



*The mission of the Oregon Medical Board is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.*

## New Board Members Sworn in at October Meeting

At its October meeting, the Oregon Medical Board swore in three of its newest Board members: Robert M. Cahn, MD, Rebecca Hernandez, PhD, and Charlene McGee.

Robert M. Cahn, MD, is board certified in general surgery and critical care. Dr. Cahn specializes in general surgery and advanced laparoscopic surgery at Tuality Community Hospital in Hillsboro where he also serves as the co-director of breast surgery. In addition, Dr. Cahn serves as a clinical instructor at OHSU.

Dr. Cahn earned his medical degree at the University of California, San Diego. He completed a general surgery residency and a fellowship in surgical critical care at OHSU.

Dr. Cahn has served as the president of the Idaho chapter of the American College of Surgeons (ACS) and as the Cancer Liaison Program State Chair for the ACS's Commission on Cancer.

Rebecca Hernandez, PhD, is the Associate Vice President of Intercultural Engagement & Faculty Development at George Fox University. As a public member of the Board, she brings extensive

*(Continued on page 3)*

INSIDE THIS ISSUE:	
License Reactivations are Now Available Online	2
One-Year License Renewal and CME Audit	4
OMB Executive Director Recognized for Public Service	4
In Memory of Senator Alan "Doc" Bates, DO	5
HHS Announces New Actions to Combat Opioid Epidemic	6
Surgeon General's Letter to Health Care Professionals	7
Board Actions	8
Your Obligation to Report Unprofessional Behavior	13
Public Hearing on "Oriental Massage" Definition	13
Oregon Administrative Rules	14



Robert M. Cahn, MD



Rebecca Hernandez, PhD



Charlene McGee

**Statement of Purpose:** *The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.*

## OREGON MEDICAL BOARD

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Theresa Lee

[www.oregon.gov/OMB](http://www.oregon.gov/OMB)

## License Reactivations are Now Available Online

The Board is excited to announce that license reactivation applications are now online. The reactivation applications were the last paper applications that the Board used. The online system streamlines the reactivation process by taking account of the information already in the Board's database and then customizing the application to the individual licensee.

The reactivation application can be accessed at <http://omb.oregon.gov/login>.

You should apply to reactivate your license if you are returning to active or paid practice in Oregon. If you have questions regarding license reactivation, contact our Licensing Call Center at 971-673-2700, or visit [www.oregon.gov/omb/licensing](http://www.oregon.gov/omb/licensing) and click on "Reactivate a License." +

## Do You Have a Current Board Order or Agreement?

Direct e-mails regarding your compliance case to [omb.compliance@state.or.us](mailto:omb.compliance@state.or.us). You may also send related documents to:

Compliance Department  
Oregon Medical Board  
1500 SW 1st Avenue, Suite 620  
Portland, OR 97201

Please remember that it is your responsibility to keep the Board updated with your current preferred mailing address for compliance related materials.

## New Board Members Welcomed

*(Continued from cover page)*

experience in leading diversity initiatives to overcome healthcare disparities among minority populations. She recently served on the Oregon Commission on Children and Families.

Prior to her position at George Fox University, Dr. Hernandez, PhD, was at Goshen College in Indiana where she was Associate Dean of Intercultural Development and Educational Partnerships and the Director of the Center for Intercultural Teaching and Learning. During that time, she also served four years as a board member for LaCasa Inc.

Dr. Hernandez, PhD, earned a Bachelor of Arts degree in Secondary Education from Southeastern College in Florida. After coming to Portland, she earned a master's degree in Public Administration from Portland State University and completed her doctoral degree in Human Development and Family Studies at Oregon State University.

Ms. Charlene McGee is the State Refugee Health Deputy for Multnomah County Health Department where she ensures newly arriving refugee families receive appropriate healthcare services and advocates on their behalf when issues arise. She also directs The Oregon Refugee Preventative Health Advisory Group, which focuses on overcoming barriers to access to care.

A native of Liberia, Ms. McGee has dedicated her life's work to refugee health and welfare around the world. Ms. McGee has served as the Executive Director of EQUIP Liberia, a health and social welfare nongovernmental organization (NGO). She is also a past board chair of North by Northeast Community Health Center.

Ms. McGee earned her Bachelor of Science degree from Oregon State University in Health Promotion and Education with a minor in Community Development. At Portland State University she studies Public Administration and Policy. +

*Board members provide a critical public service for patients and the medical profession. Each member is appointed by the Governor and confirmed by the Oregon Senate.*



*Dr. Hernandez, PhD, & Dr. Sukumar, Board Chair*



*Dr. Cahn & Dr. Sukumar, Board Chair*



*Ms. McGee's 8-year old son, Arinze, took the spotlight at the Senate confirmation hearing in Salem on September 21.*

## One-Year License Renewals and Continuing Medical Education Audit

License renewals have begun for medical, osteopathic, and podiatric physicians and physician Assistants with one-year licenses. This includes licensees at Emeritus status. If you have a one-year license, you may log in to complete your renewal on the Board's website at <http://omb.oregon.gov/login>. The deadline to complete your renewal without penalty is December 31, 2016.

The Board randomly audits one-year licensees for required continuing medical education (CME). To be eligible, CME hours must be relevant to the licensee's practice and must have been completed during the 2016 licensing period. Ongoing participation in maintenance of certification with an accepted specialty board also satisfies the requirement. For more information on CME requirements, including the number of hours required, acceptable CME, possible exemptions and penalties for failure to comply, please visit [www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx](http://www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx).

We look forward to assisting you with the renewal and audit process. Licensing Call Center staff are available at 971-673-2700. You may also call this number to schedule an appointment at the Board office if you would like in-person assistance to complete your renewal application. +

## OMB Executive Director Recognized for Public Service



Oregon Medical Board Executive Director Kathleen Haley, JD, is the 2016 recipient of the Ben Shimberg Public Service Award. This national recognition from the Citizen Advocacy Center was presented for Ms. Haley's "two decades of nurturing, supporting, and encouraging full and effective utilization of public members of the board."

In her acceptance remarks, Ms. Haley discussed many themes of medical regulation, including the balance between regulatory and professional interests and the importance of supporting board members as they give countless hours of public service to patient safety. She also stressed that medical regulations must be developed with integrity and cannot be implemented without understanding today's healthcare delivery systems and medical professional shortages and burdens. Ms. Haley was presented the award by Barbara Safriet, Professor of Health Law and Policy at Lewis and Clark Law School, and David Swankin, President and CEO of Citizen Advocacy Center. +

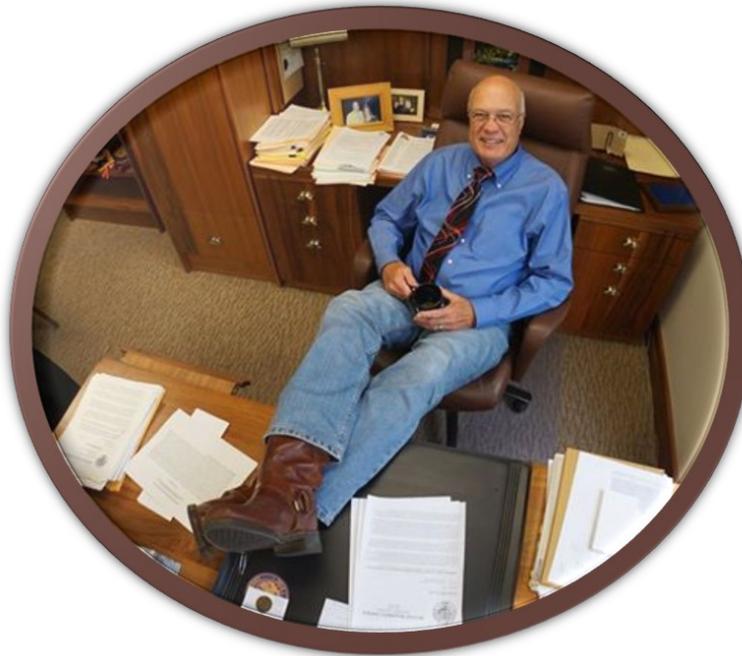
*The Citizen Advocacy Center is dedicated to enhancing the effectiveness and accountability of health professional oversight bodies since 1987. The Center offers training, research, and networking opportunities for public board members and the boards on which they serve.*

# In Memory of Senator Alan “Doc” Bates, DO

By Scott Gallant, policy advisor to the Oregon Medical Board and longtime friend of Sen. Bates

The sudden passing of our friend Senator Alan C. Bates, DO, has had a profound impact on his family, his patients, and his colleagues. He was a practicing physician in southern Oregon for nearly 40 years and an Oregon legislator since 2000. Known as “Doc” around the Capitol, he brought his bedside manner with him every day to the halls and hearing rooms, and his professional colleagues came to him for medical care and advice. His open manner and soft reassuring voice drew people to him. He was a founding father of the Oregon Health Plan and, most recently, the cornerstone for moving health care delivery to the coordinated care organization (CCO) model.

The influence of Senator Bates on a wide range of issues was deep and dramatic, including health care, human services, the environment, and state medical licensure, but most of us will remember him for his personal touch. His way of listening to the concerns of his constituents and colleagues and his ability to find solutions for policy and political challenges made him an especially unique elected official.



Earlier this year, Senator Bates was the driving force for requiring more transparency from the Oregon Health Authority, allowing statutory flexibility for CCOs to provide social determinants of health, and pushing for clarity in CCO rate development. Senator Bates was not one to give up, and as Co-Chair of the Ways and Means

Subcommittee on Health Care and Human Services, he was in a position to achieve health care solutions.

My wife summed it up best: “[Senator Bates] was a man who we all looked to for calm, rational advice on all issues especially health care and human services and the related budgets. That being said, and much more

importantly, he is a true believer in making things better and a man of his word...and a friend. Oregon lost a true statesman and many lost a true friend and advocate.”

We all must now help to fulfill his legacy. It is our responsibility to carry on his vision. He will be profoundly missed but will never be forgotten. +

“Alan was a close friend, a statesman, and a doctor who was deeply committed to ensuring that every Oregonian had access to health care. He left an indelible impression on Oregon, and I will miss him forever.”

~Governor Kate Brown

# HHS Announces New Actions to Combat Opioid Epidemic

From the HHS Press Office  
www.hhs.gov

In July the U.S. Health and Human Services (HHS) announced several new actions the department is taking to combat the nation's opioid epidemic.

The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation," said HHS Secretary Burwell. "At HHS, we are helping to lead the nationwide effort to address the opioid epidemic by taking a targeted approach focused on prevention, treatment, and intervention. These actions build on this approach. However, if we truly want to turn the tide on this epidemic, Congress should approve the President's \$1.1 billion budget request for this work."

The actions announced build on the HHS Opioid Initiative, which was launched in March 2015 and is focused on three key priorities: 1) improving opioid prescribing practices; 2) expanding access to medication-assisted treatment (MAT) for opioid use disorder; and 3) increasing the use of naloxone to reverse opioid overdoses. They also build on the National Pain Strategy, the federal government's first coordinated plan to reduce the burden of chronic pain in the U.S. +

## ECONOMIC IMPACT

\$55 billion in health and social costs related to prescription opioid abuse each year<sup>1</sup>

\$20 billion in emergency department and inpatient care for opioid poisonings<sup>2</sup>

## AVERAGE DAY IN THE US

More than 650,000 opioid prescriptions dispensed<sup>1</sup>

3,900 people initiate nonmedical use of prescription opioids<sup>2</sup>

78 people die from an opioid-related overdose\*<sup>3</sup>

Source: Pain Med. 2011; 12(4):657-67<sup>1</sup>  
2013;14(10):1534-47.<sup>2</sup>

\*Opioid-related overdoses include those involving prescription opioids & illicit opioids such as heroin  
Source: IMS Health National Prescription Audit<sup>1</sup>/SAMHSA National Survey on Drug Use and Health<sup>2</sup>/CDC National Vital Statistics System<sup>3</sup>

## Message from the U.S. Surgeon General

Physicians and physician assistants are asked to help address the prescription opioid crisis. A letter from U.S. Surgeon General Vivek H. Murthy, MD, MBA, along with resources and a pledge to join a national movement of clinicians to end the epidemic is available at [www.TurnTheTideRx.org](http://www.TurnTheTideRx.org). +



UNITED STATES SURGEON GENERAL

Vivek H. Murthy, M.D., M.B.A.

August 2016

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly two million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge at [www.TurnTheTideRx.org](http://www.TurnTheTideRx.org). Together, we will build a national movement of clinicians to do three things.

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the enclosed pocket card with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

## BOARD ACTIONS

July 9, 2016 to October 7, 2016

*Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.*

### INTERIM STIPULATED ORDERS

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.\**

**GIRI, Satyendra N., MD; MD160533**

**Coos Bay, OR**

On July 18, 2016, Licensee entered into an Interim Stipulated Order to voluntarily cease performing any interventional cardiac procedures on any patient pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**JAPPAY, Elisabeth L., MD; MD26489**

**Salem, OR**

On August 2, 2016, Licensee entered into an Interim Stipulated Order to voluntarily maintain current MED levels for chronic pain patients at 120 MED or less, taper the prescribing of opioids or transfer care for chronic pain patients with an MED over 120, cease initiating chronic pain treatment for new or existing patients, eliminate carisoprodol from chronic pain treatment regimens, and cease adding or increasing benzodiazepines to patients receiving opioids pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

**LAIRD, Ashley R., MD; MD173210**

**Jacksonville, OR**

On August 29, 2016, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of

the Board's investigation into her ability to safely and competently practice medicine.

**LAWS, Craig R., MD; MD171675**

**Bend, OR**

On August 19, 2016, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**MECKLING, Kent F., MD; MD24567**

**Portland, OR**

On September 9, 2016, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**READ, Robert A., MD; MD21063**

**Corvallis, OR**

On October 5, 2016, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

### DISCIPLINARY ACTIONS

*These actions are reportable to the national data banks.\**

**DOSSEY, Brian L., MD; MD153277**

**Grants Pass, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order retires Licensee's medical license while under investigation.

**FALK, Gregory A., DO; DO13695**

**Canyonville, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for

unprofessional or dishonorable conduct and gross or repeated negligence. This Order retires Licensee's medical license while under investigation.

**GALLANT, James D., MD; MD12529  
Corvallis, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and willfully violating a Board order. This Order moves Licensee's medical license to an Administrative Medicine status immediately, and retires Licensee's medical license while under investigation effective November 1, 2016.

**HAMILTON, Anthony M., PA; PA01072  
Klamath Falls, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and violation of the federal Controlled Substances Act. With this Order, Licensee surrenders his physician assistant license while under investigation.

**HUDSON, Peter C., MD; MD13138  
Corvallis, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willfully violating any rule adopted by the Board or Board order. This Order retires Licensee's medical license while under investigation.

**KENNY, Rose J., MD; MD23253  
Redmond, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; willfully violating any provision of the Board's statute, rule, board order or board request; and prescribing controlled substances

without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping. This Order reprimands Licensee; assesses a civil penalty of \$8,500; places Licensee on probation; requires Licensee to complete a CPEP education plan; requires Licensee to complete courses on medical documentation and prescribing; requires practice setting approval by the Board's Medical Director; subjects Licensee's practice to no-notice chart audits by the Board; requires Licensee to follow protocols when prescribing testosterone to male patients or antibiotics to any patient; and requires that Licensee only order lab tests which are supported in the medical record.

**LEWIS, Sue A., MD; MD19554  
West Linn, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for gross or repeated acts of negligence and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; requires Licensee to complete a medical documentation course; requires Licensee to obtain a CPEP evaluation and complete any education plan recommended; prohibits Licensee from prescribing stimulants; places restrictions on Licensee's treatment of and prescribing for chronic pain; and places parameters on Licensee's prescribing for intermittent pain.

**MISRA, Sounak, MD; MD26161  
Portland, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for

(Continued from page 9)

unprofessional or dishonorable conduct and violation of a Board rule or order. This Order reprimands Licensee; requires Licensee to follow up with Licensee's healthcare provider; requires Board approval of his practice sites; and prohibits Licensee from practicing in healthcare settings with access to controlled substances.

**PIVCEVICH, Carey A., AC; AC00966**

**Portland, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders her acupuncture license while under investigation.

**TANGREDI, Raymond P., MD; MD18328**

**Clackamas, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order retires Licensee's medical license while under investigation.

**THOMASHEFSKY, Allen J., MD; MD08126**

**Ashland, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willfully violating any Board rule. This Order assesses a \$2,500 civil penalty, and retires Licensee's medical license while under investigation.

**TOMPKIN, Jane E., MD; MD18337**

**Portland, OR**

On October 6, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and incapacity to practice. This Order retires Licensee's medical license while under investigation.

## **PRIOR ORDERS AND AGREEMENTS MODIFIED OR TERMINATED**

**BERNARDO, Peter A., MD; MD17631**

**Hillsboro, OR**

On October 6, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's April 3, 2014, Stipulated Order and April 2, 2015, Order Modifying Stipulated Order.

**DENKER, John T., MD; MD12668**

**Portland, OR**

On October 6, 2016, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 10, 2014, Stipulated Order.

**HUDSON, Peter C., MD; MD13138**

**Corvallis, OR**

On October 6, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's February 1, 2007, Stipulated Order.

**MAYS, Maureen E., MD; MD25708**

**Portland, OR**

On October 6, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 2, 2014, Stipulated Order.

**WONG, Charles M., MD; MD14849**

**Portland, OR**

On October 6, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's April 3, 2014, Stipulated Order.

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at <http://omb.oregon.gov/newsletter>.

# NON-DISCIPLINARY BOARD ACTIONS

July 9, 2016 to October 7, 2016

## CORRECTIVE ACTION AGREEMENTS

*These agreements are **not disciplinary** orders and are not reportable to the national data banks\* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

**BURMAN, Malika, MD; MD152046**  
**Portland, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course in professional boundaries.

**ELLINGSEN, Megan B., MD; MD166330**  
**Bend, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on prescribing.

**KUO, Wie-Peng, MD; MD27768**  
**Medford, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to submit an educational plan to the Board's Medical Director for approval should she return to performing abdominal surgeries.

**MERIN, Jan M., MD; MD165207**  
**Salem, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the

Board. In this Agreement, Licensee agreed to complete pre-approved courses on medical oncology and medical documentation.

**MONJI, Zena I., MD; MD19379**  
**Eugene, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course in professional boundaries.

**RUSSELL, Jill R., DO; DO17341**  
**Hillsboro, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on prescribing for chronic pain and medical documentation.

**SOLDEVILLA, Francisco X., MD; MD14348**  
**Tualatin, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on professionalism, medical ethics, and medical documentation.

**YAMANE, Robert Y., MD; MD166301**  
**Ashland, OR**

On October 6, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to participate in a pre-approved educational program regarding chronic pain and open his practice to no-notice chart audits by the Board.

## VOLUNTARY LIMITATIONS

*These actions are not disciplinary but are reportable to the national data banks.\**

**STRAUSS, Mitchell J., MD; MD22129**  
**Portland, OR**

On October 6, 2016, Licensee entered into a Voluntary Limitation to limit his practice to outpatient gynecology at pre-approved practice sites.

*(Continued on page 12)*

(Continued from page 11)

## CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

*These actions are not disciplinary and are not reportable to the national data banks.\**

### **DIERMAYER, Marion, MD; MD20285 Springfield, OR**

On July 20, 2016, Licensee entered into a Consent Agreement for Re-entry to Clinical Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a preapproved mentor for at least six months, to include chart review, on-site supervision, and reports to the Board by the mentor.

### **ECKROTH, Michele D., MD; MD19737 Albany, OR**

On July 12, 2016, Licensee entered into a Consent Agreement for Re-entry to Clinical Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved mentor for at least six months, to include chart review and reports to the Board by the mentor, and to continue to participate in Maintenance of Certification through her certifying board.

### **KOOL, Kathleen L., LAC; AC178563 Beaverton, OR**

On July 28, 2016, Applicant entered into a Consent Agreement for Re-entry to Clinical Practice with the Board. In this Agreement, Applicant agreed to complete a 200-hour mentorship with a Board-approved clinical supervisor and obtain 90 hours of continuing education units within 12 months.

### **MURPHY, Kristen S., LAC; AC174769 Portland, OR**

On July 27, 2016, Applicant entered into a Consent Agreement for Re-entry to Clinical Practice with the Board. In this Agreement, Applicant agreed to complete a 240-hour

mentorship with a Board-approved clinical supervisor and obtain 60 hours of continuing education units within 12 months.

*Current and past public Board Orders are available on the OMB website: <http://omb.oregon.gov/boardactions>. +*

*\*National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB).*

## DISPENSING PRACTITIONERS

The Oregon Board of Pharmacy has proposed rules requiring some physicians, physician assistants, and other health care professionals to register their practice with the Pharmacy Board.

The proposed rules distinguish between “traditional” and “non-traditional” dispensing of medications. Health care professionals who engage in non-traditional dispensing must register the practice as a dispensing outlet with the Pharmacy Board. The rules require an application, fee, annual renewal, and annual inspection.

The Pharmacy Board will hold a rulemaking hearing on the rules on November 22, 2016, at 9:30 a.m. at 800 NE Oregon St. Room 1A, Portland, OR 97232. Public comment may also be submitted by mail or e-mail by November 22 at 4:30 p.m. to:

Karen MacLean, Rules Coordinator  
Oregon Board of Pharmacy  
800 NE Oregon St., Suite 800  
Portland, OR 97232  
[karen.s.maclea@state.or.us](mailto:karen.s.maclea@state.or.us)

More information on the proposed rules is available at [www.omb.oregon.gov/pharm](http://www.omb.oregon.gov/pharm). +

## Your Obligation to Report Unprofessional Behavior

An article in the *Journal of the American Medical Association* (September 13, 2016) notes that the word profession is derived from the Latin word meaning “to declare openly.”

The importance of this meaning is highlighted in the AMA’s Principles of Medical Ethics, which provides: **“A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.”**

In keeping with this principle, the Oregon Medical Board requires licensees to report unprofessional or incompetent conduct within 10 working days after the licensee learns of the conduct. Hospitals and other health care professionals are also required to report unprofessional or incompetent conduct within 10 working days. A licensee who fails to report his or her own conduct or the conduct of another professional is subject to discipline.

Physicians, physician assistants and acupuncturists make mistakes. Often these mistakes can be corrected when fellow professionals bring them to the attention of their colleagues. When uncorrected errors are ignored or unethical behavior is overlooked, patients can be harmed. +

### Remember!

Loss or suspension of hospital privileges must be reported to the Board within **10 working days**.  
ORS 677.415

## Public Hearing on “Oriental Massage” Definition

In the summer *OMB Report*, the Oregon Medical Board announced a newly proposed rule defining “Oriental massage.” The Board and the Acupuncture Advisory Committee now are seeking more public input on the proposal and have scheduled a public hearing on Friday, December 2, 2016, at 11:00 a.m. at the Board office.

The Board will accept oral testimony on the proposed rule at that time. Alternatively, interested parties may submit written comment by 12 noon on December 2, 2016, by e-mail to [Nicole.Krishnaswami@state.or.us](mailto:Nicole.Krishnaswami@state.or.us) or by mail to: Rules Coordinator, 1500 SW 1<sup>st</sup> Ave., Suite 620, Portland, OR 97201.

### PROPOSED RULE

#### OAR 847-070-0005(6)

“Oriental massage” means methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or

without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of Oriental or Asian health care. Oriental massage as practiced in Oregon does not include high-velocity, short-amplitude, manipulative thrusting procedures to the articulations of the spine or extremities. +

For more information, visit the Board website at <http://omb.oregon.gov/rules>.



# Oregon Administrative Rules

*Rules proposed and adopted by the Oregon Medical Board.*

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. Official notice of rulemaking is provided in the Secretary of State *Bulletin*. The full text of the OARs under review and the procedure for submitting comments can be found at: <http://omb.oregon.gov/rules>.

## Proposed Rules

*First Review*

### Emergency Medical Services (EMS)

#### OAR 847-035-0030: Scope of Practice

The proposed rule amendment broadens the EMT scope of practice to allow blind insertion of any supraglottic airway device rather than limiting the scope to only cuffed pharyngeal airway devices and removes the limitation on performing tracheobronchial tube suctioning to only endotracheal intubated patients to allow EMTs to also perform this suctioning on tracheostomy patients. The proposed rule amendment also adds a provision to allow Paramedics to initiate and maintain mechanical ventilation during transport if the Paramedic is trained on the specific device and is acting under written protocol.

## Did You Know?



Members of the public are invited to provide comment on proposed administrative rules.

Public comments are accepted for **21** days after the notice is published in the Secretary of State *Bulletin*.

To access recent editions of the *Bulletin*, visit the Secretary of State website at

<http://arcweb.sos.state.or.us/pages/rules/bulletin/past.html>.

## Board Administration

### OAR 847-003-0200: Board Member Compensation

The proposed rule amendment allows compensation for preparing for Board meetings and Investigative Committee meetings.

## Adopted Rules

*Final Review*

### All Licensees

**OAR 847-001-0024; 847-001-0045; 847-008-0003; 847-020-0183; 847-050-0043; 847-070-0045; 847-080-0021: Consent Agreements for Re-entry to Practice**

The rule amendments memorialize the Board's decision to change the name of "Consent Agreements" to "Consent Agreements for Re-entry to Practice." The Board members voted to change the name at their April 2016 meeting in order to accurately reflect that these agreements between the Board and a licensee are used to establish a re-entry program for a licensee's return to clinical practice after two or more years. The name change is meant to eliminate any confusion that these agreements are disciplinary actions.

### OAR 847-005-0005: Fee Schedule

The rule amendment reduces the one-time supervising physician application fee to \$50 for physicians volunteering in free clinics or non-

profit organizations and reduces the workforce data fee from \$5 per licensing period to \$2 per year.

**OAR 847-008-0055: Reactivation Requirements**

The rule amendment makes grammatical corrections to the sentence structure. There are no substantive changes.

**OAR 847-008-0068: Criminal Records Checks for Applicants and Licensees**

The rule amendment references new statewide rules on criminal records checks recently adopted by the Department of Administrative Services (DAS) and includes language specific to the Oregon Medical Board that is consistent with ORS chapter 181A and the DAS rules. The rule specifies that applicants and licensees are subject to a criminal records check under this rule, refers to statewide rules on criminal records checks, provides the appeals process, and maintains the fee charged to the individual. This rulemaking is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave DAS authority to adopt statewide administrative rules for criminal records checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules. There is no change to the existing process.

**OAR 847-020-0150; 847-023-0010; 847-026-0015; 847-050-0025; 847-070-0019; 847-080-0013: Exam and Document Requirements for License Applications**

The rule amendments remove references to the DEA exam. The prescription drug questions of highest importance have been incorporated into the new MPA exam. The rules also clearly state the attempt limitations on the open-book examination. The rule related to documents to be submitted in the Expedited Endorsement process has been updated and streamlined in keeping with other rule divisions and to allow

for electronic fingerprint submission through the new Fieldprint program.

**Board Administration**

**OAR 847-002-0000; 847-002-0005; 847-002-0010; 847-002-0015; 847-002-0020; 847-002-0025; 847-002-0030; 847-002-0035; 847-002-0040; 847-002-0045: Criminal Records Checks for Employees and Volunteers**

The rulemaking repeals existing procedural rules on criminal background checks of employees, volunteers, and applicants and amends one rule to refer to new statewide rules and specify the individuals subject to the rule. This rulemaking is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal records checks and required other agencies to repeal or amend existing rules. There is no change to the existing process.

*For more information on OARs and the full text of the rules above, visit the Oregon Medical Board website at <http://omb.oregon.gov/rules> or call 971-673-2700. +*

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Because of your service, Oregon's medical profession is stronger. We could not fairly and accurately assess many of the unique specialties without your thoughtful expertise.

### **UPCOMING MEETINGS**

November 18, 9 a.m.

#### **EMS Advisory Committee**

December 1, 7:30 a.m.

#### **Investigative Committee**

December 2, 12 noon

#### **Acupuncture Advisory Committee**

December 7, 5 p.m.

#### **Administrative Affairs Committee**

January 5-6, 8 a.m.

#### **Full Board**

### **OFFICE CLOSURES**

#### **Thanksgiving**

*Thursday & Friday,*

*November 24 & 25*

#### **Christmas**

*Monday, December 26*

#### **New Year's**

*Monday, January 2*

**Applicant/Licensee Services** (*new applications and renewals, address updates, practice agreements and supervising physician applications*):

<http://omb.oregon.gov/login>

#### **Licensing Call Center:**

9 am to 12 pm and 1 pm to 3 pm

Phone: 971-673-2700

E-mail: [omb.appdocuments@state.or.us](mailto:omb.appdocuments@state.or.us)

#### **Sign Up to Receive E-mail Notices:**

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