



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

Legislature Confirms Public Board Member

In March, the Board welcomed Mr. Angelo Turner as its newest public member. A native of San Diego, California, Mr. Turner relocated to Oregon to accept his current position as Executive Director at Emanuel Medical Center Foundation. Mr. Turner succeeds Mr. Ramiro Gaitán,

“I am a new Oregonian, but I plan to live here for many years and thus want to help contribute to improving the lives of others who live here.”

who completed two consecutive terms and most recently acted as Board Secretary.

Mr. Turner graduated from National University in



Mr. Angelo Turner, Portland Executive, joined the Board March 1, 2012.

La Jolla, California, with a Bachelor of Arts in Psychology. He also received a Graduate Certificate in development, capital campaigns and major gifts from the Indiana University’s Center on Philanthropy.

Mr. Turner has spent his entire sixteen-year career in major gifts development for health care

(Continued on page 12)

INSIDE THIS ISSUE:

Legislative Impacts on Licensure	2
Statement of Philosophy - Telemedicine	3
Food Drive Success	3
Agent Acknowledgement	3
Lane County Medical Society Physician Wellness Program	4
Best Practices - Patient and Provider	5
Additional Acupuncture Practices Approved	6
DEA Compliance - Long-Term Care in the Crosshairs	6
Reporting Requirements for Healthcare Providers	8
Board Actions	10
Oregon Administrative Rules	14

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.

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Legislative Impacts on Licensure

Three bills were passed in the 2012 Legislative Session that involve the OMB. One of these bills significantly impacts the agency, health care professionals and patients.

Senate Bill 1565 extends the eligibility to apply for dispensing authority to all practicing physician assistants in the state, not just those who serve areas or populations designated as underserved or medically disadvantaged. A physician assistant with general dispensing authority may not dispense Schedule II-IV controlled substances. Effective June 1, 2012, all supervising physicians or supervising physician organizations may apply to the Board for general dispensing authority for physician assistants.

To apply for this general dispensing authority, the qualified physician assistant must complete a drug dispensing training program jointly developed by the OMB and the Board of Pharmacy, and the supervising physician must:

- Submit a drug or drug class list to the Board,
- Submit a drug delivery and control plan,
- Submit an annual report to the Board on the physician assistant's dispensing, and
- Register the practice location(s) as a drug outlet with the Board of Pharmacy.

Dispensing authority for those physician assistants in underserved or disadvantaged areas or populations is unaffected by this new legislation.

House Bill (HB) 4009 eliminated the monitoring entity, Acumentra, from the Health Professionals' Services Program (HPSP).

Previously, the program reported an enrolled health professional's non-compliance to Acumentra, which then reported that non-compliance to the appropriate licensing board. Effective July 1, 2012, HPSP will report non-compliance directly to the boards.

HB 4063 requires the Board to accept documentation of military training or experience that is substantially equivalent to the continuing education required for physician assistant license renewal. +



Statement of Philosophy: Telemedicine

The Oregon Medical Board considers the full use of the patient history, physical examination, and additional laboratory or other technological data all important components of the physician's evaluation to arrive at diagnosis and to develop therapeutic plans. In those circumstances when one or more of those methods are not used in the patient's evaluation, the physician is held to the same standard of care for the patient's outcome. +

Adopted January 2012



Food Drive Success

The OMB is proud to announce its achievement of first place in the Governor's State Employee Food Drive. Licensing staff member Sarah Harper enthusiastically led and inspired agency staff to raise 25,011 pounds of food for the Oregon Food Bank. As a result, the OMB succeeded as the Highest Average Employee Donation in our agency category -- an average of 714 pounds of food per employee. Ms. Harper and the OMB were recognized by the Governor in an award ceremony on May 15.

Employees led various activities such as a bake sale, jeans day Fridays and a silent



auction. Other group activities, cash and food donations and payroll deductions contributed to the final total. The total pounds of food donated is an agency record, and the Board is proud of the work staff has done for this and other ongoing community outreach projects. +

Agent Acknowledgement

With recent physician assistant licensure changes, the Board now requires the completion of an Agent Acknowledgment form.

An agent is a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of the physician assistant when the supervising physician is unavailable for short periods of time, such as vacation.

An agent must sign the Acknowledgment form to document understanding and acceptance of supervisory responsibilities before acting as an agent. The form must be attached to the practice agreement and kept at the primary practice location. It does not need to be submitted to the Board.

This form is required for supervising physician - physician assistant teams under practice agreements; however, the form may also be used by teams practicing under practice descriptions. Because it clearly states the responsible party in a time of absence, it protects the supervising physician, agent and physician assistant from misunderstanding or miscommunication. Therefore, all supervising physician - physician assistant teams are encouraged to use the form in times of agent supervision.

This form is available at www.oregon.gov/OMB/UmbrellaPA.shtml. +

Lane County Medical Society Physician Wellness Program

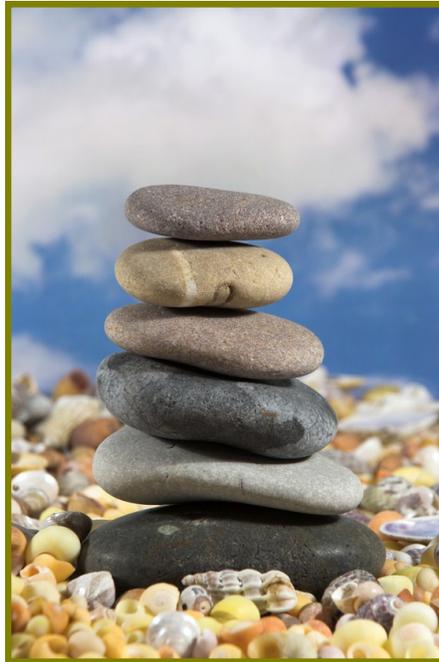
The Lane County Medical Society recently launched its Physician Wellness Program. This program provides support and services to Medical Society members in a conscious effort to promote and achieve overall physician wellness.

Specifically, the program provides confidential services to address issues such as depression, stress, anxiety, grief and loss, workplace conflict, marital and relationship difficulties and support for financial and legal issues.

The program will also collaborate with educational professionals to provide seminars on numerous topics such as personal and professional relationship management, time management, organizational change management, team building, and conflict

resolution.

The Lane County Medical Society Board of Trustees, the President and the President-



Elect of the Oregon Medical Association, the President of the Board of Trustees of the American Medical Association and the Oregon Medical Board have given their support to the Wellness Program.

Roger McKimmy, MD, OMB Vice Chair stated, "I look at the Lane County Physician Wellness Program from two perspectives: both as a member of the Board, and as a member of a medical practice who lost a partner recently. This program is a groundbreaking and needed resource for physicians under stress who despite their many skills may not know where to turn to address their own care needs. This will be a very valuable resource, not only in ensuring that practitioners remain healthy, but in protecting the health of patients."

Physicians can access services 24 hours a day, seven days a week through the convenient Support Line at 541-345-2800. Face-to-face counseling appointments are usually available the same day with flexible times to accommodate various schedules. If needed, referral services are available to specialized professionals.

For more information, please call 541-686-0995 or e-mail the Lane County Medical Society at lcms@rioussa.com. +

Submit Your Question

Do you have a question you'd like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

Best Practices - Patients and Providers

Best practices are recognized methods for success that act as standards of practice. All healthcare professionals can use best practices as benchmarks to assure patient and personal satisfaction. These ever evolving standards ensure that providers are continually striving for excellence.

Happy Patient, Happy Provider

Many patients have frustrations unrelated to patient care. These frustrations sometimes result in formal complaints. Although the Board only takes disciplinary action for violations of the Medical Practice Act, it offers the following best practices for happy patients.

Patients may feel fear or discomfort while discussing personal health concerns. A polite, positive interaction during the scheduling and check-in processes can ease patients' worries. Clear, courteous reception, scheduling and payment interactions help patients feel respected and understood.

When on the phone, clearly state your name and title to patients, patient representatives other health care providers and

clinical staff. It is important for all parties to understand exactly to whom they are speaking.

When planning an extended leave, arrange adequate patient coverage in your absence. Work with partners or colleagues to assure that your regular work load and call is covered and that staff can contact you if absolutely necessary.

Both providers and patients have the right to end the physician-patient relationship. Patients also have the right to copies of their records. Design an easy system for requesting information, including clear communication of any fees at the beginning of the process and prompt response to records requests, even just to communicate a timeline to the patient.

Priority Patient: Yourself

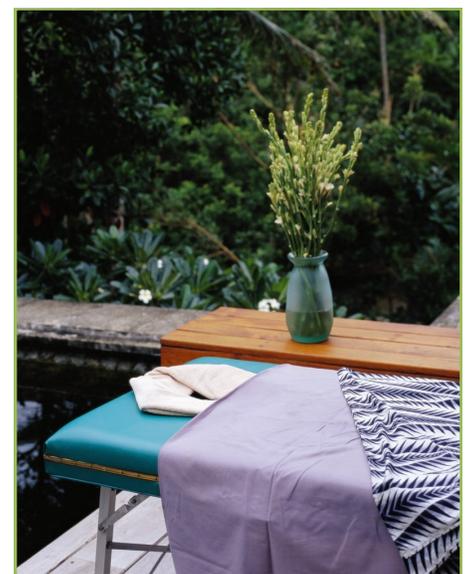
To provide the best care possible to patients, providers must maintain their own personal health. Regularly schedule time to focus on your mental, physical and emotional well-being.

Take a vacation or even a staycation - a vacation without

travel. Book a night at a local hotel or clear your schedule to relax for a few days in your own home. Focus on family, friends and strengthening personal relationships.

Focus on personal goals and achievements. Finish the book you've been meaning to read or the home-improvement project you've wanted to tackle. Exercise and hobbies are particularly good at easing tension.

Patient loads and office demands can cause immense stress. Balance the pressure through easy, time-efficient steps like deep breathing and laughter. Go for a walk during lunch time or have coffee and conversation with a friend before rounds. Support groups are also available throughout the state to discuss a variety of topics and situations. +



Additional Acupuncture Practices Approved

In February, the Oregon Health Authority (OHA) made modifications to the Oregon Health Plan's "Prioritized List of Health Services." Among the many changes, the OHA authorized the use of acupuncture for four conditions in addition to already accepted practices. The updates became effective on April 1, 2012, and include the following conditions:

- Pregnancy
 - o Hyperemesis gravidarum (up to two sessions)
 - o Breech presentation (up to two sessions)
 - o Back and pelvic pain of pregnancy (up to 12 sessions)
- Post-stroke Depression (up to 15 sessions)
- Migraine Headaches (up to 12 sessions)
- Tension Headaches (up to 12 sessions)

For guidelines, specifications and additional information please visit www.oregon.gov/OHA/OHPR/HERC/Current-Prioritized-List.shtml. +

Attention!

Dishonesty of any form on an application for licensure is a violation of the Medical Practice Act. Therefore, the Board will begin issuing fines, or "civil penalties," for "omissions or false, misleading or deceptive statements or information on an application for licensure." Serious acts of dishonesty on an application are grounds for denial of licensure. See the full text of Oregon Administrative Rule 847-008-0010 on our website, www.oregon.gov/OMB/rulesstatutes.shtml.

DEA Compliance - Long-Term Care in the Crosshairs

Written by Scott Hancock, R.Ph., Jackson Leong, R.Ph., and Eric Lintner, R.Ph.

Congress enacted the Controlled Substances Act (CSA) of 1970 to help regulate controlled substances. Since then, the DEA has made a few changes to the CSA which make it easier for long term care (LTC) patients to receive timely pain control; such as allowing controlled substance prescriptions to be faxed for residents of LTC facilities and hospice patients, but most of the CSA remains unchanged.

Over the past few years, the DEA has also made some reinterpretations to the CSA. These changes have had a great impact on a long-term care patient's ability to receive pain medications in a timely manner.

The following issues have been the foci of the DEA's investigations into long-term care prescribing and pharmacy practice:

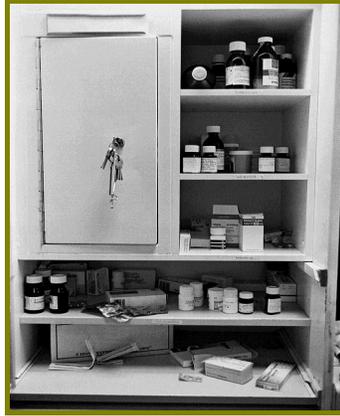
1. The DEA has explained that LTC facilities, unlike hospitals, are typically not DEA registrants and therefore prescriptions are subject to retail pharmacy regulations.
2. "Chart orders" are not legal controlled substance prescriptions in the LTC setting. Controlled substance prescriptions must include all the required elements in order to be valid per 21 CFR 1306.05:
 - A.) Full name and address of the patient,
 - B.) Prescriber's name, address, and DEA number,
 - C.) Drug name, strength, and dosage form,
 - D.) Quantity to dispense (not day supply),
 - E.) Directions for use,
 - F.) Date written,
 - G.) Prescriber's hand-written signature (no

- stamps or electronic signatures),
 H.) Refills for scheduled III-V medications.
 (Note: no refills allowed for CII),
3. Pharmacy provided templates that are pre-populated (prescriptions prepared by the pharmacy that are complete except for the prescriber's signature) are **not acceptable**.
 4. Emergency verbal orders for Schedule II controlled substances and medication used from emergency kits require separate signed prescriptions.

Recent audits and enforcement actions in Ohio, Florida and Washington State have made it very clear that the DEA expects the LTC industry to be in compliance with DEA regulations.

The requirement for LTC prescriptions to contain the above information can be problematic for hospital discharges into skilled nursing facilities. Many hospitals print "discharge medication lists" or "continue medication" lists upon discharge. The controlled substance orders on these discharge forms are **not considered** legal prescriptions by the DEA unless the above required elements are present. Many local hospitals have adopted a policy of providing separate prescriptions for controlled substances upon discharge into a nursing facility. This is considered the best way to assure that no delay in pain control occurs.

More recently, the DEA clarified that a pharmacy may not prepare a prescription or reminder letter that provides a partially or fully pre-populated form for the prescribing practitioner to sign because, according to the DEA, the practitioner has not yet made the determination that there is a legitimate medical purpose to continue the prescription. Pharmacies are allowed to provide a written reminder form, as long as that form



makes clear and requires the physician to separately complete all of the required elements.

In emergency situations, the DEA will permit dispensing a Schedule II controlled substance if the physician speaks directly with the

pharmacist. The DEA requires the physician to provide a signed prescription to the pharmacy within seven days. The DEA also allows the use of emergency kits in LTC facilities. It is important to note that the pharmacy must have a signed prescription or emergency verbal authorization from the physician before a controlled substance can be

used from the emergency kit.

The strict enforcement of DEA requirements has created an increased amount of paperwork for LTC physicians and pharmacies. Any time there is a change to a controlled substance prescription, such as the frequency or dose, the DEA requires a new prescription for the medication to be filled. The DEA does not allow refills for Schedule II controlled substances. This also creates a need for a new prescription. However, the **DEA does allow "partial fills" to be dispensed for LTC or terminally ill patients.** This allows the pharmacy to dispense smaller quantities of the same prescription as long as the total quantity authorized is not exceeded and the time frame does not extend beyond 60 days from the date of signature. Physicians concerned about the volume of prescriptions faxed to the pharmacy may choose to authorize a larger quantity and have the pharmacy partial fill. Partial filling also limits the amount of medication in circulation, helping to reduce the risk of diversion.

LTC providers and pharmacies have a duty to ensure that pain needs are met for their patients. Physicians and pharmacists also have a duty to

(Continued on page 13)

Reporting Requirements for Healthcare Providers

Physicians and other healthcare providers are mandated to report the following incidents:

Violence

If a physician reasonably believes a patient's injury to be non-accidental, he or she must make an immediate report to law enforcement, followed with a written report as soon as possible.

ORS 146.750: www.leg.state.or.us/ors/146.html

Abuse and Neglect

Elderly people:

If a physician or physician assistant reasonably believes a patient who is 65 years or older has suffered abuse or neglect, or a patient has abused or neglected a person 65 years or older, he or she must make an immediate report to the local Department of Human Services or law enforcement.

ORS 124.050, ORS 124.060, ORS 124.065:
www.leg.state.or.us/ors/124.html

People with disabilities:

If a physician reasonably believes a patient with a developmental disability or mental illness has suffered abuse or neglect, a patient has abused or neglected a person with a developmental disability or mental illness, he or she must make an immediate report to the local Department of Human Services or law enforcement. Psychiatrists and psychologists are not required to report under this provision if the information communicated by the patient is privileged under ORS 40.225 to 40.295.

ORS 430.735, ORS 430.743, ORS 430.765:
www.leg.state.or.us/ors/430.html

Children:

If a physician or physician assistant reasonably believes a child who is under 18 and unmarried has suffered abuse or neglect, or a person has abused or neglected a child who is under 18 and unmarried, he or she must make an immediate report to the local Department of Human Services or law enforcement.

Psychiatrists and psychologists are not required to report under this provision if the information communicated by the patient is privileged under ORS 40.225 to 40.295.

ORS 419B.005, ORS 419B.010, ORS 419B.015:
www.leg.state.or.us/ors/419b.html

Fetal Death

If a non-induced delivery results in fetal death and the fetus weighs 350 grams or more or has completed at least 20 weeks of gestation, the designated representative of the institution or attending physician must report the death within five days of delivery to the county registrar or to the Center for Health Statistics.

ORS 432.333: www.leg.state.or.us/ors/432.html

Fetal Termination

Every induced termination of pregnancy, regardless of fetus weight or gestation, must be reported within 30 days to the Center for Health Statistics by the designated representative of the institution or attending physician.

ORS 435.496: www.leg.state.or.us/ors/435.html

Diseases

If any health provider knows or suspects a person may have a reportable disease listed in OAR 333-018-0015, a highly transmissible disease, or a disease that results in severe health

consequences, the provider must submit a report to the local public health administrator of the patient's place of residence. The provider must report by the time specified in OAR 333-018-015, which depends on the severity and intervention potential of the disease.

ORS 433.004: www.leg.state.or.us/ors/433.html

At-Risk Drivers

If a patient exhibits severe and uncontrollable cognitive and functional impairment that can affect their ability to safely drive a vehicle, the physician or physician assistant must submit a report to the DMV. This includes impairment of vision, strength, flexibility, coordination, attention, judgment, reaction time, memory, and loss of consciousness.

ORS 807.710: www.leg.state.or.us/ors/807.html

OAR 735-074-0050 to 735-074-0220: http://arcweb.sos.state.or.us/pages/rules/oars_700/oar_735/735_074.html

Workers' Compensation

If medical services are provided that can be compensated under worker's compensation, the physician must submit an initial injury report to the patient's appropriate insurer within 72 hours after services were rendered, and submit follow-up reports at specified times and as needed.

ORS 656.252:

www.leg.state.or.us/ors/656.html



Impaired/Incompetent Physicians

If any health provider knows of any information that may show a licensee is medically incompetent, guilty of unprofessional or dishonorable conduct, or has a physical incapacity that could adversely effect clinical practice, the provider must report to the board within ten working days. If the licensee

voluntarily withdraws from practice while being investigated for impairment/incompetence, the provider, and the health care facility where licensee withdrew, must report promptly to the board.

Health care facilities and providers must report to the board any official action taken against another provider, and providers must self-report any official action taken against themselves, within ten working days.

ORS 677.415, ORS 677.188, ORS 677.190:

www.leg.state.or.us/ors/677.html

OAR 847-010-0073: [http://](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_010.html)

arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_010.html

Alleged Professional Negligence

Insurers or organizations that defend claims of professional negligence must report claims of covered physician or physician assistant to the appropriate board, within 30 days of receiving notice of the claim.

ORS 742.400: www.leg.state.or.us/ors/742.html

OAR 847-010-0075: [http://](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_010.html)

arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_010.html

Prohibited Conduct

If a health provider reasonably believes another provider has engaged in prohibited or unprofessional conduct, he or she must submit a report to the board within ten working days, unless

state or federal laws regarding confidentiality or health information prohibit such disclosure.

A health provider must report any misdemeanor or felony convictions within ten days after conviction or arrest.

A health provider must notify the board of a change of location within 30 days of the change,

Board Actions

January 14, 2012, to April 6, 2012

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 yet final orders, but are reportable to the national data banks.**

BATTEY, Richard R., MD; MD18143

Grants Pass, OR

On January 27, 2012, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all examinations of, or procedures on, female patients aged 18 or older, in the presence of a medically trained chaperone pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

HANEY, Susan T., MD; MD23325

Coos Bay, OR

On February 22, 2012, 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.

PAYSSE, Jeanette C., MD; MD26435

Portland, OR

On February 21, 2012, 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.

Disciplinary Actions

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

CAESAR, Richard I., MD; MD153914

Eugene, OR

On March 1, 2012, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and impairment. This Order grants him a medical license limited to addiction medicine and 40 hours of practice per month, prohibits solo practice, places his license on permanent probation, prohibits the prescribing and dispensing of controlled substances, and requires the following: Applicant obtain a proctor; enrollment and compliance in the Health Professionals' Services Program.

CZARNECKI, Mark D., DO; DO15400

The Dalles, OR

On February 2, 2012, Licensee entered into a Stipulated Order with the Board. This Order retires his license while under investigation and outlines reactivation requirements.

HAYNIE, Holland H. III, MD; MD26719

Burns, OR

On April 5, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order revokes the licensee's medical license, stays the revocation, reprimands him, places him on probation for five years, assesses a fine

Board Action Subscriber's List

Want to stay updated on the Oregon Medical Board's latest actions? Please join the Subscriber's List. You can sign up by going to www.oregon.gov/OMB/bdactions.shtml and following the link to be e-mailed when a new report is posted.

of \$10,000, requires him to complete a course on medical ethics and present a course on medical ethics, and requires him to continue treatment with his healthcare providers.

**ROBINSON, Gregory E., MD; MD16711
Portland, OR**

On March 1, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine, and prescribing a controlled substance without a legitimate medical purpose or following acceptable procedures. This Order reprimands Licensee, places him on indefinite probation, and subjects his charts to no notice audits.

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 www.oregon.gov/OMB/newsltr.shtml.

**SELBY, David W., DO; DO14260
Lake Oswego, OR**

On March 1, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross or repeated negligence. This Order reprimands Licensee, fines him \$5,000 with \$4,000 stayed, requires that he enter into and complete an educational intervention plan developed by the Center for Personalized Education for Physicians, requires completion of an appropriate prescribing course, and limits the number of physician assistants he may supervise to one until further approval.

**THEIN, Michael D., MD; MD20267
Klamath Falls, OR**

On February 2, 2012, Licensee entered into a Stipulated Order with the Board. This Order

surrenders his license while under investigation and prohibits him from applying for licensure in the future.

**Prior Orders Modified or
Terminated**

**DOMST, James E., MD; MD25856
Mt. Angel, OR**

On April 6, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's April 7, 2011, Corrective Action Agreement.

**DUELL, Paul B., MD; MD14041
Portland, OR**

On April 5, 2012, the Board issued an Order Terminating Corrective Action Order. This Order terminates Licensee's August 3, 1998, Corrective Action Order.

**GUERREIRO, John P., MD; MD26933
Beaverton, OR**

On April 6, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's April 9, 2009, Stipulated Order.

**LHUNDUP, Karma J., LAc; AC00845
Portland, OR**

On January 18, 2012, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's January 12, 2012, Order of License Suspension.

**POWELL, Diane H., MD; MD25438
Medford, OR**

On April 5, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 13, 2011, Stipulated Order.

Non-Disciplinary Board Actions

January 13, 2012, to April 6, 2012

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless related 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.*

ANDERSON, John M. J., DO; DO26732
Hermiston, OR

On April 5, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete courses on medical documentation and neuro-vascular assessment.

SHARMA, Sanjeev K., MD; MD151024
Ashland, OR

On April 5, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a course on medical documentation.

TREIBLE, Timothy J., MD; MD15152
Portland, OR

On April 5, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a course on professionalism in the health care setting and continue his treatment with his healthcare providers.

Consent Agreements

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

DAHMS, Daphne D., DO; DO156116
Seattle, WA

On April 5, 2012, Applicant entered into a

Consent Agreement with the Board. In this Agreement, Applicant agreed to submit a practice re-entry plan to include physician mentorship and weekly meetings with her mentor for chart review and patient care issues.

MacGREGOR, Rebecca S., MD; MD23020
Lake Oswego, OR

On April 5, 2012, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to have 30 percent of her radiological studies over-read by radiologist(s).

Current and past public Board Orders are available on the OMB website:

www.oregon.gov/OMB/bdactions.shtml. +

**Data Bank (National Practitioner and Healthcare Integrity & Protection), and Federation of State Medical Boards (FSMB).*

Legislature Confirms Public Board Member

(Continued from front)

and educational organizations. These organizations include Legacy Health, Georgetown University School of Medicine in Washington, D.C., the University of California - San Francisco School of Medicine, Scripps Health in San Diego, California, and the American Cancer Society.

Mr. Turner brings additional experience from his previous service on numerous boards and committees. Most notably, he served as Vice President and Public Member of the Osteopathic Medical Board of California. +

Reporting Requirements for Healthcare Providers

(Continued from page 8)

or be subject to an automatic lapse of license to practice.

If a child is born who was conceived by the use of artificial insemination, and is not the semen of the woman's husband, the physician who performed the artificial insemination must file the request and consent of the woman and/or husband with the State Registrar of the Center for Health Statistics.

ORS 676.150: <http://www.leg.state.or.us/ors/676.html>

ORS 677.092, ORS 677.228, ORS 677.415, ORS 677.365: www.leg.state.or.us/ors/677.html

Toy-Related Injury or Death

If a physician determines or reasonably believes a toy was the cause of a patient's injury or death, the physician or director of the institution must submit a report to the Director of the Oregon Health Authority.

ORS 677.491: www.leg.state.or.us/ors/677.html

Death with Dignity Act

If an attending physician writes a prescription to end the life of a qualified patient, the physician must submit a report to the Center for Health Statistics within seven days of writing the prescription. The dispensing provider of the medication must submit a report to Center for Health Statistics within ten days of dispensing. The attending physician must then complete an interview form within ten days of the patient ingesting the medication.

ORS 127.865: www.leg.state.or.us/ors/127.html +

DEA Compliance - Long-Term Care in the Crosshairs

(Continued from page 7)

prevent the diversion of controlled substances. Strict adherence to the DEA regulations is the first step in this process. Delays in the delivery of pain medication can be minimized if pharmacists, nurses and physicians work together. The Controlled Substances Act (CSA) of 1970 was primarily created for and applicable to retail pharmacy. Logistically, long-term care pharmacies fall between the hospital and retail pharmacy. Until the DEA adopts further changes to the CSA recognizing the unique challenges facing LTC, all LTC providers are required to comply with the current retail pharmacy regulations. +

Physician Assistant Chart Reviews

Supervising physician and physician assistant teams are required to complete ongoing supervision, which includes chart reviews. However, the specific percentage is now determined by the supervising physician rather than the Board.

Teams may use previous requirements as guidelines for chart reviews:

- 50% of charts for the first 30 days,
- 30% for the next 60 days,
- 20% for the next 90 days and,
- 10% thereafter.

Supervising physicians should check any federal requirements for chart review, including Medicare and Medicaid requirements specific to each practice.

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. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at:

<http://arcweb.sos.state.or.us/banners/rules.htm>.

Proposed Rules

First Review

All Licensees

847-001-0007: Agency Representation at Hearings - Limits the type of contested case hearings for which an employee may represent the Board to a class of hearings involving only civil penalties and omits the list of specific violations.

847-003-0100: Declared Emergency - Delegation of Authority - Delegates authority to the Executive Director of the Board when a state of emergency is in effect, allowing the Board to function even when Board members are unable to fulfill their Board duties.

847-008-0015 and 847-008-0018: Military/Public Health Active Registration - Adds employment with the Indian Health Service to the Military/Public Health registration status, which will allow licensees employed by the Indian Health Service to maintain an active license in the state of Oregon.

847-008-0040: Process of Registration - Adds a fine for violating ORS 677.190(8), providing false, misleading or deceptive information on an application for registration (renewal of licensure).

847-008-0070: Continuing Medical Competency (Education) - Clarifies the amount of CME required for each licensee, clarifies that audits may occur at the Board's discretion and at a time other than the biennial renewal, and revises the audit timelines.

847-010-0081: Physician-Assisted Suicide - changes the title of the rule to "Death with Dignity" in order to reflect the language used in the implemented statute.

847-017-0000 through 847-017-0040: Office-Based Surgery - Reorganizes the definitions, clarifies that office-based invasive procedures include cosmetic procedures, expands the definition of office-based surgeries, clarifies the facility and provider qualifications and requirements for patient safety based on the type of procedure to be performed, and contains general grammar and language housekeeping changes.

847-020-0170, 847-020-0180 and 847-020-0182: Clinical Competency Assessments - Clarifies the Board's requirement for a clinical competency assessment for applicants for initial licensure or reactivation who have not had sufficient postgraduate training or specialty board certification or recertification within the past ten years and removes the subsections requiring an applicant to show clinical competency after

ceasing the practice of medicine for a period of twelve or more consecutive months because this requirement is included in 847-020-0183.

Temporary Rules

First Review, Temporarily Adopted

All Licensees

847-005-0005: Fees - Eliminates the \$225 supervising physician application fee and eliminates the \$52 cost recovery fee for criminal records checks.

847-020-0155: State and Nationwide Criminal Records Checks, Fitness Determinations - Eliminates the \$52 cost recovery fee for criminal records checks on an applicant or licensee of the Oregon Medical Board.

Physician Assistants (PA)

847-050-0027: Approval of Supervising Physician - Eliminates the fee for supervising physician applications.

Adopted Rules

Final Review

All Licensees

847-001-0000, 847-001-0015, 847-001-0020 and 847-001-0030: Procedural Rules - Incorporates the changes in the Attorney General's Model Rules of Procedure for the Office of Administrative Hearings, which became effective January 31, 2012. A late request for a hearing will be considered using a "good cause" standard; agency review of certain legal actions has been omitted; the agency may consider a request for a delay of hearing on emergency suspension; and discovery rules have been reorganized and now include requests for admission and written interrogatories and provide a method of denying a discovery request.

847-008-0010: Initial Registration - Adds a fine for violating ORS 677.190(8), providing false, misleading or deceptive information on an application for licensure.

Emergency Medical Technicians (EMT)

847-035-0011: EMT Advisory Committee - Corrects a statutory reference in the rule for compensation of committee members.

847-035-0030: Scope of Practice - Clarifies that an emergency medical services provider may administer medication, and the provider preparing the medication should also be the provider administering the medication whenever possible; revises the type of injuries a provider may treat to "musculoskeletal injuries," which is inclusive of both "soft tissue injuries" and "suspected fractures"; allows an EMT-Intermediate to prepare and administer tuberculosis skin testing as part of an EMS agency's occupational health program to the emergency medical services providers under the supervising physician's standing order.

For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB, or call 971-673-2700. +

OMB Report Turns Green!

The Oregon Medical Board now offers an electronic version of the quarterly *OMB Report* newsletter direct to your e-mail inbox.

If you would like to receive the *OMB Report* electronically, please visit www.oregon.gov/OMB/newsltr.shtml and follow the link to opt out of paper copies.

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OFFICE CLOSURES

The OMB Offices will be closed and unavailable to provide licensee support on the below dates.

2012 State Agency Furloughs

Friday, August 17

Friday, October 19

Friday, November 23

2012 Holidays

Labor Day

Monday, September 3

Veteran's Day

Monday, November 12

Thanksgiving

Thursday, November 22

Christmas

Tuesday, December 25

PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/monthlymeetingnotice.shtml and following the link to receive meeting notices.

CALENDAR OF MEETINGS

July 12-13, 8 a.m.

Board Meeting

August 2, 7:30 a.m.

Investigative Committee

August 24, 9 a.m.

EMT Advisory Committee

September 6, 7:30 a.m.

Investigative Committee

September 12, 5 p.m.

**Administrative Affairs
Committee**

September 13, 9:30 a.m.

Physician Assistant Committee

September 27, 7:30 a.m.

Investigative Committee

October 11-12, 8 a.m.

Board Meeting