



# BME REPORT

WINTER/SPRING 2001

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## RESPONSIBILITY RESTS WITH SURGEON

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*Philip F. Parshley, MD*  
Medical Director, Board of Medical Examiners

If you have ever been in the military you will remember the saying, "You can delegate authority but not responsibility." In medicine, the physician is "captain of the ship," and the Board of Medical Examiners takes a strong position that doctors are responsible for the patients under their care, whether that care is rendered directly or delegated to others.

This issue was brought to the fore when the Board of Optometry published new rules under Oregon Administrative Rules (OAR) 852-020-0050 (2) stating that it "...considers procedures to be within the scope of optometric practice, as defined in ORS Chapter 683, when all six of the questions listed in (a) through (f) below can be answered in the affirmative." To paraphrase the material cited (please see sidebar for full text), if it involves the eye or the functions of the eye, and it can be done *without* invasive surgery, laser surgery, closure by suture, oral pharmaceuticals, or injectable pharmaceuticals, it is within the scope of practice of optometry. Otherwise, it is not.

The Board of Optometry also states in OAR 852-020-0050 (1) that optometrists may "...co-manage invasive surgery, laser surgery, and procedures involving oral or injected pharmaceutical agents with health care practitioners whose scope of practice allows them to do these procedures under their own license." These items were published under "Standards of Optometric Practice."

At the July 2000 quarterly meeting, the Board recommended that Oregon's ophthalmologists be informed that the BME expects operating ophthalmologists to be responsible for the total perioperative care of patients on whom they perform surgery and other invasive procedures, including "procedures that require oral or injectable pharmaceuticals." This

### EXCERPT FROM OAR 852-020-0050

#### Optometry Scope of Practice

(1) Optometric physicians in Oregon may perform procedures to diagnose or treat the eye. They may not perform invasive or laser surgery and are prohibited from using or prescribing injectable or oral pharmaceutical agents. Nothing in these rules shall be construed to prohibit an optometric physician from co-managing invasive surgery, laser surgery, and procedures involving oral or injected pharmaceutical agents with health care practitioners whose scope of practice allows them to do these procedures under their own license. Co-management is defined as the sharing of peri-operative responsibilities between the medical and optometric physician.

(2) The Oregon Board of Optometry considers procedures to be within the scope of optometric practice, as defined in ORS Chapter 683, when all six of the questions listed in (a) through (f) below can be answered in the affirmative. Any procedure that meets these qualifications is considered within the scope of practice of Oregon licensed optometric physicians.

- (a) Does this procedure involve the eye or the scope of functions of the eye?
- (b) Can this procedure be done without invasive surgery?
- (c) Can this procedure be done without laser surgery?
- (d) Can this procedure be done without closure by suture?
- (e) Can this procedure be done without oral pharmaceuticals?
- (f) Can this procedure be done without injectable pharmaceuticals?

Statutory Authority ORS 683

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## From the Executive Director

### VISITS BENEFIT BOTH LEGISLATORS AND BOARD

One of the special pleasures of being director of a state agency is meeting many of the legislators elected by Oregon's citizens.



Oversight of state agencies is part of every legislator's duties. Usually it occurs on a case-by-case basis, such as when a citizen has a complaint about or request for state services. However, lawmakers sometimes combine their oversight duties with the constant learning process so essential to good government, often through on-site visits to state agencies. The Board welcomes such visits, because it gives legislators a frame of reference when making deci-

sions about Board budgets, important bills presented by or affecting the Board, and even the scope of medical practice in Oregon. It also enables legislators to serve as information resources to their colleagues.

Current legislators who have taken time away from their other jobs and responsibilities to attend BME Investigative Committee Meetings include Senators Ginny Burdick (D-Portland) and Verne Duncan (R-Milwaukie), and Representatives Richard Devlin (D-Lake Oswego), Jeff Kruse (R-Roseburg), Kathy Lowe (D-Milwaukie), Lane Shetterly (R-Dallas) and Max Williams (R-Tigard). As elected state officials, they were allowed to attend these largely confidential sessions which are an important part of the Board's public protection work.

Other legislators, notably Senator Kate Brown and Representative Jo Ann Bowman, both Portland Democrats, have visited quarterly Board meetings in recent years. They were able to see a variety of activities: reports on various topics related to health care, case hearings, and the disciplinary decision-making process.

Hosting these lawmakers and being part of their learning process is a special privilege. It has also been good to visit with them in their hometowns when duties have taken me outside the Portland area. Since the 1999 legislative session, I've had pleasant and productive hometown meetings with Representatives Tom Butler (R-Ontario), Tim Knopp (R-Bend), and Ben Westlund (R-Tumalo), and Senators Bev Clarno (R-Bend) and Bill Fisher (R-Roseburg). These meetings have provided opportunities to exchange ideas, and to learn from them about the health care concerns of their constituents, a bit more informally and outside the crush of BME or legislative meeting schedules.

Like all state agencies, the BME is in partnership with legislators and other elected officials in service to the people of Oregon. Communication strengthens this partnership and helps all of us do a better job.

*Kathleen Daley*

**BME  
REPORT**

### Statement of Purpose

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

# STERILIZATION AND THE DEVELOPMENTALLY DISABLED

*Philip F. Parshley, MD*

A recent investigation in response to a complaint from the Mental Health and Developmental Disability Services Division (MHDDSD) of the Department of Human Services raised some interesting questions about obtaining consent for a sterilization procedure on a developmentally disabled person.

A 22-year-old developmentally disabled female, accompanied by her court appointed guardian, arrived at an OB/GYN office seeking sterilization. Both the patient and the guardian signed the consent, and the sterilization was performed. This triggered the complaint from MHDDSD, because under Oregon law neither a natural parent, a guardian, nor a conservator may sign such permission for a minor child or a protected person for whom a guardian has been appointed. Only two entities may give permission for sterilization procedures: the patient, or a circuit court. (For Oregon laws concerning guardianships see ORS 125.300-335. For Oregon laws concerning sterilization, see ORS Chapter 436.)

Had a crime been committed? Not necessarily. ORS 125.300 (2) and (3) state that "an adult person for whom a guardian has been appointed is not presumed to be incompetent," and that "a protected person retains all legal and civil rights except those expressly limited by court order or granted to the guardian by the court."

This patient personally requested the sterilization procedure. She told the physician that she was mildly retarded, and was interested in becoming sexually active. She did not want to bear children because of her birth defects. She very carefully verbalized, in the presence of her guardian, her understanding of the tubal ligation, and that it would be permanent.

The physician asked the guardian to leave during the physical examination, and again went over the procedure, the irreversibility, and other consequences. The physician became convinced that the patient was competent to make her own decision.

MHDDSD's concern arose from the guardian's signature on the permission paper, and the question of her motivation for signing. The physician felt the guardian had merely signed as a witness to the patient's signature. After investigating, the Board agreed. Evidence supported the patient's competence to decide on sterilization, even though she was under the protection of a court appointed guardian.

Additional portions of ORS 436.205-335 pertain to this case. A patient may consent to sterilization procedures if:

- The patient is 15 years of age or older.
- The patient is judged competent.
- The patient gives consent voluntarily and without coercion expressed or implied.

If the physician has any reason to believe that a patient seeking sterilization is not competent to give informed consent, the law states that the physician may not perform the procedure until the circuit court for the county in which the patient lives determines that the patient is indeed competent to give such consent.

If the circuit court judges that the patient is not competent to give informed consent, then sterilization may be performed only if the circuit court gives its permission, which it can do only if:

- The patient is 18 years of age or older; and
- It is shown that such operation, treatment or procedure is in the best interest of the individual as defined by ORS 436.205.

The details of how to obtain permission from the circuit court are outlined in the law, but the bottom line is that no individual or individuals may give substitute permission for sterilization of another person. Only the circuit court may do this.

Specific components to a sterilization PARQ conference are given in the law. Patients must be informed of their right to withhold or withdraw consent at any time before the procedure without fear of future denial of care or treatment. Alternative available methods of family planning and birth control must be described. The procedure must be considered irreversible. Specifically included are discussion of the discomforts, risks, and the types of anesthetic to be used.

It is important to note that laws concerning sterilization are not intended to limit surgical procedures which are medically indicated and which may result in sterilization.

ORS 436 and ORS 125.300 are too long to print in this issue of the BME Report, but the complete texts of both may be found at <http://www.leg.state.or.us/ors/436.html> and [/125.html](http://www.leg.state.or.us/ors/125.html).

## BOARD ACTIONS

Following is a summary of actions taken by the Oregon Board of Medical Examiners between August 1, 2000, and January 19, 2001. A glossary of terms appears at right.

### **ABBOTT, Bruce D., MD21101, Portland, OR**

A stipulated order was entered into on January 18, 2001. Licensee agrees to surrender his medical license in lieu of further Board investigation.

### **CLONINGER, Lee A., PA Applicant, Portland, OR**

A final order concluding a contested case was entered October 19, 2000. The order denied Mr. Cloninger's application for a physician assistant's license.

### **COLLADA, Mauricio, MD13614, Salem, OR**

A corrective action order was entered on January 18, 2001. The major terms of the order were as follows: Licensee shall not self-prescribe any controlled substance; licensee shall abstain from alcohol while on call; licensee shall undergo random urine testing.

### **COOKSLEY, Richard E., PA00272, Myrtle Creek, OR**

A stipulated order was entered into on November 1, 2000. Licensee was placed on probation for 5 years and required to participate in the Appropriate Prescribing Workshop.

### **DIENEL, Nicholas H., MD10640, Medford, OR**

A stipulated order was entered into on October 19, 2000. Licensee was placed on probation for 10 years, reprimanded, and required to obtain continuing medical education related to the physician/patient relationship.

### **DIXON, Gerald H., MD12887, Medford, OR**

A stipulated order was entered into on January 16, 2001. Licensee is reprimanded and licensee shall take and complete a course on professional boundaries.

### **DOUGHTON, Robert P., MD06350, Portland, OR**

A final order concluding a contested case was entered on November 9, 2000. The order required licensee to pay a \$5,000 fine and revoked licensee's right to practice medicine.

### **EKHOLM, Roberta A., DO12667, Milwaukie, OR**

A corrective action order was entered on January 18, 2001. The major terms of the order were as follows: Licensee will establish a relationship with a Board approved physician who will provide quarterly reports to the Board. Licensee will keep medical charts updated and undergo random review of charts.

### **FLAMING, Jerry L., DO11571, Dallas, OR**

A stipulated order was entered into on January 18, 2001. The major terms of the order were as follows: Licensee was placed on probation for 10 years; licensee was reprimanded; licensee was fined \$1,000; licensee was suspended from practice for 30 days; licensee shall complete 300 hours of community service; licensee will enroll in and complete 15 hours of continued medical education courses related to maintaining appropriate doctor/patient relationships; licensee will engage in therapy with a doctorate level therapist; and licensee shall not see female patients over the age of 18 years without the presence of a chaperone.

### **GARRAN, Thomas A., AC00483, Grants Pass, OR**

A corrective action order was entered on September 7, 2000. The order granted an acupuncture license with the condition licensee would submit to random monthly urine screens.

### **HAMLIN, Virgil L., MD06992, Portland, OR**

A stipulated order was entered into on October 23, 2000. The order required licensee to enroll in the Oregon Medical Association's PEER program.

### **INTILE, Joseph A., MD07107, Oregon City, OR**

An emergency suspension order was entered on September 6, 2000; On October 20, 2000, the Board withdrew the emergency suspension and accepted the licensee's signed stipulated order of surrender of his license to practice medicine.

### **KAESCHE, Wayne C., MD07359, Oregon City, OR**

A corrective action order was entered on January 18, 2001. Major terms of the order are as follows: Licensee shall not self-prescribe any controlled substance; licensee shall provide urine samples on a random basis; and licensee shall not prescribe medications without following accepted medical procedures and will not provide medications to family members.

### **MCGRIF, Michael A., MD16246, Salem, OR**

A stipulated order was entered into on August 28, 2000. Licensee was reprimanded, placed on probation for 10 years, and required to be monitored by a mental health professional.

## GLOSSARY OF TERMS

**Corrective Action Order:** An agreement between the Board and a licensee that concludes an investigation into the licensee's conduct. There is no admission or finding of a violation of the Medical Practice Act; therefore these orders are not disciplinary. The orders do impose action the Board and licensee agree are appropriate to remedy the problem that caused the Board to open an investigation.

**Disciplinary Action:** An action taken under ORS Chapter 677.205. The Board takes disciplinary action in response to a violation of the Medical Practice Act.

**Final Order:** An order imposed by the Board after a contested case hearing has been held. These orders conclude a Board disciplinary action and typically contain a legal finding of fact, an analysis of applicable law, and an order of action. Final orders resulting in a finding of a law violation are disciplinary.

**Medical Practice Act:** ORS Chapter 677. This chapter of Oregon law, which is administered by the Board, gives the Board authority to regulate the practice of medicine in Oregon, including authority to investigate and discipline licensee conduct.

**Stipulated Order:** An agreement between the Board and a licensee which concludes a disciplinary investigation. The licensee admits to a violation of the Medical Practice Act, and the order imposes actions the Board and licensee agree are appropriate. Stipulated orders are disciplinary actions.

**Voluntary Limitation:** An agreement between the Board and a licensee which imposes a limitation on the licensee's right to practice medicine. These orders are utilized in a variety of circumstances such as concluding an investigation of licensee conduct, finalizing a request for licensure or resolving an administrative request. These orders may or may not be disciplinary, depending on how they are constructed and the circumstances in which they are used.

Oregon Board of Medical Examiners  
**INVESTIGATIVE STATISTICS**

**COMPLAINTS AND INVESTIGATIONS, 1998 - 2000**

<b>COMPLAINTS RECEIVED</b>				<b>SOURCES OF COMPLAINTS</b>			
	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1998</b>	<b>1999</b>	<b>2000</b>
Total Phone Calls	3,085	3,592	4,253	Insurance Company	3	7	2
Total Complaint Calls	N/A	1,187	1,150	Patient or Associate	94	179	287
Total E-Mail Complaints	N/A	80	213	Pharmacy	14	13	10
				Other Providers	26	25	35
<b>OPEN &amp; CLOSED COMPLAINTS</b>				<b>CATEGORIES OF COMPLAINTS</b>			
	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1998</b>	<b>1999</b>	<b>2000</b>
Complaints Opened	225	320	452	Other	30	39	25
Average Complaints Open	168	185	206	Self	14	8	3
Complaints Closed	236	311	424	Hospital or Institution	10	13	18
				Other Board	5	8	4
				Malpractice Review	41	43	46
				BME	2	1	33
<b>INVESTIGATIVE COMMITTEE INTERVIEWS HELD</b>				<b>CONTESTED CASE HEARINGS HELD</b>			
	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1998</b>	<b>1999</b>	<b>2000</b>
	60	62	68	Inappropriate Care/ Incompetence	162	233	272
				Inappropriate Prescribing	38	39	51
				Personal Substance Abuse	5	10	15
				Unprofessional Conduct	27	45	87
				Mental Illness/Impaired	4	7	9
				Violation of State/Federal Statutes	6	16	11
				Violation of Probation	0	5	1
				Other/Misc	7	19	38
				Sexual Misconduct	4	9	14

**FINAL DISPOSITIONS OF CLOSED CASES**

		<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>NO VIOLATION</b>	No apparent violation of Medical Practice Act	N/A	N/A	93
	No apparent violation/preliminary investigation	N/A	N/A	20
	No Violation/Prior to Committee Appearance	126	181	179
	No Violation/Post Committee Appearance	12	15	16
	Letter of Concern/Prior to Committee Appearance	34	53	51
	Letter of Concern/Post Committee Appearance	27	20	19
<b>PUBLIC ORDER</b>	Corrective Action Order	8	12	4
	Stipulated Order **	24	21	27
	Voluntary Limitation **	0	1	1
	Final Order **	4	8	13
<b>TOTALS</b>	TOTAL CASES CLOSED	235	311	423
	<b>CASES CLOSED WITH PUBLIC ORDERS</b>	<b>36</b>	<b>42</b>	<b>45</b>
	(Nat'l Database) TOTAL REPORTABLE ORDERS	28	30	41
	PERCENTAGE REPORTABLE BOARD ACTIONS	11.9	9.6	9.7

**TERMS OF PUBLIC ORDERS**

	<b>1998</b>	<b>1999</b>	<b>2000</b>
Refer to Remedial Program	13	8	9
Revocation	2	1	7
Revocation with Stay	2	1	2
Surrender License	0	0	0
Retire/Surrender Under Investigation	4	9	11
Probation	10	5	10
Suspension	3	6	2
Reprimand	6	2	13
Denial of License	0	1	2
Assessment of Fine	4	6	5
Assessment of Costs	3	2	2
Accept Retirement	0	3	0
State Court of Appeals	0	1	1

\*\* Public Orders Reportable to the National Database

# JOINT RULEMAKING WITH THE BOARD OF DENTISTRY

By Michael Sims

Executive Assistant, Board of Medical Examiners

As lines between health care professions blur, and scopes of practice broaden, agencies governing these professions find themselves working together to ensure that Oregon laws and rules continue to protect the public.

One such joint effort occurred in the fall of 2000, when the Board of Medical Examiners and the Oregon Board of Dentistry collaborated on proposed Oregon Administrative Rule (OAR) 818-012-005, governing the scope of dental practice in Oregon. Specifically, the two boards dealt with the issue of cosmetic surgery performed by dental surgeons.

The 1999 Oregon Legislature had significantly broadened the definition of dentistry as practiced in the state. After the session, the Board of Dentistry proposed OAR amendments implementing those statutory changes, and specified 13 cosmetic surgical procedures to be added to the scope of Oregon dental practice. Those procedures range from rhinoplasty to lip augmentation and submental liposuction.

The proposed rule amendments also imposed educational and experiential requirements upon Board of Dentistry licensees wishing to perform the approved surgeries.

As originally written, the rule required that those performing these procedures have training in oral-maxillofacial surgery plus either at least one year of clinical fellowship in esthetic (cosmetic) surgery, or privileges at either an accredited hospital or "ambulatory office facility."

The Board of Medical Examiners was concerned that an "ambulatory office facility" could mean a single practitioner, and requested that "ambulatory surgical center" be substituted. This request was incorporated into the final version of the administrative rule.

The Board of Medical Examiners would also have preferred that all practitioners performing these procedures be required to complete the one-year clinical fellowship in cosmetic surgery, regardless of where they held privileges. However, after working with the Board of Dentistry, the Board of Medical Examiners is satisfied that the four to six years of training in oral and maxillofacial surgery individuals performing these procedures receive (in addition to their regular four years of dentistry training) is adequate, especially with the additional safeguard of the credentialing requirements of the facilities where they hold privileges. Their training includes extensive work in facial reconstructive surgery and the use of local and general anesthesia.

For the full text of the administrative rule covering standards of dental practice, please see sidebar. The Oregon Board of Dentistry's Web address is <http://www.oregondentistry.org/>.

In the following material, "Board" refers to the Oregon Board of Dentistry.

## EXCERPT FROM OAR 818-012-0005

### Scope of Dental Practice

(1) The Board determines that the practice of dentistry includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (e) Submental liposuction;
- (f) Laser resurfacing;
- (g) Browlift, either open or endoscopic technique;
- (h) Platysmal muscle plication;
- (i) Dermabrasion;
- (j) Otoplasty;
- (k) Lip augmentation;
- (l) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (m) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) No licensee may perform any of the procedures listed in subsection (1) unless the licensee:

- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
- (b) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
- (c) Holds privileges either:
  - (A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or
  - (B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the American Association for Ambulatory Health Care (AAAHC).

## Responsibility Rests With Surgeon *(continued from page 1)*

notification was carried out in a mailing which said in part that the ophthalmologist's responsibilities include "...an independent preoperative evaluation and diagnosis, a PARQ conference, the surgery/invasive procedure, and the postoperative care of the patient until this operative course is completed." The letter emphasized, "This responsibility cannot be transferred to Doctors of Optometry."

With this knowledge, why would any ophthalmologist turn over pre-operative evaluation, diagnosis, decision for surgery, and/or post operative care to a health provider who has neither the qualifications nor the skill to perform the procedure itself? The main reason is geography. More remote parts of the state may not have local ophthalmologists available. Patients from these areas either wait for an ophthalmologist to come to town to do their surgery, or they travel to larger towns and cities for the surgery and return home afterward.

It has become the custom in some of these areas for the local optometrist to provide the postoperative care. Thus the people in less populated areas can get their cataracts removed and do not have to spend time in a distant hospital or motel room, or travel long distances for follow-up.

However, the Board of Medical Examiners has stated very strongly that even if an optometrist is providing the pre-operative work up, making the decision for the procedure, and/or providing the follow-up after surgery, the BME will view the operating surgeon as responsible if something goes wrong at any time during the perioperative period.

While this article focuses on ophthalmologists, the principle is the same regardless of the specialty, particularly concerning surgical and other invasive procedures. Certain kinds of *authority* may be delegated, but the *responsibility* belongs to the operating surgeon.

If you have questions about this issue, please feel free to call me at the Board, at 503-229-5770.

## LIABILITY CAP RENEWAL

If you are a physician or physician assistant participating in the liability cap program for work done on a purely volunteer basis, per HB 2554, please check your registration date and determine if you wish to renew for another year.

For a renewal form or an explanation of this program, please visit the Board's Web site ([www.bme.state.or.us](http://www.bme.state.or.us)), click on "Forms," and then click on "Liability Cap for Donated Services." You will need to print the form out, complete and sign it, and mail it to the Board. If you do not have Internet access, you may call and request this material.

## Board Actions *(continued from page 4)*

### **MONPERE, Philip M., MD17252, Portland, OR**

A final order was entered on November 8, 2000. This order revoked licensee's right to practice medicine.

### **O'DELL, Lawrence W., MD05998, Springfield, OR**

A final order was entered on October 23, 2000. The order revoked licensee's right to practice medicine.

### **PATEL, Jayant M., MD15991, Portland, OR**

An amended stipulated order was entered into on September 12, 2000. The order restricted licensee from performing surgeries involving the pancreas, liver resections, and ileoanal pouch constructions.

### **ROTTER, Steven M., MD15275, Portland, OR**

A stipulated order was entered into on August 2, 2000. Licensee was placed on probation for 5 years and reprimanded with practice restrictions.

### **SCHAUB, John S., MD06740, Milwaukie, OR**

A final order concluding a contested case was entered on November 9, 2000. The Board found there was a violation of the Medical Practice Act, but suspended any discipline.

### **SMITH, Eric S., MD, Applicant, Vancouver, WA**

A final order was entered on November 9, 2000. The order denied Dr. Smith's application for licensure.

### **SPRANGLE, Kellie M., MD20607, Redmond, OR**

A stipulated order was entered into on October 27, 2000. Licensee was placed on probation for 5 years, was reprimanded, required to see a mental health professional, and required to participate in the Board's triplicate prescription program.

### **STARR, Albert, MD05531, Portland, OR**

A corrective action order was entered on January 18, 2001. Licensee agrees not to diagnose, prescribe medication for, or treat patient A.

### **WHITE, Michael C., MD11684, Tualatin, OR**

A Board order was entered on November 13, 2000. Licensee will obtain an evaluation at a facility approved by the Board's Medical Director. Licensee voluntarily withdrew from the practice of medicine until the Board receives an evaluation.

### **WILTSE, William E., MD05389, Drain, OR**

A stipulated order was entered into on October 9, 2000. The order requires licensee to participate in the Oregon Medical Association's PEER program.

### **ZELLER, Robert, MD04425, Portland, OR**

A stipulated order was entered into on August 11, 2000. Licensee agreed to retire in lieu of further investigation.

*It's the law! You must notify the BME within 30 days of changing your practice address or mailing address. To help ensure that you receive your license renewals and other important information on time, call the BME for an address change form, or print the form from [www.bme.state.or.us/forms.html](http://www.bme.state.or.us/forms.html).*

**MD/DO registration forms will be mailed out in late September**



## Credit Cards Now Accepted

The Board of Medical Examiners now accepts **Visa**, **MasterCard**, or **Discover** credit card payments for all fees and services. We are in the process of updating all licensing forms to include space for credit card payment information. Watch for this on your next registration renewal form.

Forms for ordering reports are now available on our Web site. Simply print and complete the form, and return it to the BME with credit card information or another form of payment. To ensure the fastest service, please be sure to provide all requested information.

## CHECK THE FAQs

As a service to licensees, the BME recently expanded the Frequently Asked Questions section of its Web site to include the 27 questions most often asked about registration renewal. (For medical doctors and osteopathic physicians, registration begins this fall.)

You may access this information by entering <http://www.bme.state.or.us/answertoreg.html>, or by visiting the BME home page — [www.bme.state.or.us](http://www.bme.state.or.us) — and clicking on “Frequently Asked Questions” and then “Questions Asked by Licensees.”

While you're there, be sure to check out some of the other features of this Web site. And if you have questions, suggestions, or comments, click on “E-mail the Board” near the top of our home page. We want to hear from you.