



Mask Requirements FAQ

February 2021

Q: What is the new mask requirement?

Oregon Health Authority (OHA) will remove mask requirements for indoor public places no later than March 31, 2022. Mask requirements for schools will be lifted on March 31. OHA has no current plans to lift mask requirements in health care settings under [OAR 333-019-1011](#).

Q: Why are you lifting the school mask requirement on March 31?

Throughout the pandemic, most school outbreaks have been tied to exposures outside of school. Lifting school mask requirements after spring break gives schools time to prepare for the transition and gives parents time to get their kids vaccinated. Universal masking is still recommended as part of a layered mitigation strategy. OHA and Oregon Department of Education (ODE) will work together to update school guidance so schools can continue to operate safely after mask requirements are lifted.

Q: Do I still have to wear a mask on public transit like buses and planes?

Yes. The federal government requirement for masks on public transit and planes will expire on March 18, 2022, unless the federal government extends the requirement.

Q: When the general indoor and school mask requirements are lifted, what about individuals who are disproportionately impacted by COVID — can they still access and wear masks?

Yes. Anyone who wants to continue to wear a mask can do so, and some places may still have their own mask requirements. OHA is facilitating the distribution of N95 masks to community-based organizations, Tribes, local public health, K-12 schools, hospitals, shelters serving people experiencing houselessness, early learning facilities, hospitals, and migrant seasonal farmworkers.

Q: Once the general indoor and school mask requirements are lifted, can businesses or workplaces continue to require masks?

Yes. After general indoor and school mask requirements are lifted, which will be no later than March 31, employers and businesses can still set their own requirements to protect employees and patrons, including requiring masks indoors and proof of vaccination, in compliance with Americans with Disability Act guidelines and Title VII of the Civil Rights Act.

Q: Once the general indoor mask requirement is lifted will masks still be required in long-term care facilities and state and local correctional facilities?

OHA has no current plans to lift mask requirements in health care settings under [OAR 333-019-1011](#). Health care workers will still be required to wear masks. Indoor masking decisions in long-term care facilities and state and local correctional facilities will be determined by each agency that regulates those facilities after the general indoor mask requirements are lifted. OHA will work with the Oregon Department of Human Services (ODHS) and other appropriate agencies to ensure operators of congregate settings, such as long-term care facilities and state and local correctional facilities, receive appropriate guidance as they consider their own mask policies after March 31.

Q: Why not lift mask requirements now?

Hospital capacity in Oregon remains low, however, state health officials fully expect COVID-19 infections and hospitalizations to move downward before March 31.

Prior to lifting mask requirements, OHA will work with partners to increase communication about the importance of vaccination and other steps individuals most vulnerable to complications from COVID-19 can take, such as wearing masks.

With highly effective vaccines available to most people in Oregon – and anticipated for everyone 6 months and older this spring – and new treatments becoming more accessible, OHA is confident that people have the tools to help blunt the most severe disease. With these tools, Oregonians can protect hospital capacity and ensure a broad spectrum of care for all people in the state.

Q: Why did OHA issue a permanent indoor mask rule on Feb. 8?

Oregon law does not allow a temporary rule to be extended so a permanent rule needed to be filed to continue mask requirements to protect people in Oregon in the face of high COVID-19 hospitalizations. The week of February 7, Oregon was at the projected peak of hospitalizations and hospitals are still depending on about 1,300 Oregon National Guard members and nearly 1,200 contracted nurses and other medical staff to handle the number of hospitalized people due to the Omicron surge.

OHA's goal has always been to follow the best science to keep people in Oregon safe. Masks work to save lives and reduce hospitalizations. Because of Oregon's high mask use and vaccination rates, we have the 3rd lowest infection rate (and 7th lowest death rate) in the nation since the start of the pandemic.

Q: Will it be safe to lift the mask requirement on March 31?

By March 31, hospitalizations are projected to have dropped below 400 patients with COVID-19. This is the level we were before the Omicron surge. By the end of March, community levels of COVID-19 transmission should be low enough for mask requirements to be lifted safely without jeopardizing hospital capacity or in-person classroom learning.

People may continue to wear masks in public settings. Health officials also strongly recommend people who are at high risk for severe disease continue to wear masks in public places.

Q: What factors would you consider for lifting the indoor mask requirement before March 31?

If hospitalizations decline to the levels projected by the end of March sooner than expected, state health officials would consider lifting the general indoor mask requirement earlier than March 31.

Q: Will you lift the indoor mask requirement if hospitalizations don't reach projected levels?

State health officials fully expect COVID-19 infections and hospitalizations to move downward before March 31.

With highly effective vaccines available – and anticipated for everyone 6 months and older this spring – and new treatments becoming more accessible, OHA is confident that people have the tools to help blunt the most severe disease.

Q: Is there a chance you could reinstate a mask requirement if another variant emerges?

If a new variant emerges that spreads quickly and causes more severe disease or significantly reduces the effectiveness of our current vaccines, state officials will review the impact on communities and consider options for targeted masking requirements.

Q: Can OHA be sure that cases are declining even if there aren't enough tests to test everyone?

While state health officials know that not all tests are being reported, test positivity rates are beginning to decline, reported cases are declining, and hospitalizations are beginning to trend down as well. By the end of March, we expect hospitalizations will be lower than they are now, and it will be safer to lift the indoor mask requirement.

Limited testing has been a problem throughout the pandemic, but Oregon has never had higher testing volume than we have right now. In December, state health officials purchased 6 million test kits to provide to hospitals, schools and community organizations that serve our most vulnerable state residents. We've received more than 3 million tests from the manufacturer and we're distributing them as fast as we can to partners who've ordered them. The state will maintain a reserve of 300,000 tests for critical priorities, such as testing for potential new variants in the future.

Q: What evidence shows that masks work?

There is a large body of national and international evidence that shows masks reduce cases, hospitalizations and deaths.

- [Community Use of Face Masks And COVID-19: Evidence from A Natural Experiment of State Mandates in the US](#) estimated an overall initial daily decline in new diagnoses of 2% at 21 days following mandates implemented in 15 states and Washington, D.C., in March to May of 2020.
- [Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach](#) estimated a daily decline in new diagnoses of 1.28% after implementing mandatory mask wearing in public settings in Jena, Germany in April 2020.
- [Face masks, public policies and slowing the spread of COVID-19: evidence from Canada](#) estimated a weekly 22% decline in new diagnoses following implementation of mandatory indoor mask mandates in Canada in March to August 2020.
- [Causal impact of masks, policies, behavior on early COVID-19 pandemic in the U.S.](#) illustrates that nationally mandating face masks for employees early in the pandemic could have reduced weekly growth rate of cases and deaths by more than 10% in late April 2020 and 34% fewer deaths nationally by end of May 2020.
- [Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates — 10 States](#) demonstrates a decline in weekly COVID-19-related hospitalization growth rates by up to 5.6 percentage points for adults aged 18 to 64 years after implementation of statewide mask requirements, compared with growth rates during the four weeks preceding implementation of the requirements.

Q: Does OHA’s announcement to end some mask requirements mean the pandemic is over?

While we would all like the pandemic to be over, it is still with us. We do believe by the end of March, hospitalizations and transmission rates will be low enough for us to safely drop mask requirements in indoor public spaces, including schools. By the end of March, we anticipate significantly less disease, less strain on hospitals and less impacts on our daily lives.

Q: Where can I find more information about the general indoor mask requirement?

Oregon Administrative Rule 333-019-1025, Masking in Indoor Spaces is posted on [OHA’s website](#) under Requirements and Recommendations, as well as on the Oregon Secretary of State’s [website](#). You can find FAQ specific to the indoor mask requirement [here](#).

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhs.oha.state.or.us.