

Oregon Board of Naturopathic Medicine  
Public Board Meeting  
October 14, 2013

**Present:** Greg Eckel, ND, Board Chair; Patrick Chapman, ND; Dwight Adkins, Public Member; Lissa McNeil, ND; Charles Wiggins, Public Member; Sara Ohgushi, ND; Anne Walsh, Executive Director.

**Excused:** Sheila Meyers, ND

The Board went into Public Session at 12:45pm.

**Executive Session Motions:** In the following cases P. Chapman moved to continue the investigation: **N-12-07-16, N-12-12-33, N-13-02-02, N-13-02-04, N-13-02-05, N-13-03-07, N-13-04-09, N-13-04-12A, N-13-04-13 and N-13-05-15**, motion was seconded by C. Wiggins; and members in attendance were in favor. In the following cases P. Chapman moved to initiate investigation: **N-13-06-16, N-13-07-17, N-13-08-18, N-13-08-19N, N-13-08-20A, N-13-08-21A, N-13-08-22A, N-13-08-23A, N-13-08-24A, N-13-08-25A and N-13-08-26A**, motion was seconded by C. Wiggins; and members in attendance were in favor.

**Meeting Minutes:** Minutes from August 12, 2013 board meeting were reviewed with any minor corrections to be given to Ms Walsh. S. Meyers moved to accept, C. Wiggins seconded, and all members in attendance were in favor.

**Administrative Rules:** **850-030-0195** permanent. **850-060-0226** initiate.

**General Business:**

**CE- Pain Management Training** – The board is considering changing the annual CE requirement from ten hours of CE pharmacy to either pharmacy or pain management. A lot of Naturopathic Physicians don't prescribe medication. Discussion ensued. The board's decision at this time is to leave the CE requirements alone for a few years. Continue with ten hours of pharmacy CE, two ethics CE and thirty eight general CE per year with a total of fifty CE required each year.

**Formulary Council Meeting/Appointments** – There is a law put out by the board of pharmacy that private clinics cannot dispense medications unless they have a registration to do so. The goal of the legislation is directed towards companies like Zoomcare where you can slide your credit card into a machine, you punch the numbers and the medication is dispensed right in the waiting room instead of dispensed through an actual pharmacy. This legislation is going to affect Naturopathic Physicians. The formulary council is making a recommendation to the board, to make to the board of pharmacy that Naturopathic Physicians be excluded from this registration, if they dispense ten or less non-scheduled medications from their office. The board of pharmacy has been mandated to write rules to clarify their statutory requirement that anybody dispensing medications out of their office clinic doesn't matter what has to be registered with the board of pharmacy and the registration fee is around \$300. The board of pharmacy would like to be able to have access to go into an office clinic and check. Makes sense to be sure that you are not becoming a pharmacy, but some threshold needs to be set so that a one, a two or a five doctor clinic can have, like a dentist can't even have antibiotics or pain medication. If you dispense B vitamins for people to take home to inject that actually is a dispensed item and that would count as one of your dispensed items. Discussion ensued. Up to ten dispensed medications sounds like a good number for Naturopathic Physicians to be excluded from this law. So moved.

**OHSU Opioid Over-Prescribing Conference** – C. Wiggins attended the conference and said it was a great conference. Couple things we need to know about is an enormous and very sophisticated

resource just a couple of miles from here which is OHSU. In my conversations with three or four of them suggested that they as either allopaths or osteopaths would be very interested in some form of coordination with Naturopathic Physicians over this issue. Most everyone was talking about methadone and the only reason methadone is so popular is because most allopaths thought that if drug treatment clinics can use it to get people off of heroine then it must be okay, which is not correct and that it is long acting and very unpredictable and a lot of them would not use it in their practices. Almost everybody that talked said that increasing opioid numbers was very poorly correlated with affective management of pain, so if it doesn't work at 60 ml it's not going to work any better at 120 ml, which of course suggest from a lot of our doctors don't know that or haven't internalized it or whatever. Washington state threshold is never a prescription more than 120 ml a day of methadone. They used this conference to roll out an OHSU protocol from their pain clinic, so they really are seeing themselves as taking responsibility for trying to develop sophisticated protocols and publish them. If we wanted to do something in the CE area as a board for Naturopathic Physicians, I suspect we could get lots of information and help from OHSU so we don't have to reinvent the wheel. The formulary council would like to see something in May or June 2014. Anne Walsh will contact OANP to set up a meeting to go over a program like this for Naturopathic Physicians.

**Retreat** – Each board member needs to review their calendars for a date in the spring of 2014 for the board retreat excluding February and March. This needs to be a Friday-Sunday. This will be discussed and finalized at the December board meeting.

### **Directors Report:**

#### **Miscellaneous:**

**IV Training** – NCNM inquiry on what they can teach their students in advanced training. Can they teach the students a limited advanced training? Would it cover for their advanced IV training on specific nutrients? As long as you have gotten advanced training you should be able to use the items. We need to encourage the instructor to teach the whole advanced training not pieces of the advanced training.

**Prolozone Therapy** – Has been discussed in the formulary council meeting. If you have proper training you can administer Prolozone Therapy. This is within the scope of practice with proper training. Let's put this question to the formulary council chair Dr. Wilson that has completed the training. Anne Walsh will look at past formulary council meeting minutes regarding discussion on prolozone therapy before responding to the question.

**Processing PRP** – This is a technician job and the doctor does not have to do it. You can train the technician but it will be the doctor's full responsibility.

**Job Shadowing** – Its okay but there needs to be a long discussion about privacy.

**Use of Cloud "EMR"** – The clinic is responsible for the records and as long as the doctor has access to the charts the clinic doesn't need to print them. Administrative access is fine.

**Self-Study** – No CE for peer review.

**Public Comment:** No public comment was received at this meeting.

As there was no more business to discuss, the Board adjourned.