

**OREGON MEDICAL BOARD**  
**Meeting of the Board • July 10-11, 2014**

The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, July 10 - 11, 2014, at the OMB offices, 1500 SW 1<sup>st</sup> Ave. Ste. 620, Portland. Chair Donald Girard, MD, called the meeting to order at 8:30 a.m. A quorum was present, consisting of the following members:

Donald Girard, MD, Chair, Portland	Roger McKimmy, MD, Eugene
Michael Mastrangelo Jr., MD, Vice Chair, Bend	Terry Smith, Springfield*
George Koval, MD, Secretary, Lake Oswego	Shirin Sukumar, MD, West Linn
Katherine Fisher, DO, Happy Valley	Angelo Turner, Portland*
K. Dean Gubler, DO, Portland	W. Kent Williamson, MD, Portland
Clifford Mah, DPM, Portland	

\*Public Members

**Staff, consultants and legal counsel present:**

Kathleen Haley, JD, Executive Director	Theresa Lee, Executive Assistant
Joseph Thaler, MD, Medical Director	Mark Levy, Senior Software and Systems Administrator
Eric Brown, Chief Investigator	Terry Lewis, Compliance Officer
Catherine Cook, Licensing Specialist	Dave Lilly, Investigator
Randy Day, Complaint Resources Officer	Netia N. Miles, Licensing Manager
Kimberly Fisher, JD, Interim Operations & Policy Analyst	Shayne Nylund, Acupuncture Licensing Assistant
Nicole Krishnaswami, JD, Operations & Policy Analyst	Michele Provinsal, Investigations Coordinator
Katharine Lozano, JD, Senior Assistant Attorney General	Michael Seidel, Investigator
Walter Frazier, Investigator	Mei-Mei Wang, Investigator
Magnus Lakovics, MD, Psychiatric Consultant	Vickie Wilson, Assistant Chief Investigator

**OMB Committee members and guests present:**

Robbie Bahl, MD, HPSP Medical Director	Christopher Hamilton, MPA, HPSP Program Director
Lanny Bennett, Security	Doug Kelly, Paramedic, EMS Advisory Committee Chair (via telephone)
Jim Conway, Member of the Public	Ellen Shefi, LAc, LMT, Acupuncture Advisory Committee Chair (via telephone)
Dennis Dalton, Security	Jennifer Van Atta, PA-C, Physician Assistant Committee Chair (via telephone)

**Thursday, July 10, 2014**

**8:00 a.m. – CALL TO ORDER**

**Donald Girard, MD; Chair of the Board**

**ANNOUNCEMENT OF EXECUTIVE SESSION** – Donald Girard, MD, Board Chair, announced that pursuant to ORS 192.660(1)(2)(a)(f)(k), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

**EXECUTIVE AND CLOSED SESSIONS** – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

**PUBLIC SESSIONS AND BOARD ACTIONS** – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as **BOARD ACTION:**). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

**RECUSALS AND ABSTENTIONS** – Where noted, Board members have **recused** themselves from discussion of any particular case or abstained from the final vote. To **recuse** means the Board member has actually left the room and not discussed or voted on the disposition of the case. To **abstain** means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.

Dr. Girard took roll call.

<i>Licensee</i>	<i>Case #</i>	<i>Complaint #</i>	<i>Investigator</i>	<i>Board Reviewer</i>
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**PUBLIC SESSION**

<b>Announcements from the Chair</b>				<b>DG</b>
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Kathleen Haley, Executive Director, highlighted two Board staff members: Eric Brown, Chief Investigator, and Dr. Joe Thaler, Medical Director.

Dr. Girard announced the scheduled 125<sup>th</sup> anniversary celebration and he passed on the Board's thanks to Kathleen Haley, Kim Fisher, Carol Brandt, and Theresa Lee for their efforts in coordinating the event.

<b>Microsoft OneNote Review</b>				
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Mark Levy, Senior Software & Systems Administrator, provided an overview of Microsoft OneNote.

**EXECUTIVE SESSION**

<i>Name Redacted</i>			<b>TL</b>	<b>WKW</b>
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Drs. McKimmy and Koval recused themselves and left the room. Dr. Williamson provided the Board with an update on the case.

<b>BOESPFLUG, Randolph R., MD</b>		<b>#</b>	<b>RD</b>	<b>SS</b>
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Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Randolph R. Boespflug, MD, the Board issue a Complaint & Notice of Disciplinary Action based on possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Ms. Smith seconded the motion. The motion passed 11-0-0-0-0.

<b>BOST, Dawn E., MD</b>		<b>#</b>	<b>TL</b>	<b>AT</b>
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Mr. Turner reviewed the case.

**BOARD ACTION:** Mr. Turner moved that in the matter of Dawn E. Bost, MD, the Board approve the Stipulated Order signed by Licensee on June 18, 2014. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-0.

<b>CROSS, Lorne M., MD</b>		<b>#</b>	<b>DL</b>	<b>AT</b>
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Mr. Turner reviewed the case.

**BOARD ACTION:** Mr. Turner moved that in the matter of Lorne M. Cross, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(7), ORS 677.190(13), and 677.190(23). Ms. Smith seconded the motion. The motion passed 11-0-0-0-0.

<b>DENKER, John T., MD</b>		<b>#</b>	<b>MW</b>	<b>DG</b>
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Approved by the Board on October 3, 2014

Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of John T. Denker, MD, the Board approve the Stipulated Order signed by Licensee on June 10, 2014. Dr. Koval seconded the motion. The motion passed 11-0-0-0-0.

<b>GARIBALDI, Abel A., MD</b>		#	<i>MS</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Abel A. Garibaldi, MD, the Board approve the Stipulated Order signed by Licensee on June 16, 2014. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<i>Name Redacted</i>		#	<i>MS</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of case (*redacted*), the Board approve the Order Rescinding the Order for Evaluation. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-0.

<b>HELMAN, Edward A., MD</b>		#	<i>MW</i>	<i>DG</i>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Edward A. Helman, MD, the Board approve Corrective Action Agreement signed by Licensee on April 30, 2014. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-0.

<b>JOHNSON, Kevin R., MD</b>		#	<i>RD</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Kevin R. Johnson, MD, the Board approve the Stipulated Order signed by Licensee on May 5, 2014. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-0.

<b>JEAN-BAPTISTE, Firmine, MD</b>		#	<i>MW</i>	<i>MM</i>
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Drs. Koval and Williamson recused themselves and left the room. Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Firmine Jean-Baptiste, MD, the Board approve the Corrective Action Agreement signed by Licensee on June 5, 2014. Mr. Turner seconded the motion. The motion passed 9-0-0-2-0.

#### **PUBLIC SESSION**

Dr. Koval presented a letter, chocolate, and flowers from Candace Barr, Chief Executive Officer of the Lane County Medical Society, in honor of the Board's 125<sup>th</sup> anniversary.

*Updated July 28, 2014*

**EXECUTIVE SESSION**

<b>LAFEMINA, Paul, MD</b>		<b>#</b>	<b>RD</b>	<b>AT</b>
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Mr. Turner reviewed the case.

Mr. Turner moved that in the matter of Paul Lafemina, MD, the Board approve the Stipulated Order signed by Licensee on April 21, 2014. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-0.

<b>LAIRD, Sheri L., MD</b>		<b>#</b>	<b>TL</b>	<b>WKW</b>
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Dr. Williamson reviewed the case.

Dr. Williamson moved that in the matter of Sheri L. Laird, MD, the Board issue a Complaint & Notice of Disciplinary Action based on a possible violation of the Medical Practice Act, OR 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Koval seconded the motion. The motion passed 11-0-0-0-0.

**PUBLIC SESSION**

<b>HPSP Monitoring</b>				<b>DG</b>
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The Board reviewed a memo from Eric Brown, Chief Investigator, in regards to Health Professionals' Services Program (HPSP) cases and monitoring. The Board reviewed a portion of this in Executive Session as specific cases were discussed. Mr. Turner stated he is in favor of a Strong Letter of Concern (SLOC) that addresses the DUII issues with the licensee as the licensee has already been subjected to the criminal court and having their name and/or mug shot listed in the paper or online.

Dr. Sukumar feels that the evaluators in these cases could benefit from coming in and speaking with the Board so the Board can share their view points. Dr. Williamson suggested that the Board adopt a Statement of Philosophy to help evaluators and licensees understand the Board's philosophy in regards to DUII and nexus to medicine and monitoring.

<b>Name Redacted</b>		<b>#</b>	<b>MW</b>	<b>AT</b>
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Mr. Turner reviewed the case.

The Board took no official action.

<b>Name Redacted</b>		<b>#</b>	<b>DL</b>	<b>AT</b>
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Dr. Koval recused himself and left the room. Mr. Turner reviewed the case.

The Board took no official action.

<b>Name Redacted</b>		<b>#</b>	<b>DL</b>	<b>DG</b>
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Dr. Girard reviewed the case.

The Board took no official action.

<i>Name Redacted</i>		#	<i>RD</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

The Board took no official action.

<b>MAURAS, Kessa, DPM</b>		#	<i>RD</i>	<i>SS</i>
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Dr. Williamson recused himself and left the room. Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Kessa Mauras, DPM, the Board issue a Complaint & Notice of Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and (b), and ORS 677.190(13). Ms. Smith seconded the motion. The motion passed 10-0-0-1-0.

<b>MAYS, Maureen E., MD</b>		#	<i>DL</i>	<i>SS</i>
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Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Maureen E. Mays, MD, the Board issue a Complaint and Notice of Proposed Disciplinary Action based on possible violations of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and ORS 677.190 (23). Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<i>Name Redacted</i>		#	<i>VW</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

Dr. Mastrangelo moved that in the matter of case (*redacted*), the Board issue an Order for Evaluation. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>MEYERDING, Elliott E., MD</b>	<i>Supervision</i>		<i>TL</i>	<i>MM</i>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved in the matter of Elliott E. Meyerding, MD, the Board approve the Licensee's request to terminate his 2007 Corrective Action Order. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

<b>MURRAY, Scott M., MD</b>		#	<i>DL</i>	<i>DG</i>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Scott M. Murray, MD, the Board amend Licensee's current Complaint & Notice of Disciplinary Action to include new allegations. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>REDFERN, Craig C., DO</b>		#	<i>RD</i>	<i>SS</i>
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Dr. Fisher recused herself and left the room. Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Craig C. Redfern, DO, the Board approve the Stipulated Order signed by Licensee on June 12, 2014. Mr. Turner seconded the motion. The motion passed 10-0-0-1-0.

## **PUBLIC SESSION**

<b>WORKING LUNCH</b>	<b>Dr. Robbie Bahl and Christopher Hamilton from the Health Professionals' Services Program (HPSP) spoke to the Board.</b>
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Dr. Girard welcomed Robbie Bahl, MD, the new Medical Director of HPSP, and Christopher Hamilton, MPA, HPSP Program Director, to the Board meeting. Dr. Bahl provided a handout that included statistics for Reliant Behavioral Health (RBH) and HPSP from July 2010 to June 2014. Enrollment in HPSP over the last four years has remained consistent. The reason for most program terminations is due to the participant's license being inactivated, followed by surrender of license.

The total number of non-compliance reports has been progressively decreasing. Missed testing (includes failure to provide specimen) is the number one reason for a non-compliance report, followed by positive toxicology tests. Missed Interactive Voice Response (IVR) call non-compliance reports have decreased significantly due to a policy change in which a missed IVR call would not automatically generate a non-compliance report, but additional testing is added for that licensee.

Dr. Koval inquired about what process is in place for a licensee that has a positive toxicology test. Dr. Bahl stated that the positive test would go on the enrollee's record and a discussion at their weekly meeting would determine if further steps need to be taken such as a re-evaluation or an adjustment to the treatment plan. The non-compliance in this case is reported to the Board.

Since 2013, there have been a few policy changes, one being with the missed IVR calls leading to non-compliance. Another policy change is in group and periodic monitoring. In the past, both were taking place at the same time. Currently the licensee completes his/her group monitoring followed by periodic monitoring. The standard protocol is two years of group monitoring.

Dr. Lakovics asked how satisfied participants are with the group monitoring. Mr. Hamilton stated that a survey is sent to participants every six months and the positive and negative responses vary.

Dr. Sukumar stated the Board would like feedback from the mental health participants on what barriers they are encountering with regards to urine drug screens. Mr. Hamilton responded that mental health participants are only required to submit to toxicology tests if other issues are identified other than mental health, or if the testing is required by the Board.

Dr. Girard asked Dr. Bahl and Mr. Hamilton to provide the Board with their backgrounds. Dr. Bahl has completed a fellowship in addiction medicine and is eligible for ASAM (American Board of Addiction Medicine) certification and will be taking the exam this year. Dr. Bahl's experience is primarily in the clinical aspect of medicine and this is the first monitoring position he has held; however, he has experience in addiction medicine. Mr. Hamilton holds a Masters in Public Administration and is currently working towards a Ph.D. in Education. He had worked

for the State of Oregon for 13 years, where he also worked for the Oregon Health Authority in the Addictions and Mental Health Division.

Dr. Koval inquired whether Mr. Hamilton foresees Oregon facing issues in the future with determining intoxication of marijuana and obtaining warrants to determine THC levels. At this time, Mr. Hamilton stated, Oregon does not have a solution to this issue; however, Oregon is currently looking at Washington and Colorado and how those states are handling the DUII and THC situation.

Dr. Bahl stated that House Bill 2124 redefined non-compliance events. Hospitalization is no longer a non-compliance event. If a licensee is hospitalized for treatment or help, it is not automatically considered non-compliance; however, a civil commitment, regardless of the reason, is considered a non-compliant event.

Dr. Girard thanked Dr. Bahl and Mr. Hamilton for coming to the Board and sharing information regarding HPSP.

<b>PUBLIC COMMENT</b>				<b>DG</b>
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No public comment was presented.

#### **EXECUTIVE SESSION**

<b>ROBERTS, Charles A., PA</b>	<i>Supervision</i>	<i>TL</i>		<b>AT</b>
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Dr. McKimmy recused himself and left the room. Mr. Turner reviewed the case.

**BOARD ACTION:** Mr. Turner moved that in the matter of Charles A. Roberts, PA, the Board approve the Licensee's request to terminate his 2013 Stipulated Order. Dr. Koval seconded the motion. The motion passed 10-0-0-1-0.

<b>RODDY, Timothy J., MD</b>		<i>#</i>	<i>EB</i>	<b>DG</b>
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Drs. Fisher and Sukumar, and Mr. Turner recused themselves and left the room. Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved in the matter of Timothy J. Roddy, MD, the Board approve the Corrective Action Agreement signed by Licensee on May 8, 2014. Dr. McKimmy seconded the motion. The motion passed 8-0-0-3-0.

<b>RODRIGUEZ, Alberto, PA</b>		<i>#</i>	<i>MW</i>	<b>WKW</b>
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Dr. Williamson reviewed the case.

**BOARD ACTION:** Dr. Williamson moved that in the matter of Alberto Rodriguez, PA, the Board issue a Complaint and Notice of Proposed Disciplinary Action based on possible violations of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and ORS 677.190(13). Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-0.

<b>ROWLEY, Mark C., MD</b>		<b>#</b>	<b>MW</b>	<b>WKW</b>
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Dr. Williamson reviewed the case.

**BOARD ACTION:** Dr. Williamson moved that in the matter of Mark C. Rowley, MD, the Board issue a Complaint and Notice of Proposed Disciplinary Action based on possible violations of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and ORS 677.190(13). Dr. McKimmy seconded the motion. The motion passed 10-0-0-0-1. Mr. Turner was absent.

<b>SILLS, Shawn M., MD</b>	<b>Supervision</b>		<b>TL</b>	<b>WKW</b>
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Dr. Williamson reviewed the case.

**BOARD ACTION:** Dr. Williamson moved that in the matter of Shawn M. Silles, MD, the Board approve the Licensee's request to modify his 2012 Stipulated Order to include termination of Term 5.2 and the termination of Term 5.7 contingent on the Licensee's voluntarily enrollment in a monitoring program approved by the Board's Medical Director, and the request for termination of Term 5.4 is denied. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-0.

<b>STRINGHAM, Charles H., MD</b>		<b>#</b>	<b>RD</b>	<b>DG</b>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Charles H. Stringham, MD, the Board amend the Licensee's Complaint & Notice of Disciplinary Action to include new allegations, based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>Name Redacted</b>		<b>#</b>	<b>RD</b>	<b>DG</b>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of case (*redacted*), the Board issue an Order for Evaluation. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

**PUBLIC SESSION**

Ms. Haley recognized Kimberly Fisher, JD, Interim Operations & Policy Analyst, for her contribution to the Board. While at the Board, Ms. Fisher completed a study on the disciplinary actions to determine whether there was consistency in Board decisions. This study reflected that the Board is indeed, consistent. Ms. Haley stated that after Ms. Fisher graduated from Lewis and Clark Law School, Ms. Fisher passed the Oregon and Patent Bars. While Nicole Krishnaswami, JD, Operations & Policy Analyst, had been out, Ms. Fisher stepped in as the Interim Rules Coordinator and worked on various projects at the Board, including being the lead on the Board's 125<sup>th</sup> anniversary celebration. Ms. Fisher has joined a patent law firm, Kolisch Hartwell. Ms. Haley stated the Board will miss Ms. Fisher, but wishes her well in her new position at Kolisch Hartwell.

Ms. Fisher thanked the Board for their kind words and stated she has greatly enjoyed her experiences at the Board.

**EXECUTIVE SESSION**

<b>STULL, Carol G., MD</b>	<i>Supervision</i>	<i>TL</i>	<b>DG</b>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Carol G. Stull, MD, the Board approve the Licensee's request to terminate her 2012 Stipulated Order. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>THOMAS, Paul R., MD</b>	<i>Supervision</i>	<i>TL</i>	<b>WKW</b>
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Dr. Williamson reviewed the case.

**BOARD ACTION:** Dr. Williamson moved that in the matter of Paul R. Thomas, MD, the Board approve the Licensee's request to terminate his 2013 Corrective Action Agreement. Dr. Mastrangelo seconded the motion. The motion passed 11-0-0-0-0.

<b>KLEINERT, Katherine M., DO</b>		<i>#</i>	<i>MW</i>	<b>DG</b>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in that matter of Katherine M. Kleinert, DO, the Board approve the Stipulated Order signed by the Licensee on June 25, 2014. Ms. Smith seconded the motion. The motion passed 11-0-0-0-0.

<b>Investigative Committee Meeting Minutes &amp; Consent Agenda</b>				<b>DG</b>
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Dr. Mastrangelo moved that the Board approve the Investigative Committee meeting minutes and full Board conference call minutes from May 1, 2014 with amendments as noted. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

Dr. Mastrangelo moved that the Board approve the Investigative Committee consent agendas from May 1, 2014 and June 5, 2014. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>SCHWIEBINGER, Gerald W., MD</b>	<i>Entity 27071</i>	<i>Applicant</i>	<b>DG</b>
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Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Gerald W. Schwiebinger, MD, the Board approve to waive the Licensee's CME requirement. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>VANDER PLUYM, Christopher M., AC</b>	<i>Entity 1024523</i>	<i>Applicant</i>	<b>TS</b>
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Ms. Smith reviewed the case.

Approved by the Board on October 3, 2014

**BOARD ACTION:** Ms. Smith moved that in the matter of Christopher M. Vander Pluym, AC, the Board grant the applicant an active license. Dr. Williamson seconded the motion. The motion passed 10-1-0-0-0, with Dr. Fisher voting nay.

<b>ECKHOFF, Steven A., PA</b>	<b>Entity 1024546</b>	<b>Applicant</b>	<b>GK</b>
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Dr. Koval reviewed the case.

**BOARD ACTION:** Dr. Koval moved that in the matter of Steven A. Eckhoff, PA, the Board grant the applicant an active license. Ms. Smith seconded the motion. The motion passed 11-0-0-0-0.

<b>Name Redacted</b>	<b>Entity 1002039</b>	<b>Applicant</b>	<b>GK</b>
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Dr. Koval reviewed the case.

The Board took no official action.

### CLOSED SESSION

#### Probationer Interviews

The Board members conducted interviews of the following Board licensees/probationers:

Board Member	Licensee	Room No.
Dr. Roger McKimmy <i>Observer: Dr. K. Dean Gubler</i>	<i>Name Redacted</i>	<b>1</b>
Dr. W. Kent Williamson <i>Observer: Ms. Terry Smith</i>	<i>Name Redacted</i>	<b>2</b>
Mr. Angelo Turner	<i>Name Redacted</i>	<b>3</b>
Dr. Shirin Sukumar	<i>Name Redacted</i>	<b>4</b>

### EXECUTIVE SESSION

<b>Name Redacted</b>	<b>Entity</b>	<b>Applicant</b>	<b>GK</b>
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Dr. Koval reviewed the case.

The Board took no official action.

<b>Name Redacted</b>	<b>Entity</b>	<b>Applicant</b>	<b>GK</b>
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Dr. Koval reviewed the case.

The Board took no official action.

Approved by the Board on October 3, 2014

<b>McPEAK, Erin C., PA</b>	<i>Entity 1018892</i>	<i>Applicant</i>	<b>GK</b>
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Dr. Koval reviewed the case.

**BOARD ACTION:** Dr. Koval moved that in the matter of Erin C. McPeak, PA, the Board approve the reactivation of the Applicant's license to an active status. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

**CLOSED SESSION**

<b>Probationer Interview Reports</b>	
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The Board members reported on probationer interviews.

**Board Recessed until 8 A.M. Friday, July 11**

*Updated July 28, 2014*

**Friday, July 11, 2014**

Dr. Girard took roll call. Dr. Gubler was absent.

**PUBLIC SESSION**

**Physician Assistant Committee**

**GK**

Via telephone, Jennifer Van Atta, PA-C, Physician Assistant Committee Chair, presented to the Board. Ms. Van Atta reviewed the Physician Assistant Committee meeting minutes of June 12, 2014.

Dr. Gubler joined the meeting at 8:10 a.m.

The Physician Assistant (PA) Committee met on June 12<sup>th</sup> and all members were present. There were some specific recommendations that the Committee wanted to pass onto the Board relative to re-entry applicants. The Committee also passed on the Limited License, Pending Examination rule to the Board for their review.

The Committee received a request from a family practice physician to decrease the supervision hours of a PA; however, that PA also performs procedures more related to an OB/GYN practice. The Committee's recommendation was that there should not be a reduction in supervision hours. After further review, it appears the family practice physician may not have the experience or competency that would be important to have in supervising a PA who is performing OB/GYN procedures. The Committee would like the Board to consider which OB/GYN procedures the supervising physician is competent to perform given the fact the supervising physician is supervising a PA who is performing these types of procedures. The Committee's recommendation is that if the supervising physician is not competent, then another supervising physician or a SPO would be appropriate to supervise this particular PA.

Dr. Koval stated that a few PA cases the Board reviewed the previous day presented some challenges in how to craft re-entry plans. Dr. Girard inquired whether the PA Committee routinely requests a different re-entry plan for applicants who have been away from practice for an extended time. Ms. Van Atta responded that the PA Committee looks at the length of time the PA has been out of practice, what field the PA was practicing in when he/she left practice, and what field the PA is attempting to return to, and for those who have been out of practice for an extended time, the Committee generally recommends a bump up in the number of hours of supervision in the first six months, and additional chart review.

Ms. Van Atta provided the Board an overview of the benefits of having a PA under direct physician supervision. In general, this will help the PA become more confident to work without supervision in the future. The Committee also takes in to consideration how medications have changed over the years and how a PA may need to pursue a pharmacology course that would update information that can be used in practice.

Dr. Mastrangelo complimented Ms. Van Atta for her presentation and stated that Ms. Van Atta and Dr. Koval were very in-depth when going through the re-entry plans. Dr. Mastrangelo questioned whether supervising physicians overseeing a six month direct supervision of a PA are notified that the PA is under a re-entry plan. Ms. Van Atta stated that progress reports are

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sometimes required to be submitted by the supervising physician, if there are concerns, and those supervising recommendations are passed through the Board.

Dr. Gubler expressed his concerns on regarding PA supervision when providing acute medical care. Ms. Van Atta responded that if a PA has been out of clinic practice, but has maintained CMEs in a variety of areas, the Committee will approach the re-entry plan as if the individual was a brand new PA coming out of school. They may have a lot of current knowledge, but the clinical knowledge is not there or is not fresh. In terms of direct supervision, the Committee usually feels that is unnecessary as the PA will have some significant experience. The Committee will review their previous work experience before they left the practice and if there are concerns, the restrictions and recommendations are more in-depth.

Dr. Sukumar stated she was very appreciative of Ms. Van Atta's comments and in-sight. Dr. Sukumar asked if there is a national residency-type program a PA could undergo where the PA could complete a condensed 6 month version of the usual two year PA program. Ms. Van Atta replied that the PA Committee has discussed this quite a bit in the past, but a good program like this for PAs has not been found; however, she believes a program like this would be extremely beneficial.

Dr. Girard thanked Ms. Van Atta for her presentation.

**BOARD ACTION:** Dr. Koval moved that the Board approve the June 12, 2014, Physician Assistant Committee meeting minutes as written. Dr. Sukumar seconded the motion. The motion carried with a voice vote.

<b>Acupuncture Advisory Committee</b>
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<b>TS</b>
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Via telephone, Ellen Shefi, LAc, LMT, Acupuncture Advisory Committee Chair, presented to the Board. Ms. Shefi reviewed the Acupuncture Advisory Committee meeting of June 6, 2014.

Ms. Shefi stated the June 6<sup>th</sup> meeting was extensive. There were 28 guests outside of the Committee that attended the meeting.

The meeting moved into Executive Session to discuss acupuncture applicants.

People's Organization of Community Acupuncture (POCA) is a new acupuncture school that will be starting classes in September. Lisa Rohleder, LAc, POCA Executive Director, was invited to present information about the new school to the Acupuncture Advisory Committee. The Committee inquired whether POCA would be accredited so that students could sit in on the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and Ms. Rohleder stated the school cannot become fully accredited until it graduates its first class. It appears that the school has everything in order with the State of Oregon Education Board. POCA feels that acupuncture should be accessible and affordable for the majority of people. The three year program costs around \$25,000 and after the student graduates, the student is required by contract to work at a POCA center for three years.

Approved by the Board on October 3, 2014

The second presentation at the meeting was by Gene Bruno, LAc, in regards to animal acupuncture.

In the 1970's, Mr. Bruno was one of two acupuncturists who were treating animals and they created a protocol. Not only were cats and dogs being treated, larger animals such as tigers and rhinos were also being treated. Mr. Bruno has created the American Board of Animal Acupuncture (ABAA) and also has also created a certification program. In Oregon, acupuncturists are allowed to do animal acupuncture without having any training or certification in animal acupuncture, as long as the veterinarian agrees. Basically the Committee would like to increase the educational requirements and Mr. Bruno will be offering a certification program that will start this fall with 138 hours of instruction.

Mr. Bruno is requesting that the Board adopt a rule requiring licensed acupuncturists who practice animal acupuncture in Oregon to have a current certification from the ABAA or an equal standard. Mr. Bruno will also be proposing the same rule to the Veterinarian Board.

Dr. Sukumar inquired whether this should be addressed by the Veterinarian Board because if an acupuncturist wishes to practice acupuncture on an animal, this practice would fall under the Veterinarian Board rather than the Medical Board. Dr. Sukumar feels that animal acupuncture would not fall under the Board's scope because it would be the treatment of animals and not humans. Ms. Shefi responded that the Committee recommended that some legal research be done to determine whether it is appropriate for the Medical Board to add the animal acupuncture rule.

Limited License, Pending Examination was brought to the Committee from the Board. The proposed rule amendments revise and clarify the requirements for an acupuncture applicant to obtain a Limited License, Pending Examination. This clarifies that the application is subject to the Board's satisfaction and revises the time period from one year to six months.

Ms. Shefi reported the Committee recommended revising the requirements needed for acupuncturists wishing to re-enter practice, OAR 847-070-0019(2)(e) and OAR 847-070-0045(4)(d), by replacing Board approved clinical supervisor with Board approved mentor because there has been some confusion about the difference between a clinical supervisor and a mentor.

The final discussion at the Acupuncture Advisory Committee was in regards to reusable needles in practice. Most US acupuncture practitioners use disposable needles. This issue was brought to the Board's attention a few months ago from an insurance company. Currently, there are no rules stating acupuncturists must use disposable needles in practice. The NCCAOM highly encourages acupuncturists in the US to use single use, disposable needles, but there is no legal requirements. Ms. Shefi reported that six states currently have a rule that requires disposable, one-use only needles. The Committee is concerned that practitioners that may be using reusable needles and are using an autoclave are not subject to any oversight.

The Committee is researching the possibility of adding a rule that would require Oregon acupuncturists to use only disposable needles. It was pointed out that the Board would be

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required to have a statutory basis and this issue should be moved forward by having a public hearing. If the Board is unable to adopt a rule, the Committee would like to find other opportunities such as publishing an article in the Board's quarterly newsletter or sending out information to acupuncturists that would highly recommend using disposable needles only.

Dr. Koval inquired whether the use of reusable needles is a common practice in Oregon among acupuncturists. Ms. Shefi stated that it is uncommon for acupuncturists to use reusable needles and that disposable needles have been used for around 25 years. Some "old-time" practitioners may still be using reusable needles; however, Ms. Shefi is unsure how many, but believes it may be a handful.

**BOARD ACTION:** Ms. Smith moved that the Board approve the June 6, 2014 Acupuncture Advisory Committee meeting minutes as written. Dr. Williamson seconded the motion. The motion carried with a voice vote.

<b>Emergency Medical Services (EMS) Advisory Committee</b>
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<b><i>DG</i></b>
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Via telephone, Doug Kelly, Paramedic, EMS Advisory Committee Chair, presented to the Board. Mr. Kelly reviewed the EMS Advisory Committee meeting of May 16, 2014.

The EMS Committee reviewed OAR 847-035-0030, Scope of Practice. This first review was to propose amending the rule to expand the Emergency Medical Responder to prepare and administer naloxone via intranasal device or auto-injector for suspected opioid overdose and to clarify that only Advanced EMTs may obtain peripheral venous blood specimens. This review proposed rule amendment also expands the Paramedic scope of practice to allow paramedics to obtain peripheral arterial blood specimens. The Committee's recommendation was to move forward with this first review.

Mr. Kelly stated Dr. Poulsen presented to the Committee on urinary catheters. The Committee recommended tabling this discussion into order to come up with some good rule language which will be placed on the agenda for the August Committee meeting. The Committee is aware of the Board's concerns with regards to the placement of urinary catheters and Mr. Kelly believes the Committee will be able to come up with a good medium.

Mr. Kelly reported that the Committee reviewed the use of Xopenex as an alternative to Albuterol. This was ultimately pushed to the full Board as the EMS Committee felt this was more of a pharmacy issue rather than a scope of practice issue. Dr. Girard noted there is an incredible expense difference between the two drugs in which Xopenex is nearly ten times more expensive than Albuterol. He also stated that in terms of safety, there is no information available regarding pregnancy and/or lactation issues in the use of Xopenex; however, there is this type of safety information on the use of Albuterol.

Dr. McKimmy stated that 25 years ago he was a pharmacist and recalls when this issue first arose two years ago and he asked a few pulmonologists for their thoughts. Essentially the response he received was that unless Albuterol is becoming scarce, there would be no reason why anyone would use Xopenex over Albuterol. Dr. Thaler believes that the problem is that the

pharmaceutical brand name is being used rather than the generic name for these drugs. Both of these drugs are albuterol; however, one is the right isomer and the other is the left.

Dr. McKimmy stated that he feels that Xopenex and Albuterol can be used interchangeably. He clarified that the use of the generic names for these drugs should be used as they are essentially equivalent.

Mr. Kelly reported the EMS Committee received an inquiry from Stella Rausch-Scott, EMT Committee Coordinator with the State Emergency Medical Services Committee at the Oregon Health Authority (OHA). Ms. Rausch-Scott's inquiry stated the OHA must elect an Oregon licensed physician who practices emergency medicine. The inquiry requests a list of all Oregon physicians from the OMB. The EMS Committee felt this was not in their purview to release such information to the OHA and would like the Board's input. Dr. Girard stated the Board is aware of this inquiry and will be providing the OHA with some recommendations.

Mr. Kelly reported that David Lehrfeld, MD, Emergency Medical Services and Trauma Systems Medical Director at the OHA, presented a letter to the EMS Committee regarding education and scope of practice. The Board received a copy of this letter the evening before the EMS Committee meeting and Committee members received a copy of the letter about five minutes prior to the start of the EMS Committee meeting. Mr. Kelly stated he believes Dr. Thaler did a wonderful job of explaining to Dr. Lehrfeld the importance of being timely in getting this letter to the Board in order for the Committee members to review the letter and provide constructive feedback.

The focus of the letter was in regards to a meeting at the OHA with some educators and other stakeholders and their concerns with the OHA and the Medical Board's scope of practice authority. A letter was drafted by Kathleen Haley, Executive Director, and send to the OHA in response to their letter. Mr. Kelly stated he thought the letter was well written and that he is in complete agreement with the content of the response letter.

No public comment was offered at the Committee meeting and August 22, 2014 will be the next EMS Committee meeting. Dr. Girard thanked Mr. Kelly for his well-organized and thoughtful presentation.

**BOARD ACTION:** Dr. McKimmy moved that the Board approve the May 16, 2014 EMS Advisory Committee meeting minutes as written. Dr. Williamson seconded the motion. The motion carried with a voice vote.

#### **EXECUTIVE SESSION**

<b>RIVAS, Henry R., MD</b>		<b>#</b>	<b>MW</b>	<b>SS</b>
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Dr. Fisher recused herself and left the room. Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Henry R. Rivas, MD, the Board approve the Stipulated Order signed by Licensee on July 1, 2014. Dr. Williamson seconded the motion. The motion passed 10-0-0-1-0.

<b>BLACKBURN, Roy M., III, MD</b>		<b>#</b>	<b>MW</b>	<b>SS</b>
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Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of Roy M. Blackburn, III, MD, the Board approve the Stipulated Order signed by Licensee on July 2, 2014. Dr. Mastrangelo seconded the motion. The motion passed 11-0-0-0-0.

<b>SILLS, Shawn, MD</b>	<b>Supervision</b>	<b>TL</b>	<b>WKW</b>
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Dr. Williamson reviewed the case

**BOARD ACTION:** Dr. Williamson moved in that in the matter of Shawn Sills, MD, the Board approve the Licensee's request to terminate Term 5.7 in his 2012 Stipulated Order. Ms. Smith seconded the motion. The motion passed 11-0-0-0-0.

#### **PUBLIC SESSION**

<b>Interim Stipulated Order Acknowledgement</b>	<b>DG</b>
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The Board acknowledged the Interim Stipulated Order signed by Scott M. Murray, MD, effective July 3, 2014.

<b>Public Input</b>	<b>DG</b>
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No public comment.

<b>Consent Agenda Approval</b>	<b>DG</b>
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The Board reviewed the July 10, 2014 Investigative Committee Consent Agenda.

**BOARD ACTION:** Dr. Williamson moved that the Board approve the July 10, 2014 Investigative Committee Consent Agenda. Dr. McKimmy seconded the motion. The motion passed with a voice vote.

<b>BROWNING, Joan M., MD</b>	<b>ID # 1026531</b>	<b>Application</b>	<b>CM</b>
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Dr. Mah reviewed the case.

**BOARD ACTION:** Dr. Mah moved that in the matter of Joan M. Browning, MD, the Board grant the Applicant a license with Administrative Medicine status. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-0.

<b>Summary of OMB 2015-2017 Agency Requested Budget</b>	<b>TS</b>
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Carol Brandt, Business Manager, reported to the Board on the OMB 2015-2017 Agency requested budget. The Board's final Agency Request includes current service level of \$11,191,833, which is about a 4.3% increase from the 2013-2015 budget. There are six policy packages and the packages with the primary one to implement administrative efficiency, otherwise known as semi-independence.

Ms. Brandt stated there is a proposal for funding to improve the office space and security. The new lease has been approved and went into effect July 1. The Board will be expanding into some of the adjoining vacant space next to the Board room. The remodel project will commence within the next few weeks. Also submitted is a request for a new Rules Coordinator position, a request to increase investigative staffing, and a request to reclassify some of the licensing staffs' position descriptions in order to better reflect the duties that are currently being performed.

Ms. Brandt reported that a package for state-wide Board meetings has also been submitted. There has been some interest in having Board meetings in other areas of the state so the Board can better interact with stakeholders and provide more transparency. No fee increases have been requested.

Dr. Girard and Mr. Turner thanked Ms. Brandt for her presentation.

Dr. McKimmy inquired about the other stakeholders, more specifically the Oregon Medical Association (OMA). Ms. Haley stated that once the Board receives the Governor's recommended budget, the Board sits down with the OMA and the other associations and gives them an overview of the budget.

<b>OMB Semi-Independence Update</b>	<b>DG</b>
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The Board reviewed the OMB semi-independence update. Dr. Girard feels very optimistic about the Board achieving semi-independent status. In the Board's pursuit for semi-independence, the Board wanted a partnership with the Oregon Medical Association (OMA). At the May Legislative Committee meeting, Ms. Haley, Drs. Girard and Williamson, along with Gwen Dayton, JD, from the OMA, met to discuss the semi-independence status. Ms. Dayton presented concerns by the OMA's Executive Committee relative to the Board becoming semi-independent. A couple of the concerns included a transparency issue and time certain issues with Board and Committee meetings.

Dr. Girard stated another concern brought forward was that if the Board did not have budget restrictions, the Board may choose to "go crazy" and raise fees dramatically. Ms. Dayton suggested that the Board go through a similar budgetary process that is in place now, with minor exceptions. A suggestion was made that a trigger could be put in place that would then require a budget review. Dr. Girard felt that the more this was discussed, the group came to the consensus that a trigger would be an appropriate step in the budget review.

Dr. Girard reported that the OMA has concerns about the number of licensees under investigation who elect not to go to a contested case hearing based solely on the cost. The record shows that all the licensees who have elected to go to a contested case hearing in the past five years have not been OMA members. Dr. Girard stated that he personally, as a licensee, does not want to pay for hearings for licensees, especially considering the licensees he has seen go to hearing while he has been on the Board. This concern was not resolved; however, at a later time there was a meeting with Bryan Boehringer, Director of Government Relations, at the OMA. Dr. Girard believes Mr. Boehringer to be an intelligent and negotiable person. Mr. Boehringer seemed to be committed to separating these issues and not making the contested case hearing

cost issue part of the Board's pursuit for semi-independence. With the contested case hearing issue out of the way, Dr. Girard feels that the Board is in good shape to move forward.

Dr. McKimmy believes it is encouraging that Mr. Boehringer is willing to unbundle the issue with the cost of a contested case hearing. He also believes it is equally imperative to continue to negotiate with the OMA to tie the substantial cost of a contested case hearing to licensure fees that otherwise would need to be assessed against the membership of the OMA.

Dr. Williamson stated he was present at the meeting with Ms. Dayton and he had asked if the OMA is prepared to support a fee increase that would be necessary to foot the overhead associated with contested case hearings and realize that if there is some financial relief for contested case hearings, it would be appropriate for the Board to assume the volume of contested case hearings would go up, potentially the duration of the hearing, and number of expert witnesses would go up; therefore, the costs would increase. Fees would have to be increased dramatically. Ms. Dayton stated she would support the Board's coverage of the contested case hearings, but at the same time, she would not be in support of a fee increase.

Dr. Williamson explained that he asked Ms. Dayton what the OMA's ultimate fear over semi-independence is and she had responded that the greatest fear is not being able to protect the increase in fees. Dr. Williamson's impression is that the contested case hearing overhead coverage and fee displacement is just an effort to derail the Board's semi-independent endeavor.

Dr. McKimmy stated that he and Dr. Mastrangelo are on the Board of Trustees at the OMA; however, Dr. McKimmy will be resigning his trusteeship. He asserted that his resignation is not over anything that is currently going on, but it is a matter of time obligation and he is over-committed.

Dr. Mastrangelo stated the he has also resigned as a Trustee at the OMA for logistical purposes and availability, not for any political motives. Drs. McKimmy and Mastrangelo stated that most of the direction that the OMA is taking right now is happening at the Executive Committee and has nothing to do with the Board of Trustees.

Ms. Haley stated there are other health boards that are interested in becoming semi-independent and may follow in the Medical Board's footsteps. There are three health boards that are currently operating under semi-independent status.

Dr. McKimmy inquired whether the obligation of the Attorney General's Office would change in any way in regards to representing Board members because of a lawsuit brought on because of the actions taken by the Board. Ms. Krishnaswami stated that no changes would be made and the Board members would still fully be represented. She stated that the Board members would still retain all their protections in acting as a state official in cases of lawsuit or any other issues.

Dr. Williamson left the meeting at 10:00 a.m.

Approved by the Board on October 3, 2014

Dr. Fisher reviewed OAR 847-008-0010, 847-008-0040, and 847-008-0058: Fraud or Misrepresentation. The AAC is recommending the approval of this rule as written. The proposed new rule increases the civil penalty fine for subsequent violations of fraud or misrepresentation on any application, affidavit or registration.

The fine for the first violation is \$195, the second violation is \$250, and the third or subsequent violations are \$500.

The Board took no official action.

<b>OAR 847-020-0182, 847-020-0183, and 847-080-0021: SPEX or COMVEX Requirements</b>
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*KF*

Dr. Fisher reviewed OAR 847-020-0182, 847-020-0183, and 847-080-0021: SPEX or COMVEX requirements. The AAC is recommending the approval of this rule as written. These proposed rules clarify when an applicant may be required to demonstrate clinical competency and allow applicants with ongoing maintenance of certification the ability to request a waiver.

Nicole stated that an assistant professor is not included in the statute; therefore, if the Board wanted to incorporate assistant professors in the rule, the Board would need to go through the rule making process in order to include assistant professors.

Ms. Haley informed the Board that the Federation of State Medical Boards (FSMB) is eliminating the SPEX exam within the next three to five years and she is not aware of what substitute there will be.

The Board took no official action.

<b>Oregon Board of Pharmacy Dispensing Rules</b>
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*GK*

Dr. Koval stated the Administrative Affairs Committee (AAC) reviewed a concept memo from the Pharmacy Board indicating that the Pharmacy Board has legislative authority to regulate non-pharmacy dispensing and the Pharmacy Board raises concerns about practitioners going beyond traditional dispensing. The Pharmacy Board desires to address drug diversion, adulteration and misbranding. The Pharmacy Board will be forwarding their additional concerns to the Oregon Medical Association (OMA) for feedback. The Medical Board could gain the expertise in order to do inspections, but the cost and issues in gaining the expertise to do inspections would be exceptionally challenging and the consensus was that the Medical Board would not want to take this on.

Dr. Koval reported that at this time, the Board is attentively watching the course of this issue and there are concerns regarding the cost of registration and the issue of fines being imposed. He believes that the OMA will be very vocal about the cost to practitioners and the potential for fines.

<b>Oregon Common Credentialing Program Update</b>
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*CM*

*Updated July 28, 2014*

Dr. Mah presented a memo from Kim Fisher, JD, Interim Operations & Policy Analyst. The Oregon Health Authority (OHA) has been working to establish a statewide common credentialing program.

Dr. Mah stated the Board has concerns regarding the proposed rules that have been developed for the Common Credentialing Program. Those concerns include ownership of practitioner information provided by the Board, Primary Source Verification methods, confidentiality of practitioner information, general information used in a public directory, and fees imposed on health care practitioners and costs to the Board.

<b>Publication of Licensee Corrective Action Order Terminations in OMB Newsletter</b>
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*CM*

Dr. Mah stated the Administrative Affairs Committee (AAC) has recommended allowing licensees to choose whether or not to have their Correction Action Order terminations published in the Board's quarterly newsletter. The Board has become aware of a number of licensees under a Corrective Action Order or a Consent Agreement who choose not to request the termination of their Order or Agreement due to the fact that the termination report is published in the Board's quarterly newsletter. Kathleen Haley, Executive Director, stated that Consent Agreements should also be taken in consideration.

**BOARD ACTION:** Dr. Mah moved that the Board approve to allow licensees the option to have the termination of their Corrective Action Agreement or Consent Agreement listed in the Board's quarterly newsletter. Dr. McKimmy seconded the motion. The motion passed with voice vote with Dr. Williamson absent.

<b>Federation of State Medical Boards (FSMB) and International Association of Medical Regulatory Authorities (IAMRA) Meetings</b>
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*DG*

Dr. Girard reviewed the highlights from the annual Federation of State Medical Boards (FSMB) meeting that he, Ms. Haley, Dr. Mastrangelo, and Mr. Turner attended in April in Denver, Colorado. He stated that this meeting provides great opportunity for networking and gives attendees the opportunity to see what other boards are accomplishing.

Dr. Mastrangelo stated this was the first time he attended the annual FSMB meeting and he was very astounded on how different other Boards across the US operate. One of the breakout sessions was in regards to the push towards national licensure, which has a lot to do with telemedicine and teleradiology. There is not a lot of support for national licensure from the individual medical boards because it is believed the boards can do a better job at the state level. A Canadian, during a lunch meeting, gave a presentation about self-evaluation and evaluating ones practice. Evaluation programs such as CPEP, PACE, and K-Star were at the meeting to answer questions.

Dr. Girard stated he is a member of the House of Delegates in which he has voting privileges. There were elections for different positions, including a group slated for the nominating committee. Dr. Girard found it noteworthy that the candidates ran a campaign.

Mr. Turner reported that a total of 38 public members from 38 states were in attendance in one of the sessions he attended at the FSMB meeting. He stated there was an accord among the public members that physicians that are on the Boards are tougher on the licensees than the public members; therefore, the thought was that the physician Board members need to be reminded that the boards do not exist to penalize licensees. The purpose of the boards is to protect the public, but also have an eye towards physician wellness.

Dr. Girard stated that he and Kathleen Haley, Executive Director, plan on attending the International Association of Medical Regulatory Authorities (IAMRA) annual meeting in London in September.

<b>Interstate Medical Licensure Compact</b>	<b><i>DG</i></b>
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Dr. Girard presented to the Board on the Interstate Medical Licensure Compact. The Board has a number of concerns regarding this Compact.

Ms. Haley stated that the Compact would have to be sanctioned by the Oregon Legislature. She stated that the State of Washington is bringing this before their Legislature as Washington would like to be a frontrunner on the Interstate Medical Licensure Compact. At this time, the Board elects not to participate because medical boards across the country have very different licensing requirements.

<b>Administrative Affairs Committee Analysis</b>	<b><i>GK</i></b>
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Dr. Koval reported that Rhylee Smith, former OMB Extern, presented her analysis to the Administrative Affairs Committee. This analysis reviewed the types of applicant issues reviewed by the AAC. The conclusion of this analysis was that the Board was fair and consistent in the treatment of prospective licensees.

<b>OMB Strategic Planning 2014-2016</b>	<b><i>TS</i></b>
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Ms. Smith presented the proposed Oregon Medical Board Strategic Plan to the Board. Ms. Haley stated that one staff member from every department, in addition to managers, collaborated to create and revise the Strategic Plan. She stated that other states are looking to Oregon for some guidance and the Board has shared the Strategic Plan with other states.

**BOARD ACTION:** Dr. Koval moved that the Board accept the amended strategic plan as written. Dr. McKimmy seconded the motion. The motion passed with a voice vote. Dr. Williamson was absent.

<b>Licensing Department Business Update</b>	<b><i>CM</i></b>
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Dr. Mah reported that a total of 17,359 MD/DO/DPM/PA licensees renewed their license during the renewal period for the 2014/2015 biennium. It was proposed that the Board explore the possibility of automated phone renewal reminders to save administrative time and cost. Netia N. Miles, Licensing Manager, stated she is currently working with the Board's IT department to implement the automated calls with the upcoming one year renewals.

<b>Administrative Affairs Committee (AAC) Meeting Minutes</b>	<b><i>GK</i></b>
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Approved by the Board on October 3, 2014

The meeting minutes from the June 11, 2014 Administrative Affairs Committee (AAC) were reviewed.

**BOARD ACTION:** Dr. Koval moved that the Board approve the June 11, 2014 AAC meeting minutes as written. Ms. Smith seconded the motion. The motion passed 10-0-0-0-1. Dr. Williamson was absent.

<b>Legislative Advisory Committee Meeting Minutes</b>	<b>WKW</b>
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The meeting minutes from the May 29, 2014 Legislative Advisory Committee meeting minutes were reviewed.

**BOARD ACTION:** Ms. Smith moved that the Board approve the May 29, 2014 Legislative Advisory Committee meeting minutes as amended. Dr. Gubler seconded the motion. The motion passed with a voice vote. Dr. Williamson was absent.

**AMENDMENT:** Page 248, 2<sup>nd</sup> paragraph - ~~medication~~ mediation process.

<b>Board-Attorney Committee Meeting Minutes</b>	<b>WKW</b>
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Dr. Girard provided the Board with a brief overview of the June 26, 2014 Board-Attorney Committee meeting. Concerns were brought up at the meeting concerning contested case hearing costs and the use of the words “unprofessional” and “dishonorable conduct” in the Complaint and Notice of Proposed Disciplinary Action and other orders.

**BOARD ACTION:** Dr. Koval moved that the Board approve the June 26, 2014 Board-Attorney Committee meeting minutes as written. Mr. Turner seconded the motion. The motion passed with a voice vote. Dr. Williamson was absent.

<b>Board Meeting Minutes</b>	<b>DG</b>
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The meeting minutes from the April 3 - 4, 2014 Board meeting were reviewed.

**BOARD ACTION:** Dr. McKimmy moved that the Board approve the April 3 - 4, 2014, Board meeting minutes as amended. Ms. Smith seconded the motion. The motion carried with a voice vote. Dr. Williamson was absent.

**AMENDMENT:** List of Attendees:

George Koval, MD, ~~West Linn~~, Lake Oswego  
Shirin Sukumar, MD, ~~Lake Oswego~~, West Linn

**Adjourned at 12:15 p.m.**

**ADJOURN**

*Updated July 28, 2014*