervention services and treatment in compliance with rules adopted under ORS 430.256 and 430.357, provided that the person is acting within the lawful scope of practice for the person's certification and does not represent that the person is a regulated social worker;
- "(3) Employed by or contracting with an entity that is certified or licensed by the State of Oregon under ORS 430.610 to 430.695 to provide mental health treatment or addiction services, provided that the person is practicing within the lawful scope of the person's employment or contract;
- "(4) A recognized member of the clergy, provided that the person is acting in the person's ministerial capacity and does not represent that the person is a regulated social worker; [or]
- "(5) A student in a social work graduate degree program that meets the requirements established by the State Board of Licensed Social Workers by rule[.]; or
- "(6) Authorized to practice pursuant to a multistate authorization to practice or a multistate license, as those terms are defined in section 1 of this 2025 Act.
  - "SECTION 6. ORS 675.597 is amended to read:
- "675.597. The State Board of Licensed Social Workers Account is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the State Board of Li-

censed Social Workers Account shall be credited to the account. Moneys in the account are continuously appropriated to the board for the administration and enforcement of ORS 675.510 to 675.600, 676.850 and 676.866 and for the purpose of meeting the financial obligations of the State of Oregon as a result of this state's participation in the Social Work Licensure Compact described in section 1 of this 2025 Act.

"SECTION 7. ORS 676.177 is amended to read:

- "676.177. (1) Notwithstanding any other provision of ORS 676.165 to 676.180 and except as provided in subsection (5) of this section, a health professional regulatory board, upon a determination by the board that it possesses otherwise confidential information that reasonably relates to the regulatory or enforcement function of another public entity, may disclose that information to the other public entity.
- "(2) Any public entity that receives information pursuant to subsection (1) of this section shall agree to take all reasonable steps to maintain the confidentiality of the information, except that the public entity may use or disclose the information to the extent necessary to carry out the regulatory or enforcement functions of the public entity.
  - "(3) For purposes of this section, 'public entity' means:
- "(a) A board or agency of this state, or a board or agency of another state with regulatory or enforcement functions similar to the functions of a health professional regulatory board of this state;
  - "(b) A district attorney;
- "(c) The Department of Justice;
- "(d) A state or local public body of this state that licenses, franchises or provides emergency medical services; or
  - "(e) A law enforcement agency of this state, another state or the federal government.
  - "(4) Notwithstanding subsections (1) to (3) of this section[,]:
- "(a) The Oregon Board of Physical Therapy may disclose information described in subsection (1) of this section to the Physical Therapy Compact Commission established in ORS 688.240.
- "(b) The State Board of Licensed Social Workers may disclose information described in subsection (1) of this section to the Social Work Licensure Compact Commission described in section 1 of this 2025 Act.
- "(5) A health professional regulatory board may not disclose the information described in subsection (1) of this section to another public entity if the information relates to the provision of or referral for reproductive or gender-affirming health care services.

#### "CERTIFIED ALCOHOL AND DRUG COUNSELORS

"SECTION 8. ORS 743A.168, as amended by section 3, chapter 70, Oregon Laws 2024, is amended to read:

"743A.168. (1) As used in this section:

- "(a) 'Behavioral health assessment' means an evaluation by a provider, in person or using telemedicine, to determine a patient's need for behavioral health treatment.
- "(b) 'Behavioral health condition' has the meaning prescribed by rule by the Department of Consumer and Business Services.
- "(c) 'Behavioral health crisis' means a disruption in an insured's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the insured's mental or

1 physical health.

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- 2 "(d) 'Facility' means a corporate or governmental entity or other provider of services for the treatment of behavioral health conditions.
  - "(e) 'Generally accepted standards of care' means:
  - "(A) Standards of care and clinical practice guidelines that:
- 6 "(i) Are generally recognized by health care providers practicing in relevant clinical specialties; 7 and
- 8 "(ii) Are based on valid, evidence-based sources; and
- 9 "(B) Products and services that:
- "(i) Address the specific needs of a patient for the purpose of screening for, preventing, diagnosing, managing or treating an illness, injury or condition or symptoms of an illness, injury or condition;
- 13 "(ii) Are clinically appropriate in terms of type, frequency, extent, site and duration; and
- "(iii) Are not primarily for the economic benefit of an insurer or payer or for the convenience of a patient, treating physician or other health care provider.
  - "(f) 'Group health insurer' means an insurer, a health maintenance organization or a health care service contractor.
  - "(g) 'Median maximum allowable reimbursement rate' means the median of all maximum allowable reimbursement rates, minus incentive payments, paid for each billing code for each provider type during a calendar year.
    - "(h) 'Prior authorization' has the meaning given that term in ORS 743B.001.
- 22 "(i) 'Program' means a particular type or level of service that is organizationally distinct within 23 a facility.
  - "(j) 'Provider' means:
  - "(A) A behavioral health professional or medical professional licensed or certified in this state who has met the credentialing requirement of a group health insurer or an issuer of an individual health benefit plan that is not a grandfathered health plan as defined in ORS 743B.005 and is otherwise eligible to receive reimbursement for coverage under the policy;
    - "(B) A health care facility as defined in ORS 433.060;
  - "(C) A residential facility as defined in ORS 430.010;
- 31 "(D) A day or partial hospitalization program;
- 32 "(E) An outpatient service as defined in ORS 430.010; [or]
  - "(F) A licensed outpatient facility with a certified substance use disorder program that employs certified alcohol and drug counselor level providers; or
- "[(F)] (G) A provider organization certified by the Oregon Health Authority under subsection (9) of this section.
- 37 "(k) 'Relevant clinical specialties' includes but is not limited to:
- 38 "(A) Psychiatry;
- 39 "(B) Psychology;
- 40 "(C) Clinical sociology;
- 41 "(D) Addiction medicine and counseling; and
- 42 "(E) Behavioral health treatment.
- 43 "(L) 'Standards of care and clinical practice guidelines' includes but is not limited to:
- 44 "(A) Patient placement criteria;
- 45 "(B) Recommendations of agencies of the federal government; and

- 1 "(C) Drug labeling approved by the United States Food and Drug Administration.
- 2 "(m) 'Utilization review' has the meaning given that term in ORS 743B.001.
- 3 "(n) 'Valid, evidence-based sources' includes but is not limited to:
- 4 "(A) Peer-reviewed scientific studies and medical literature;
- 5 "(B) Recommendations of nonprofit health care provider professional associations; and
  - "(C) Specialty societies.

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- "(2) A group health insurance policy or an individual health benefit plan that is not a grandfathered health plan providing coverage for hospital or medical expenses, other than limited benefit coverage, shall provide coverage for expenses arising from the diagnosis of behavioral health conditions and medically necessary behavioral health treatment at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions. The following apply to coverage for behavioral health treatment:
- "(a) The coverage may be made subject to provisions of the policy that apply to other benefits under the policy, including but not limited to provisions relating to copayments, deductibles and coinsurance. Copayments, deductibles and coinsurance for treatment in health care facilities or residential facilities may not be greater than those under the policy for expenses of hospitalization in the treatment of other medical conditions. Copayments, deductibles and coinsurance for outpatient treatment may not be greater than those under the policy for expenses of outpatient treatment of other medical conditions.
- "(b) The coverage of behavioral health treatment may not be made subject to treatment limitations, limits on total payments for treatment, limits on duration of treatment or financial requirements unless similar limitations or requirements are imposed on coverage of other medical conditions. The coverage of eligible expenses of behavioral health treatment may be limited to treatment that is medically necessary as determined in accordance with this section and no more stringently under the policy than for other medical conditions.
  - "(c) The coverage of behavioral health treatment must include:
  - "(A) A behavioral health assessment;
- "(B) No less than the level of services determined to be medically necessary in a behavioral health assessment of the specific needs of a patient or in a patient's care plan:
- "(i) To effectively treat the patient's underlying behavioral health condition rather than the mere amelioration of current symptoms such as suicidal ideation or psychosis; and
- "(ii) For care following a behavioral health crisis, to transition the patient to a lower level of care;
  - "(C) Treatment of co-occurring behavioral health conditions or medical conditions in a coordinated manner;
  - "(D) Treatment at the least intensive and least restrictive level of care that is safe and most effective and meets the needs of the insured's condition;
- "(E) A lower level or less intensive care only if it is comparably as safe and effective as treatment at a higher level of service or intensity;
  - "(F) Treatment to maintain functioning or prevent deterioration;
- 42 "(G) Treatment for an appropriate duration based on the insured's particular needs;
- 43 "(H) Treatment appropriate to the unique needs of children and adolescents;
- 44 "(I) Treatment appropriate to the unique needs of older adults; and
- 45 "(J) Coordinated care and case management as defined by the Department of Consumer and

Business Services by rule.

- "(d) The coverage of behavioral health treatment may not limit coverage for treatment of pervasive or chronic behavioral health conditions to short-term or acute behavioral health treatment at any level of care or placement.
- "(e) A group health insurer or an issuer of an individual health benefit plan other than a grandfathered health plan shall have a network of providers of behavioral health treatment sufficient to meet the standards described in ORS 743B.505. If there is no in-network provider qualified to timely deliver, as defined by rule, medically necessary behavioral treatment to an insured in a geographic area, the group health insurer or issuer of an individual health benefit plan shall provide coverage of out-of-network medically necessary behavioral health treatment without any additional out-of-pocket costs if provided by an available out-of-network provider that enters into an agreement with the insurer to be reimbursed at in-network rates.
  - "(f) A provider is eligible for reimbursement under this section if:
  - "(A) The provider is approved or certified by the Oregon Health Authority;
- "(B) The provider is accredited for the particular level of care for which reimbursement is being requested by the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities;
- "(C) The patient is staying overnight at the facility and is involved in a structured program at least eight hours per day, five days per week; or
  - "(D) The provider is providing a covered benefit under the policy.
- "(g) A group health insurer or an issuer of an individual health benefit plan other than a grandfathered health plan must use the same methodology to set reimbursement rates paid to behavioral health treatment providers that the group health insurer or issuer of an individual health benefit plan uses to set reimbursement rates for medical and surgical treatment providers.
- "(h) A group health insurer or an issuer of an individual health benefit plan other than a grandfathered health plan must update the methodology and rates for reimbursing behavioral health treatment providers in a manner equivalent to the manner in which the group health insurer or issuer of an individual health benefit plan updates the methodology and rates for reimbursing medical and surgical treatment providers, unless otherwise required by federal law.
- "(i) A group health insurer or an issuer of an individual health benefit plan other than a grandfathered health plan that reimburses out-of-network providers for medical or surgical services must reimburse out-of-network behavioral health treatment providers on the same terms and at a rate that is in parity with the rate paid to medical or surgical treatment providers.
- "(j) Outpatient coverage of behavioral health treatment shall include follow-up in-home service or outpatient services if clinically indicated under criteria and guidelines described in subsection (5) of this section. The policy may limit coverage for in-home service to persons who are homebound under the care of a physician only if clinically indicated under criteria and guidelines described in subsection (5) of this section.
- "(k)(A) Subject to section 2, chapter 70, Oregon Laws 2024, and to the patient or client confidentiality provisions of ORS 40.235 relating to physicians, ORS 40.240 relating to nurse practitioners, ORS 40.230 relating to psychologists, ORS 40.250 and 675.580 relating to licensed clinical social workers and ORS 40.262 relating to licensed professional counselors and licensed marriage and family therapists, a group health insurer or issuer of an individual health benefit plan may provide for review for level of treatment of admissions and continued stays for treatment in health facilities, residential facilities, day or partial hospitalization programs and outpatient services by either staff of a group health insurer or issuer of an individual health benefit plan or personnel

under contract to the group health insurer or issuer of an individual health benefit plan that is not a grandfathered health plan, or by a utilization review contractor, who shall have the authority to certify for or deny level of payment.

- "(B) Review shall be made according to criteria made available to providers in advance upon request.
- "(C) Review shall be performed by or under the direction of a physician licensed under ORS 677.100 to 677.228, a psychologist licensed by the Oregon Board of Psychology, a clinical social worker licensed by the State Board of Licensed Social Workers or a professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, in accordance with standards of the National Committee for Quality Assurance or Medicare review standards of the Centers for Medicare and Medicaid Services.
- "(D) Review may involve prior authorization, concurrent review of the continuation of treatment, post-treatment review or any combination of these. However, if prior authorization is required, provision shall be made to allow for payment of urgent or emergency admissions, subject to subsequent review. If prior authorization is not required, group health insurers and issuers of individual health benefit plans that are not grandfathered health plans shall permit providers, policyholders or persons acting on their behalf to make advance inquiries regarding the appropriateness of a particular admission to a treatment program. Group health insurers and issuers of individual health benefit plans that are not grandfathered health plans shall provide a timely response to such inquiries. Noncontracting providers must cooperate with these procedures to the same extent as contracting providers to be eligible for reimbursement.
- "(L) Health maintenance organizations may limit the receipt of covered services by enrollees to services provided by or upon referral by providers contracting with the health maintenance organization. Health maintenance organizations and health care service contractors may create substantive plan benefit and reimbursement differentials at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising out of other medical conditions and apply them to contracting and noncontracting providers.
- "(3) Except as provided in section 2, chapter 70, Oregon Laws 2024, this section does not prohibit a group health insurer or issuer of an individual health benefit plan that is not a grandfathered health plan from managing the provision of benefits through common methods, including but not limited to selectively contracted panels, health plan benefit differential designs, preadmission screening, prior authorization of services, utilization review or other mechanisms designed to limit eligible expenses to those described in subsection (2)(b) of this section provided such methods comply with the requirements of this section.
- "(4) The Legislative Assembly finds that health care cost containment is necessary and intends to encourage health insurance plans designed to achieve cost containment by ensuring that reimbursement is limited to appropriate utilization under criteria incorporated into the insurance, either directly or by reference, in accordance with this section.
- "(5)(a) Any medical necessity, utilization or other clinical review conducted for the diagnosis, prevention or treatment of behavioral health conditions or relating to service intensity, level of care placement, continued stay or discharge must be based solely on the following:
  - "(A) The current generally accepted standards of care.
- "(B) For level of care placement decisions, the most recent version of the levels of care placement criteria developed by the nonprofit professional association for the relevant clinical specialty.
  - "(C) For medical necessity, utilization or other clinical review conducted for the diagnosis,

prevention or treatment of behavioral health conditions that does not involve level of care placement decisions, other criteria and guidelines may be utilized if such criteria and guidelines are based on the current generally accepted standards of care including valid, evidence-based sources and current treatment criteria or practice guidelines developed by the nonprofit professional association for the relevant clinical specialty. Such other criteria and guidelines must be made publicly available and made available to insureds upon request to the extent permitted by copyright laws.

- "(b) This subsection does not prevent a group health insurer or an issuer of an individual health benefit plan other than a grandfathered health plan from using criteria that:
- "(A) Are outside the scope of criteria and guidelines described in paragraph (a)(B) of this subsection, if the guidelines were developed in accordance with the current generally accepted standards of care; or
- "(B) Are based on advancements in technology of types of care that are not addressed in the most recent versions of sources specified in paragraph (a)(B) of this subsection, if the guidelines were developed in accordance with current generally accepted standards of care.
- "(c) For all level of care placement decisions, an insurer shall authorize placement at the level of care consistent with the insured's score or assessment using the relevant level of care placement criteria and guidelines as specified in paragraph (a)(B) of this subsection. If the level of care indicated by the criteria and guidelines is not available, the insurer shall authorize the next higher level of care. If there is disagreement about the appropriate level of care, the insurer shall provide to the provider of the service the full details of the insurer's scoring or assessment using the relevant level of care placement criteria and guidelines specified in paragraph (a)(B) of this subsection.
- "(6) To ensure the proper use of any criteria and guidelines described in subsection (5) of this section, a group health insurer or an issuer of an individual health benefit plan shall provide, at no cost:
- "(a) A formal education program, presented by nonprofit clinical specialty associations or other entities authorized by the department, to educate the insurer's or the issuer's staff and any individuals described in subsection (2)(k) of this section who conduct reviews.
- "(b) To stakeholders, including participating providers and insureds, the criteria and guidelines described in subsection (5) of this section and any education or training materials or resources regarding the criteria and guidelines.
- "(7) This section does not prevent a group health insurer or issuer of an individual health benefit plan that is not a grandfathered health plan from contracting with providers of health care services to furnish services to policyholders or certificate holders according to ORS 743B.460 or 750.005, subject to the following conditions:
- "(a) A group health insurer or issuer of an individual health benefit plan that is not a grandfathered health plan is not required to contract with all providers that are eligible for reimbursement under this section.
- "(b) An insurer or health care service contractor shall, subject to subsection (2) of this section, pay benefits toward the covered charges of noncontracting providers of services for behavioral health treatment. The insured shall, subject to subsection (2) of this section, have the right to use the services of a noncontracting provider of behavioral health treatment, whether or not the behavioral health treatment is provided by contracting or noncontracting providers.
  - "(8)(a) This section does not require coverage for:
- 44 "(A) Educational or correctional services or sheltered living provided by a school or halfway 45 house;

- "(B) A long-term residential mental health program that lasts longer than 45 days unless clinically indicated under criteria and guidelines described in subsection (5) of this section;
- "(C) Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present;
  - "(D) A court-ordered sex offender treatment program; or
  - "(E) Support groups.

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- "(b) Notwithstanding paragraph (a)(A) of this subsection, an insured may receive covered outpatient services under the terms of the insured's policy while the insured is living temporarily in a sheltered living situation.
- "(9) The Oregon Health Authority shall establish a process for the certification of an organization described in subsection [(1)(j)(F)] (1)(j)(G) of this section that:
  - "(a) Is not otherwise subject to licensing or certification by the authority; and
- "(b) Does not contract with the authority, a subcontractor of the authority or a community mental health program.
- "(10) The Oregon Health Authority shall adopt by rule standards for the certification provided under subsection (9) of this section to ensure that a certified provider organization offers a distinct and specialized program for the treatment of mental or nervous conditions.
- "(11) The Oregon Health Authority may adopt by rule an application fee or a certification fee, or both, to be imposed on any provider organization that applies for certification under subsection (9) of this section. Any fees collected shall be paid into the Oregon Health Authority Fund established in ORS 413.101 and shall be used only for carrying out the provisions of subsection (9) of this section.
- "(12) The intent of the Legislative Assembly in adopting this section is to reserve benefits for different types of care to encourage cost effective care and to ensure continuing access to levels of care most appropriate for the insured's condition and progress in accordance with this section. This section does not prohibit an insurer from requiring a provider organization certified by the Oregon Health Authority under subsection (9) of this section to meet the insurer's credentialing requirements as a condition of entering into a contract.
- "(13) The Director of the Department of Consumer and Business Services and the Oregon Health Authority, after notice and hearing, may adopt reasonable rules not inconsistent with this section that are considered necessary for the proper administration of this section. The director shall adopt rules making it a violation of this section for a group health insurer or issuer of an individual health benefit plan other than a grandfathered health plan to require providers to bill using a specific billing code or to restrict the reimbursement paid for particular billing codes other than on the basis of medical necessity.
  - "(14) This section does not:
- "(a) Prohibit an insured from receiving behavioral health treatment from an out-of-network provider or prevent an out-of-network behavioral health provider from billing the insured for any unreimbursed cost of treatment.
- "(b) Prohibit the use of value-based payment methods, including global budgets or capitated, bundled, risk-based or other value-based payment methods.
- 42 "(c) Require that any value-based payment method reimburse behavioral health services based 43 on an equivalent fee-for-service rate.

45 "CAPTIONS

1	"SECTION 9. The unit and section captions used in this 2025 Act are provided only for
2	the convenience of the reader and do not become part of the statutory law of this state or
3	express any legislative intent in the enactment of this 2025 Act.
4	
5	"DATES
6	
7	"SECTION 10. (1) The amendments to ORS 675.520 and 675.523 by sections 4 and 5 of this
8	2025 Act apply to individuals authorized to practice by a multistate authorization to practice
9	or a multistate license on or after the effective date of this 2025 Act.
10	"(2) The amendments to ORS 675.597 by section 6 of this 2025 Act apply to moneys re-
11	ceived by the State Board of Licensed Social Workers on or after the effective date of this
12	2025 Act.
13	"(3) The amendments to ORS 676.177 by section 7 of this 2025 Act apply to information
14	disclosed on or after the effective date of this 2025 Act.".
15	/s/ Ed Diehl
16	Representative
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18	/s/ Darin Harbick Representative
19	
20	