

PARAGRAM

The official news of the Oregon Paralegal Association



PRESIDENT'S MESSAGE

Jered Brown, RP®



Dear OPA Members,

You may have noticed an absence of the last few editions of the *Paragram*. OPA has been working to refresh its format. I'm happy to announce this is the first edition of the new *Paragram* format. I look forward to hearing your thoughts on the new format.

Your feedback is an integral part of providing relevant content and CLEs.

Most of you know that June means Paralegal Day! This year, Paralegal Day falls on Thursday, June 16, 2022. I am excited to announce our return to an in-person Paralegal Day event! Keep an eye on your inbox for Paralegal Day Announcements.



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Last summer, OPA distributed a survey about members' comfort level returning to in-person meetings. You overwhelmingly responded that you expected hybrid events moving forward.

I am excited to announce that OPA is planning our first ever hybrid annual convention. Chinook Winds Casino Resort in Lincoln City has welcomed OPA back to host our convention. Mark your calendars for September 30th through October 1st.

If you are planning CLEs or events on behalf of OPA, please be sure to help us keep the OPA events calendar up-to-date by emailing the details of your event to admin@oregonparalegals.org. This will allow members to register for events and find new events that they may not usually attend but find of interest to their areas of practice.

As we move through 2022, I welcome member feedback about your membership experience and what you would like to see from OPA moving forward. Members may always contact me directly at jered.brown@gmail.com.

I look forward to catching up with each of you in person as we transition to in-person and hybrid events.



Sept 30 – Oct 1

SAVE THE DATE

OPA Convention

HYBRID | CHINOOK WINDS CASION RESORT

ICYMI: OPA's Position Statement on the Proposed Licensed Paraprofessionals ("LP") Program

Oregon Paralegal Association recently adopted a position statement in support of Oregon's proposed licensed paraprofessional program.

By OPA Board of Directors

The Oregon Paralegal Association ("OPA") recognizes the gap in access to justice within our communities, which disproportionately affects low income and BIPOC individuals.

OPA also recognizes that paralegals in Oregon are in a unique position to help bridge that justice gap.

OPA's members are made up of a diverse group of paralegals with a wide array of experience and education, many of whom have overcome hardships and barriers in their personal lives to work in this profession. OPA members prioritize giving back to the legal profession and their communities through pro bono and community service efforts such as Legal Aid, Wills for Heroes programs, volunteering with the Classroom Law Project and donating to the Court Cares program, to name just a few. Many of our members have also seen first-hand the issues impacting the underserved members of our community and want to find a way to help. This proposal could offer a way to channel the desire to help into a tangible response.

Because we know that the path to becoming a paralegal is not a linear one, we acknowledge that some enter the paralegal profession as a second career; others start out as a legal assistant and work their way up to a paralegal job; while others never obtained any formal education but were hired as a paralegal because of their organization and problem solving skills. Regardless of the path that our members have taken, many are trusted and respected members of their legal profession, by attorneys and judges alike. They voluntarily attend monthly CLES offered by OPA's specialty groups, by the local bar associations or those by the courts; and many seek voluntary paralegal

certification through the Oregon Certified Paralegal program or one of the national paralegal associations to build up the paralegal profession.

Further, the profession evolved out of the necessity for trained professionals to assist attorneys with substantive tasks. For that reason, the courts have long recognized the essential contributions of paralegals in both efficiency and as a cost savings to clients, so long as the paralegal's qualifications are substantiated by education, experience and training/certification. That is why, OPA supports the LP proposal's various eligibility pathways, including a variety of education and experience components substantiated by both attorney certification and competency assessments.

Additionally, OPA is on the front line in identifying the need for low-cost legal services in our communities. The association regularly receives inquiries from the general public who ask for referrals to paralegals to assist them with a variety of legal matters, and many are seeking legal advice or to hire someone who can file pleadings on their behalf. OPA's procedure is to refer these numerous inquiries to the Oregon State Bar Lawyer Referral Service, only providing a brief explanation that paralegals may not practice law unless supervised by an attorney.

Oftentimes, these referrals do not meet the needs of these individuals seeking assistance, because even if the individuals qualify for a modest means referral, the maximum rates are often still out of reach for the average person. Within the limited scope proposed by the Oregon State Bar's LP Program, LPs could help low income clients with basic legal matters for a fraction of the cost of the usual attorney retainer through flat fees or lower per hour rates.

OREGON STATE BAR PARAPROFESSIONAL LICENSING IMPLEMENTATION COMMITTEE

[PLIC Website](#)

INVITING YOUR INPUT

[Paralegal Licensing
Questionnaire](#)

LP RESOURCES

[Licensing Program
Summary](#)

[View short video of LP
Program](#)

[Report to OSB Board
of Governors](#)

"the profession evolved out of the necessity for trained professionals to assist attorneys with substantive tasks"

Continued from Page 3

The individuals who may be helped the most by this program currently do not qualify for these lower cost programs but still cannot afford the standard rates of most attorneys. For these reasons, and the limited scope of practice being proposed, we believe that an LP would not compete with attorneys practicing in these family law or landlord/tenant matters.

OPA further supports legislation and adoption of court rules permitting the limited practice of law by licensed paraprofessionals in both of the proposed practice areas: landlord/tenant and family law.

The association also supports limitations on the scope of practice recommended by applicable regulatory bodies. We thank the Oregon State Bar and the Oregon Supreme Court for the opportunity to submit these comments and look forward to supporting the rollout of the program in the future.



CAREER DEVELOPMENT Voluntary Certification

In 2017, OPA implemented the voluntary Oregon Certified Paralegal (OCP) program, administered by the OPA Regulation Committee. The OCP program establishes a standard of competency and accountability for paralegals in Oregon, provides an opportunity for Oregon paralegals to validate their qualifications, and offers a credential to paralegals who meet certain education and experience requirements.

For the purposes of this program, an OCP is a person who:

- has been employed or retained for at least the past 12 months by an Oregon lawyer, law office, corporation, governmental agency, or other Oregon entity;
- performs specifically delegated substantive legal work for which a lawyer is responsible;

- has experience in applying substantive knowledge of Oregon law and legal procedures in rendering direct assistance to lawyers engaged in legal research; preparing, interpreting, and drafting legal documents; meeting with and/or interviewing clients and witnesses; reviewing, analyzing, and communicating relevant facts and legal concepts; and performing other aspects of law office, government agency, or in-house counsel operations;
- has successfully completed the application process and meets the criteria contained within the OCP Policy; and
- may or may not hold the exact title of “Paralegal” at their current place of employment.

For more information on the program, contact the Regulation Committee at ocp.regulation@oregonparalegals.org.

Paralegal regulation programs vary by state. View a comprehensive list of regulation programs by state by [clicking here](#).



We're always looking for feedback from our Paragram readers. Please send a note to info@oregonparalegals.org with ideas, articles or comments. We look forward to keeping in touch!

Substance Abuse & the Workforce in the Era of COVID-19

BY WILSON JARRELL

As we mark the two-year anniversary of the COVID-19 pandemic, many parts of the economy are optimistically beginning to reopen as the virus falls to a more manageable level. Employers are looking at fully reopening, and considering when and how to recall workers, or how a more permanent remote workforce will operate. As employers work to figure out yet another “new normal,” it is important to acknowledge that things have changed in many ways in the last two years, and employers need to prepare for the possibility that previous policies may no longer be sufficient or appropriate for a changed workforce.



In addition to figuring out how to operate their businesses and serve their customers in the safest way possible in this shifting landscape, it is important to evaluate how to implement their existing safety programs, including drug and alcohol policies.

Unfortunately, the COVID-19 pandemic has brought to light very real problems with substance abuse, and employers should recognize that their employees may have developed unhealthy or problematic habits during the pandemic. According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19, and many studies have shown that drug and alcohol use increased significantly in the last two years.

Although not all drug and alcohol use is problematic for every employer, in order to have the ability to properly address potential drug and alcohol use and substance abuse issues that may affect your workforce, it is important to insure that your policies reflect how you wish to deal with these issues and provide you with the tools necessary to do so.

I. Re-evaluating Drug & Alcohol Policies

As an initial matter, now may be an excellent opportunity to re-evaluate the content of drug testing policies contained in your drug and alcohol policy, and perhaps its existence at all. With changing attitudes and legal framework around marijuana use, many employers are moving away from pre-employment testing and focusing instead on monitoring for on-the-job intoxication, as they would for alcohol.

As our economy begins to more fully reopen, employers who are calling back employees or re-hiring for now-open positions may face some trouble finding qualified applicants who can pass a pre-employment screen for marijuana use.

Public opinion is constantly becoming more accepting of recreational marijuana use, and here in Oregon, as well as other states, marijuana dispensaries remained open during coronavirus closures because they were considered essential businesses.

It is possible that employees and many potential employees may have turned to or continued to use marijuana as they dealt with the pandemic and its associated stresses and anxiety.

Furthermore, use of CBD products, which contain a non-psychoactive compound found in marijuana and tout anti-anxiety/anti-depressant qualities, was skyrocketing prior to the pandemic, and can only be assumed to have continued to do so; in the last two years, an estimated 64 million Americans had tried such a product at least once, and one in seven of those used one every day. Although drug tests do not commonly test for CBD (marijuana use is determined by testing for the psychoactive compound THC), the relatively unregulated nature of CBD products create several possibilities for inducing a positive test for marijuana that would violate most employer's drug use policies. As a side note, many employers who maintain drug free workplace policies are choosing to specifically call out in policies or notices that employees use CBD products at their own risk.

Employers that opt to modify their policies should be sure to do so indiscriminately for non-safety-sensitive positions and should consult employer counsel.

II. The Logistics of Addressing Substance Abuse in the Workforce

Eliminating drug testing programs isn't always an option. Some employers may wish to continue with their drug testing programs, or may have employees in safety-sensitive positions or positions which require drug testing, like those subject to U. S. Department of Transportation regulations. In these cases (as well as for employers carrying out post-accident or reasonable suspicion drug tests), employers should be aware that many of the facilities that they would previously send applicants and employees to for drug testing are now being used to test people for COVID-19. Employers should be careful to not unnecessarily put their employees at risk by sending them to a location used for COVID-19 testing, and be aware that state law may direct what kind of on-the-site drug testing can be administered.

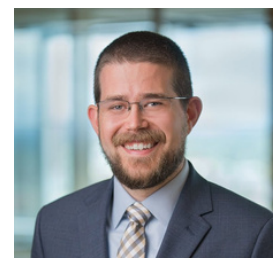
Employers must ensure their policies reflect how they wish to address instances where they believe an employee is struggling with substance abuse or violating its policies, as well as how they may be restricted in how they respond. It is worth noting that employers should exercise caution when confronting an employee about suspected drug or alcohol use or misuse absent a drug test. There may be legitimate reasons for any perceived symptoms, and it is often best to focus any conversation on performance or conduct concerns, which may open the door for more direct and open conversations.

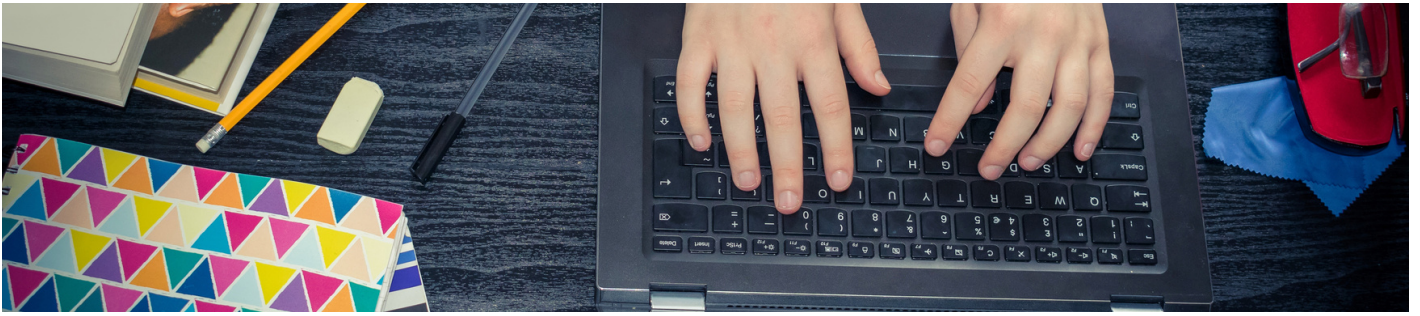
When an employer learns that an employee has violated its drug and alcohol policy or otherwise is struggling with substance abuse, either due to a failed drug test or an admission by an employee, there are several obvious courses of action. Some employers maintain zero-tolerance policies, and uniformly terminate any employee who fails a drug test. Others routinely offer last chance agreements, coupled with time off for the employee to seek treatment or drug use counseling, which may be covered by protected leave laws.

Finally, it is worth noting that there may be legal restrictions on how an employer can react to substance abuse concerns, particularly in situations where an employee discloses a substance abuse disorder without failing a drug test or admitting to current illegal drug use. For example, although current illegal drug use is not protected, the Americans with Disabilities Act can cover individuals with alcoholism, as well as individuals addicted to illegal drugs or prescription drugs, but who are no longer using drugs illegally and are receiving treatment for drug addiction or who have been rehabilitated successfully. Situations such as this should be approached carefully, and with the advice of counsel.

Wilson Jarrell is an attorney with Barran Liebman LLP, where he advises and represents employers on a wide range of employment matters. For any questions, contact him at 503-276-2181 or wjarrell@barran.com.

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STUDENT SCHOLARSHIP OPPORTUNITY

For more details or to view the application, [click here](#)

The National Federation of Paralegal Associations, Inc. will award annual scholarships to paralegal students in the United States. Scholarship funds are to be used to pursue a paralegal education.

Scholarship Essay Topic:

You are a newly graduated paralegal and have just started your first paralegal job. Your attorney has texted you at 8PM on a Friday night asking you to draft a pleading as soon as possible. Being you are new, you want to impress. How would you respond to the attorney? What legal principles might apply? How would you set boundaries and limits on your time with your attorney? What impact could being an exempt or non-exempt employee have on the issue?

All applications must be submitted via the online form before July 1. No applications will be accepted via mail, fax or email. Scholarship winner will be notified of the award by early September.

SAVE THE DATE!

June 01 | 12P
Board of Directors Meeting
(session 7 of 11)

June 16
Paralegal Day

June 19
Juneteenth

June 21
OPA Book Club

September 30 - Oct 1
Annual Convention | Hybrid

May 1
Annual Membership Renewal
(see application on last page
or scan QR below with
your phone's camera)



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DISCRIMINATION IN MEDICAL CARE

BY JAY M. WILLIAMS, TLBS-BCP

A unreported statistic not often addressed to the public is the availability of quality healthcare. People in socially disadvantaged groups experience challenges obtaining proper medical treatment.

Discrimination, based on group status such as gender, immigration generation, race/ethnicity, or religion, are a well-documented health challenge. However, less is known about experiences of discrimination specifically within healthcare settings, and how it may act as a barrier to healthcare. Experiences of discrimination within the healthcare setting may present a barrier to healthcare for people that are socially disadvantaged due to gender, immigration, race/ethnicity, or religion. Researchers and policymakers should consider barriers to healthcare that lie within the healthcare experience itself as potential intervention targets. People within minority or otherwise socially disadvantaged groups are confronted with a multilevel web of challenges that negatively impact their health and wellbeing, including access to screening and/or treatment options, or unequal availability of cultural or linguistically knowledgeable and sensitive health personnel. It also includes references to differences in healthcare or healthcare status among different racial and ethnic groups, whereas in the UK and European Union nations, it more frequently refers to differences associated with social class and socioeconomic status. Among these numerous factors, research has increasingly focused on experiences of discrimination and how they may relate to individuals' health. In addition to a direct influence on health via physiologic stress pathways, experiences of discrimination are also thought to influence health indirectly via behavioral responses. Indeed, a meta-analysis reported a significant association between perceptions of discrimination and health-related behaviors such as diet, exercise, sleep, or substance use. However, one health-related behavior that has received comparatively less attention in its association with discrimination is the utilization of healthcare.

Individuals who have experienced discrimination in the past may be more reluctant to seek health care, as they may perceive it as a setting of increased risk for discrimination (i.e., refusal of service or lower quality of care). This may be especially true for those who have experienced discrimination within the health care setting itself. Prior work has hypothesized that experiences of discrimination within the healthcare setting may have a negative effect on individuals' trust in and satisfaction with the healthcare system, increasing the likelihood of delaying or foregoing seeking care. Further, individuals who interact with the healthcare system most often may, simply by greater exposure to the setting, be more likely to experience discrimination in healthcare, and consequently delay or forego future care.

The existing literature is limited by studies often focusing on a single dimension of social stratification (e.g., disparities in discrimination by race or gender). Research with large-scale nationally representative samples remains relatively rare, making the generalizability of findings to a population level more difficult. Further, the United States remains the site of most existing research on discrimination within healthcare and healthcare utilization, with a small number of studies outside the United States. Finally, although some prior research has tackled the issue of statistical association between discrimination in healthcare settings and healthcare utilization, there is only one study (and none outside of the United States) that investigates the extent to which discrimination in healthcare can account for gaps in foregone care between groups.

The health status of disadvantaged and minority populations is a topic of increasing policy and scientific relevance for many countries around the world. The study provides evidence that discrimination within healthcare settings may partially explain disparities in rates of foregone healthcare, contributing to the health inequalities observed across various disadvantaged groups. Researchers and policymakers who aim to improve the health of disadvantaged groups should be mindful that some barriers to healthcare for disadvantaged populations may lie in the experiences of healthcare itself, and those experiences are a potential place of action from which future policy and research can proceed.

HEALTHCARE DISCRIMINATION

Federal law specifically protects individuals from many forms of discrimination in the provision of health care services. For example, those who qualify for federal health insurance programs such as Medicare or Medicaid may not be the subject of discrimination based on gender, race, or national origin. These protections can extend to facilities providing services under government health programs such as extended care facilities and hospitals. They also influence who insurance companies may or may not decide to cover.

Title VI of the Civil Rights Act of 1964: Overview

Discrimination in the procurement of certain health care services based on an individual's race, color, or national origin is strictly prohibited by Title VI of the Civil Rights Act. As with other federal anti-discrimination laws, this applies to health care programs that receive federal funding, such as Medicare and Medicaid. This law is enforced by the Office for Civil Rights (OCR) within the U.S. Department of Health and Human Services (DHHS).

Other types of services that may be affected by the law include nursing homes, adoption agencies, day care centers, family health centers, and substance abuse treatment centers.

The law makes it illegal to take any of the following actions in a discriminatory manner:

- Deny services or other benefits (including financial aid) otherwise provided by a given health care program;
- Provide a service or benefit that is inconsistent with what is offered to others in the program; and
- Segregate patients with respect to services, financial aid, or other benefits.

Age Discrimination and Health Care

With the enactment of the Age Discrimination Act (ADA) of 1975, the federal government prohibited age-related discrimination by health care providers receiving funds from the DHHS. Unlike the Age Discrimination in Employment Act, which applies to those 40 and older, the ADA covers people of all ages. For example, an otherwise prime candidate for an organ transplant cannot be denied just because he or she is of an advanced age. However, there are some instances where the ADA does not apply, such as when another federal, state, or local law:

- Provides specific benefits to people based on their age;
- Creates age-related criteria for participation in a given program; or
- Uses age-related terms to describe intended beneficiaries of a treatment or procedure.

Gender Discrimination and Obamacare.

The Affordable Care Act prohibits health insurers from charging different rates based on gender (or health status) on plans sold after 2014. For instance, two otherwise comparable health insurance beneficiaries must be charged roughly the same even if one of them is a woman and thus requires regular gynecological services. Similarly, woman of childbearing age cannot be charged more because they might get pregnant.

THE HEALTH SYSTEM APPEARS TO BE SELLING LGBT+ PEOPLE SHORT

An issue that doesn't get much attention, and the available data are limited, but what is known should be a wake-up call for the health professionals and health care institutions about the care provided to LGBT+ people.

The big number: over a third of LGBT+ people – those who are lesbian, gay, bisexual, transgender, or something else other than straight – say they have had a negative experience with a provider over the last two years. Those bad experiences range from their provider not believing they were telling them the truth, to suggesting they were to blame for their health problems, to making assumptions about them without asking, to outright dismissing their concerns.

That compares with 22 percent for non-LGBT+ people.

At the same time, they have been hit harder by COVID in certain ways, including being more likely to have had to quit their job because of the pandemic. More than half of LGBT+ people who report having problems paying medical bills in the past 12 months say it was at least in part because of the pandemic.

LGBT+ people need a health system that is responsive because they are more likely to be low income and have a chronic condition or disability.

Most LGBT+ people (72%) have a doctor or health care provider they see when they need care, mostly a family practitioner or an internist, just as non-LGBT+ folks do (78%). That means it is likely not where they seek care that is different, it is their providers who appear to be letting them down.

Most LGBT+ people (72%) have a doctor or health care provider they see when they need care, mostly a family practitioner or an internist, just as non-LGBT+ folks do (78%). That means it is likely not where they seek care that is different, it is their providers who appear to be letting them down.

One good thing: LGBT+ people are more likely to discuss mental health and non-medical issues such as housing or transportation with doctors, likely reflecting their higher needs in these areas.

There is an obvious need for more research and data to sort out what is behind these warning signals about LGBT+ health care. But they are also a challenge to the health system to address problems in the provider-patient relationship LGBT+ patients see that can be corrected without waiting for more research.

HOW DISCRIMINATION IMPACTS LGBTQ HEALTHCARE

All people need medical care. Yet for LGBTQ individuals, basic and essential healthcare services can be difficult to access. What is LGBTQ health discrimination? Stigma, bias, and systemic inequalities in healthcare settings combine to hinder LGBTQ people from receiving the support and care every patient deserves.

Educating caregivers and the public on the challenges facing the LGBTQ community can make healthcare more equitable and inclusive for people of all sexes, sexual orientations, gender identities, and gender expressions.

LGBTQ Health Disparities: Trends and Statistics

To improve the safety and well-being of LGBTQ people, the healthcare system must recognize the unique challenges LGBTQ people face before and while seeking medical treatment.

LGBTQ Populations Tend to Be At-Risk

According to the U.S. Office of Disease Prevention and Health Promotion, LGBTQ people face significant health challenges as a result of social stigma, discrimination, and violence.

Stigma, Bullying, and Family Rejection

In a heteronormative culture — a culture in which heterosexuality is the default and the norm — LGBTQ individuals often endure shame and stigma.

Biases against LGBTQ people from their family, religious community, work, and school affect their mental health and personal safety. LGBTQ youth are more likely to be bullied in school than other students. This has serious health repercussions, as peer victimization is a leading cause of high-risk sexual behaviors in middle and high school students.

Additionally, disclosing one's gender or sexual identity can cause significant interpersonal challenges at home when parents or guardians fail to accept and support their child, a fear I had as I encountered my high school years. Because of family rejection, LGBTQ youth are overrepresented in foster care and are more likely to become homeless than others their age. Tragically, LGBTQ youth are two to three times more likely to attempt suicide than their heterosexual peers.

Discrimination

Discrimination against LGBTQ individuals has been associated with high rates of psychiatric disorders, substance abuse, and suicide. LGBTQ populations have the highest rates of drug use, including the use of tobacco and alcohol. Elderly LGBTQ people face additional barriers to health, especially because of isolation and a lack of culturally competent providers. Examples of discrimination that negatively affects the health of LGBTQ individuals include:

- Legal discrimination in access to health insurance, employment, housing, adoption, and retirement benefits;
- Financial barriers;
- Lack of social programs that are inclusive for LGBTQ people of all ages;
- Shortage of healthcare providers who are knowledgeable and culturally competent in LGBTQ health (which can discourage LGBTQ people from seeking care); and
- Negative provider attitudes

Furthermore, barriers to healthcare related to sexual and transgender stigma worsen when combined with systemic racism and xenophobia. LGBTQ people who are immigrants or have limited English proficiency are especially vulnerable in the healthcare system. Many individuals who need care forgo it out of fear and distrust of the system.

Medical Transition Struggles

The experience of living as a sexed and gendered being is clearly diverse. Yet babies are typically assigned a single sex at birth (male or female) by a healthcare professional. Then, according to societal norms, children are expected

to fit neatly into a corresponding gender identity (boy or girl) and embrace the preferred activities and values that have been codified as “masculine” or “feminine.”

Transgender and gender nonconforming youth face particular mental health challenges as they reckon with this binary sex/gender system. Some, though not all, transgender people experience gender dysphoria (a feeling of distress that can occur when a person’s sex as assigned at birth does not align with their gender identity).

Many medical clinicians do not support transition services for transgender youth. Few insurance programs cover transition treatments, and transgender people are less likely to have health insurance than heterosexual people.

Violence

Experiences of violence and victimization are frequent for LGBTQ individuals. They have long-lasting effects. According to the National Center for Transgender Equality, over 25% of transgender people have been victims of transphobic assault, and the percentage is even higher for trans women of color.

Medical providers must educate themselves about the pervasive violence that LGBTQ — especially transgender — people face, and offer culturally competent care.

Diversity in the LGBTQ Community

LGBTQ people demonstrate resilience in the face of public health systems that were traditionally designed to exclude them.

The Entire Rainbow . . . for Good Reason

The LGBTQ community celebrates diversity. LGBTQ people encompass all races and ethnicities, social classes, and religions. For the healthcare system to serve all people, practitioners, clinicians, and researchers alike must start with acknowledging the diverse individuals and communities who comprise the population.

Inclusion Is Key

The acronym “LGBTQ” is a useful (though sometimes limited) shorthand term for referring to a diverse and ever-evolving community. People of many sexes, genders, identities, and expressions have existed long before labels. Labels and language matter. To serve all people, healthcare professionals and researchers must continually educate themselves on emerging understandings of sex, gender, and sexuality.

In the present day, that means including individuals whose gender identities, gender expressions, and sexual orientations are not directly referenced within the LGBTQ acronym.

For example, the LGBTQ community also includes: nonbinary people (individuals who identify as neither a man nor a woman), asexual and demisexual people (individuals who do not

experience sexual attraction, or who experience sexual attraction only after persistent emotional bonding), and intersex people (individuals with a combination of male and female sex characteristics, such as chromosomes, hormones, or sex organs).

Be an Advocate in Nursing and Public Health

LGBTQ people face numerous barriers to healthcare. Stigma and social shaming can deter LGBTQ people from seeking care. The scarcity of competent healthcare for LGBTQ people can discourage patients. And LGBTQ people face discrimination on a daily basis.

Further research and education on LGBTQ individuals’ health and experiences navigating the healthcare system can work to produce better outcomes for all patients.

Healthcare Research Must Include LGBTQ People

Medical research must be inclusive of LGBTQ people. Healthcare professionals need ongoing education about the challenges that the LGBTQ community faces today. Most national and state studies do not ask questions regarding sexual orientation and gender identity. This makes understanding the number of LGBTQ individuals in the population and their specific health needs difficult.

Educating Healthcare Professionals About LGBTQ Barriers to Healthcare

Healthcare should work for all patients, regardless of gender or identity. Homophobia and transphobia diminish health outcomes for LGBTQ people. With education and further research on vulnerable populations in healthcare, the dismantling of the structures of oppression that prevent some individuals from accessing the treatment and care they deserve can begin.

Jay M. Williams, TLBS-BCP

is a freelance paralegal and owner of JMW Paralegal Services, LLC in Dallas, Texas. He became a Board Certified Paralegal in Civil Trial Law in 2013 and Personal Injury Trial Law in 2015, and served on the TLBS Commission for Personal Injury Trial Law since 2017. Jay has previously spoken on topics related to discovery



in personal injury for the Institute of Paralegal Education (IPE) and has authored articles on a wide variety of topics for paralegals in Texas and nationwide. He has served in many capacities with the Dallas Area Paralegal Association, including President in 2008. Jay served as District 2 Director in the Paralegal Division, State Bar of Texas from 2014 to 2018 (including Treasurer in 2015-2016). In July 2009, Jay was voted to fill the unexpired term as NFPA’s Vice President and Director of Profession Development. Additionally, Jay has served on many committees within NFPA, including the Diversity, Equity and Inclusion Committee since 2019.

SAVE THE DATE



STATE OF OREGON
PROCLAMATION
OFFICE OF THE GOVERNOR

- WHEREAS:** The greatest heritage of citizenship in the United States and the State of Oregon is a system of government under laws devised by elected representatives and administered by independent courts in which every Oregonian enjoys equal standing; and
- WHEREAS:** The laws of a society are the reflection of its goals and aspirations, and it has often been said that we are not a nation of men and women, but of laws, and if we are able to survive, we must respect the inherent rights of others; and
- WHEREAS:** The legal professional plays a crucial role in shaping and understanding the law as it is practiced today, and paralegals are an increasingly important part of the legal profession, providing invaluable assistance to attorneys and contributing to the efficient operation of law firms, corporations, banks, and government agencies; and
- WHEREAS:** Paralegals support the legal profession by furnishing quality services at considerable savings to the consumer.
- NOW,
THEREFORE:** I, Kate Brown, Governor of the State of Oregon, hereby proclaim **June 18, 2021** to be

PARALEGAL DAY

in Oregon and encourage all Oregonians to join in this observance.

IN WITNESS WHEREOF, I hereunto set my hand and cause the Great Seal of the State of Oregon to be affixed. Done at the Capitol in the City of Salem in the State of Oregon on this day, May 10, 2021.



Kate Brown
Kate Brown, Governor

Shernia Fagan

Shernia Fagan, Secretary of State

Paralegal Day

JUNE 16, 2022



Urban Studios
(located in the Pearl District)
935 NW Davis Street #1
4:30P – 7:30P

Register Today!

NATIONAL PARALEGAL NEWS

By MaryAnn Ivie, RP®, Primary Representative
Marjorie A. Manchen, Secondary Representative



In memoriam



Long time Dallas Area Paralegal Association member and Region II Director Kelli Prine Smith died in February 2022. A fundraiser in her name benefitting The Wendi Atwood Rogers Foundation, a 501(c)(3) organization facilitates mentorship opportunities and community service opportunities. Read more by [clicking here](#).

Looking for information about taking the PACE® or PCCE®?

[Click here](#)

Looking for information about renewing your CRP™ or RP® credential?

[Click here](#)

News Brief

It was announced at the NFPA board meeting on April 19, that no candidates appeared to fill the vacant Marketing Director position. Other board members are trying to cover this position, but if anyone is at all interested in being nominated for the Marketing Director position, they should contact mivie@schwabe.com for more information. Duties of the marketing director include oversight of advertising, maintaining NFPA's social media accounts, website and the NFPA related-publications.

Pamela Bass was appointed Education Coordinator.

Maren Schroeder (Director of Positions and Issues) needs Government Affairs Committee members (3-5 people), Advocacy Committee members (3-5 people), Position Statement Review Committee members, and Access to Justice Committee members.

NFPA Annual Awards

The deadline for nominations for the NFPA awards is July 1. Please email: mivie@schwabe.com know if you have nominees for the following award categories:

NFPA Individual Pro Bono
Certification Ambassador
Outstanding Local Leader

Member Association Pro Bono
William R. Robie Leadership
Paralegal of the Year

Justice Champion

NFPA News



The Cleveland Association of Paralegals, Inc. (CAP) is excited and looking forward to offering the first in-person Convention in over two years!

NFPA is pleased to welcome Ohio Supreme Court Justice Michael P. Donnelly as this year's keynote speaker

NFPA's Annual Convention and Policy Meeting provides attendees an opportunity to attend a wide variety of Continuing Legal Education sessions (4 tracks are being offered), network with fellow paralegals from across the country, and collaborate, discuss and vote to enact policy during the Policy Meeting. The 2022 Annual Convention offers you the chance to return to your local associations, employers, and fellow paralegals with new ideas, knowledge, connections, vendor information, and a renewed passion for the profession.

Schedule-at-a-Glance

Thursday, September 15, 2022

Friday, September 16, 2022

Saturday, September 17, 2022

Concurrent Legal Education Sessions
 Visit with Exhibitors
 NFPA Workshops
 Exhibitor Reception
 Board of Directors Meeting
 Coordinator Appreciation & Networking Luncheon

NFPA Region Meetings
 Visit with Exhibitors
 Lunch & Keynote Speaker:
 Michael P. Donnelly, Justice, Ohio Supreme Court
 Social Event - Music Box Supper Club

Policy Meeting
 Awards Luncheon
 Delegate Caucus (if needed)

Sunday, September 18, 2022

Policy Meeting
 Board Meeting

Future NFPA Conventions

October 5 – 8, 2023 | Hyatt Regency Crystal City (Arlington, VA)
 Hosted by National Capital Area Paralegal Association

September 26 – 29, 2024 | Hilton Portland Downtown (Portland, OR)



OPA LEADERSHIP

President

Jered Brown, RP®

Vice President

Teresa Chrisinger, RP®

Secretary

Yuri Poudayel

Treasurer

Michael Hoselton

NFPA Primary Representative

MaryAnn Ivie, RP® (2 year term, serving first year)

NFPA Secondary Representative

Marjorie A. Machen, CRP (2 year term, serving first year)

Board Director Position #1

Mary Dannevik, RP®, OCP (2 year term, serving second year)

Board Director Position #2

Kelley Chaney, RP® (2 year term, serving first year)

Board Director Position #3

Jackie Burnett (1 year term)

Board Director Position #4

Lisa Cadungug, OCP, PP, PLS (1 year term)

Associate/Student Representative

Katrina Kofsky



Mission

Oregon Paralegal Association is a professional organization of members whose mission is:

To advance and promote the professional, ethical and educational standards of paralegals;

To encourage and promote the continuing legal education of paralegals;

To uphold and elevate the standards of honor, integrity and courtesy in the legal profession;

To promote the employment, advancement and education of paralegals, regardless of race, sex, creed, color, nation of origin, age, sexual orientation or political ideology; and

To establish good fellowship among association members and members of the legal community.

Contact Us

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Join Us On Social Media



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OREGON PARALEGAL ASSOCIATION
MEMBERSHIP APPLICATION
May 1, 2022- April 30, 2023
 PO Box 28264, Portland, OR 97228
www.oregonparalegals.org

APPLICANT INFORMATION

| | | | |
|---|----------------|---|-----------------------|
| Full Name: | | | |
| New or Renewal: | Email: | | |
| Mailing Address: | | | |
| City: | State: | Zip Code | Phone #: |
| Education/Degree: | Certification: | | Years in legal field: |
| Would you like a mentor? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Would you like to be a mentor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| May we place your contact information in our Membership Directory: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

EMPLOYMENT INFORMATION

| | | |
|--|--------|-----------|
| Current employer: | | |
| Phone: | Fax: | How long? |
| Employer's Street Address: | | |
| City: | State: | ZIP Code: |
| Mail to (mark one): Home <input type="checkbox"/> Office <input type="checkbox"/> NO MAILINGS PLEASE! <input type="checkbox"/> | | |

PLEASE INDICATE WHICH COMMITTEES/SPECIALTY GROUPS YOU ARE INTERESTED IN

| | | | |
|--|---|--|---|
| Advertising <input type="checkbox"/> | Ethics <input type="checkbox"/> | Membership <input type="checkbox"/> | Public Relations <input type="checkbox"/> |
| Annual Convention <input type="checkbox"/> | Family Law <input type="checkbox"/> | Membership Benefits <input type="checkbox"/> | Real Estate <input type="checkbox"/> |
| Annual Survey <input type="checkbox"/> | Immigration <input type="checkbox"/> | NFPA National Affairs <input type="checkbox"/> | Regulations <input type="checkbox"/> |
| Certification Exams <input type="checkbox"/> | Intellectual Property <input type="checkbox"/> | Nominations/Elections <input type="checkbox"/> | Research and Development <input type="checkbox"/> |
| Corporate <input type="checkbox"/> | Job Bank <input type="checkbox"/> | Paragram <input type="checkbox"/> | Salem/Eugene <input type="checkbox"/> |
| Debtor/Creditor <input type="checkbox"/> | Legal Service Provider Liaison <input type="checkbox"/> | Policies and Procedure Manual <input type="checkbox"/> | South of Portland Paralegals <input type="checkbox"/> |
| Employment <input type="checkbox"/> | Litigation <input type="checkbox"/> | Pro Bono <input type="checkbox"/> | SW Washington Chapter <input type="checkbox"/> |
| Estate Planning/Admin <input type="checkbox"/> | Masters <input type="checkbox"/> | Program/CLE <input type="checkbox"/> | Website <input type="checkbox"/> |

OPA MEMBERSHIP DUES

| May 1, 2022- April 30, 2023 (full year) | | November 1, 2022- April 30, 2023 (partial year, fees include full year of NFPA dues) | |
|---|----------|--|----------|
| Regular <input type="checkbox"/> | \$90.00 | Regular <input type="checkbox"/> | \$67.50 |
| Public Sector <input type="checkbox"/> | \$60.00 | Public Sector <input type="checkbox"/> | \$52.50 |
| Associate <input type="checkbox"/> | \$50.00 | Associate <input type="checkbox"/> | \$47.50 |
| Student <input type="checkbox"/> | \$45.00 | Student <input type="checkbox"/> | \$42.50 |
| Emeritus <input type="checkbox"/> | \$30.00 | Emeritus <input type="checkbox"/> | \$30.00 |
| Sustaining <input type="checkbox"/> | \$165.00 | Sustaining <input type="checkbox"/> | \$100.00 |

To see which Membership category you qualify for please see the Membership Categories described below.

ATTESTATION

(as described herein under the Membership categories)

- I am a practicing paralegal as described herein and hereby apply for REGULAR membership for the length noted above.
- I am a practicing paralegal for a government entity and hereby apply for PUBLIC SECTOR membership for the length noted above.
- I am not a practicing paralegal as described herein and hereby apply for ASSOCIATE membership for the length noted above.
- I am not a practicing paralegal, but currently enrolled as a student in a paralegal training program and hereby apply for STUDENT membership for the length noted above. Name of School: _____
- I am not a practicing paralegal as described herein and hereby apply for EMERITUS membership for the length noted above.
- I am not a practicing paralegal as described herein, and hereby apply for SUSTAINING membership for the length noted above.

MEMBERSHIP CATEGORIES

REGULAR: Designated for applicants applying for membership and currently a practicing paralegal under the supervision of an attorney. Regular members upon approval of membership application are voting members of OPA.

PUBLIC SECTOR: Designated for applicants applying for membership and currently a practicing paralegal under the supervision of an attorney and who are employed by an agency, clinic or office that provides services primarily in the public interest or to low-income and/or indigent clients. Public Sector members upon approval of membership application are voting members of OPA.

ASSOCIATE: Designated for applicants applying for membership and currently NOT a practicing paralegal under the supervision of an attorney, but who have been in the past, are graduates of a paralegal training program, and/or interested in becoming a paralegal and do not qualify for regular or public sector membership. Legal document preparers not under the direct supervision of an attorney do not qualify for an associate membership. Associate members upon approval of membership application are considered non-voting members.

STUDENT: Designated for applicants applying for membership who are enrolled in a paralegal program and considered full-time or part-time students, as defined by the education program in which they are enrolled. Student members upon approval of membership application, are non-voting members of OPA and are not eligible to hold elective office (except for Associate Representative) or to chair a committee.

EMERITUS: Designated for applicants applying for membership who are currently NOT a practicing paralegal but have been regular, public sector or associate members in the past and have been members of OPA in good standing for at least the previous 3 years. Eligibility for members applying for Emeritus status is granted upon the applicant retiring from the practice of the paralegal profession at the age of 55 years or older, or any age due to a health issue that prevents the individual from continuing to work as a paralegal. Upon approval of membership applications, Emeritus members are non-voting members.

SUSTAINING: Designated for applicants applying for membership who are associated with a law firm, organization, institution, or any other entity interested in supporting the purposes and goals of the paralegal profession and OPA. Sustaining members upon approval of membership applications are non-voting members of OPA and are NOT eligible to hold elective office. The company or entity that has applied for membership and is current on membership dues, will be posted on the OPA website and have access to the NFPA membership granted to all other membership categories.

CODE OF ETHICS AND STANDARDS OF PROFESSIONAL CONDUCT

PREAMBLE

In addition to those purposes and objectives set forth in the Oregon Paralegal Association's ("OPA") Third Amended and Restated Bylaws adopted on February 11, 2019 as amended, OPA expects its members to adhere to a code of ethics and standards of professional conduct. In addition to the National Federation of Paralegal Associations, Inc., Model Code of Ethics and Professional Responsibility ("NFPA Model Rules") and the American Bar Association's Model Rules of Professional Conduct ("ABA Model Rules"), all members of OPA (including those individuals representing a sustaining member) are required to abide by the Code of Ethics and Standards of Professional Conduct reflected below. Violations by OPA's members of any of the provisions contained in this document, the NFPA Model Rules, or the ABA Model Rules may result in disciplinary action taken by the OPA Board. Disciplinary action may include, but is not limited to: censure, suspension, or expulsion of membership.

THE CODE OF ETHICS

All members of OPA (including representatives of sustaining members) must:

- Act with professionalism, integrity, competence, diligence, respect, and in an ethical manner with all of OPA's Members, as well as any speakers at OPA functions and any other functions in the legal community.
- Engage and encourage others to engage in a professional and ethical manner that will reflect credit on themselves and the profession.
- Promote the integrity and professional image of OPA in all public settings.
- Avoid impropriety and the appearance of impropriety and shall not engage in any conduct that would adversely affect his/her reputation in the legal community. Such conduct may include, but is not limited to: violence, dishonesty, inappropriate contact with members and/or any third party conducting business with OPA.
- Maintain and improve their own professional competence and strive to maintain and improve the professional competence of other OPA members.

STANDARDS OF PROFESSIONAL CONDUCT

- **Gifts.** Members must not offer, solicit, or accept any gift, benefit, compensation, or consideration from OPA's Members, Vendors, Speakers, or any other third party doing business with OPA that would appear improper, unprofessional, or unethical to a reasonable person.
- **Misrepresentation.** Members must not knowingly make any misrepresentations related to any awards, leadership activity, or other professional activities.
- **Misconduct.** Members must not engage in any professional conduct involving dishonesty, fraud, deceit or commit any act that reflects adversely on their own or OPA's professional reputation, integrity, or competence.
- **Unlawful Practice of Law.** Members must not engage in the unlawful practice of law as defined by ORS 9.160 or any other applicable law or statute in the jurisdiction in which the member practices.

SIGNATURE

I authorize the verification of the information provided above on this form to be true. I certify that I have read and agree to abide by the Code of Ethics and Standards of Professional Conduct (the "Code") contained in this document. By signing this document, I accept the obligation to abide by this Code and acknowledge that a violation on my part may result in action by the OPA Board of Directors. I also understand that OPA may photograph and/or videotape OPA events and I acknowledge that my image may be captured. By attending I grant OPA my permission to use such images without further acknowledgment and without compensation to me. By signing this application you agree to the terms contained herein. Oregon Paralegal Association is a 501 (c)(6) professional organization and member of the National Federation of Paralegal Associations, Inc.

Signature of applicant:

Date: