

BME REPORT



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From the Executive Director



'Whatever we do ... must be transparent as light'

By Kathleen Haley, JD
Executive Director

The poet was Thoreau: "Our most indifferent acts may be a matter for secrecy, but whatever we do with the utmost truthfulness and integrity, by virtue of its pureness, must be transparent as light."

In the world of medicine and medical regulation, there is little allowance for "indifferent acts." Rather, licensing, education and discipline must be performed with the utmost truthfulness and integrity.

The privilege of self-regulation is shared by the medical profession as a whole. Among the United States, Oregon was a pioneer in allowing members of professions to govern themselves through state-run, citizen-driven boards and commissions.

Of course, with privileges come responsibilities, and Oregon also was one of the first states to require that the public's business be conducted openly.

In their quest for truthfulness and integrity in government, the people of Oregon have also

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We're back on paper!

"I've heard from my board of directors, and they tell me I'm all wet."

— Oregon Gov. Tom McCall, 1969

The Board of Medical Examiners (BME) is, for the most part, whole-heartedly embracing the digital revolution. Computer files are supplanting, or replacing outright, many paper files and documents related to BME functions and procedures.

We thought it a grand idea to convert your quarterly *BME Report* newsletter to an all-digital format as well, and to make it available exclusively on the BME Website. The Winter 2006 issue was to be the first of what we thought would be a long line of online BME newsletters.

But an overwhelming number of our readers made clear their preference for a good old, hand-held, paper copy of the *BME Report* to arrive in

their postal mailboxes upon publication. So many readers asked for a return to the *status quo ante*, that the Board in April directed staff to resume paper printing and postal distribution of the newsletter.

This and subsequent issues of the *BME Report* will continue to be available on the Web at www.oregon.gov/BME. That Winter 2006 issue will be there as well, with its articles about new Board officers, advances in patient safety, and surviving a Board review.

The Board thanks licensees and other readers of the newsletter for their comments – and compliments! ■

From the Executive Director

(continued from page 1)

Not just 'above reproach,' but transparently so as well

called for transparency in government. This is seen most clearly in the public records and public meetings laws.

The Board of Medical Examiners (BME) is constantly seeking ways to enhance that transparency, without sacrificing the confidentiality of investigations or patient health information. We have responded to the Internet boom of the past decade, and to innovations in digital information, in an ongoing effort to fully serve the people of Oregon as they make critical decisions regarding their health care.

The latest such innovation involves the scanning of public Board orders and placing them on the BME Website (www.oregon.gov/BME). By making the full texts of these orders available to the citizens in this fashion, we have provided them with more, and more readily accessible, information vital to their health and safety. That is government transparency at its best. And citizens respond to this BME initiative by accessing the Website with an average of about 232,000 "hits" per month.

But while the Internet has helped give the people more government transparency, it has also increased the amount of private transparency. We are well aware that 'Net surfers have potential access to all types of personal information – professional, financial, educational, medical.

And that represents a flip side to government transparency, particularly in medical regulation – increased private transparency for persons who make online visits to sexually-oriented or pornographic Web sites, whether from the medical offices or their homes.

For the most part, visits to such Web sites do not carry professional or legal repercussions. But some health care professionals have engaged in online conduct of a more egregious nature, by visiting with patients in sexually-oriented chat rooms, or by accessing and downloading child pornography.

This sort of "private" behavior can be quite transparent – as we know, it is traceable and can lead to criminal prosecution. This has happened to BME licensees, and has resulted in Board investigations and discipline.

The privacy of one's home is not sacrosanct when one logs on. And again, the traditions and mores of society include the notion that trusted professionals, such as health care professionals, are publicly accountable for their private conduct as well as their professional practices. The average patient is unlikely to view his or her doctor's perusal of child

pornography, or engaging in sexual online chat (particularly with minors), as "indifferent acts."

It would be natural to see society's belief that our off-duty actions be "transparent as light" as an unwarranted intrusion into our private lives. But when those actions are transparently above reproach, the light of our dignity as individuals and as members of highly-regarded professions shines brightly. ■



'Locum Tenens' license status defined in rule

The BME has learned that there is confusion regarding the term Locum Tenens – the official definition of Locum Tenens registration status, versus what appears to be popular usage of the Latin term for "holding the place."

Officially, Oregon Administrative Rules (OAR) state that Locum Tenens licensees are those persons whose official residences are outside of the state of Oregon, but who practice intermittently within Oregon.

OAR 847-008-0020, which governs Locum Tenens registration, further specifies:

- Locum Tenens licensees shall register as such and pay the two-year Locum Tenens registration fee, which is the same as the registration fee for Active license status.
- Locum Tenens licensees may not practice for more than 180 days, consecutively or intermittently, during the two-year registration period.
- Licensees who register as Locum Tenens but who do not practice in Oregon during the two-year registration period will be registered as Inactive at the time of registration renewal. Such licensees must reactivate to Locum Tenens status before they may practice in Oregon.

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Pain management CME, CEU now required of acupuncturists

Acupuncturists are subject to new requirements for Continuing Medical Education (CME) or Continuing Education Units (CEU) related to pain management and/or end-of-life care.

Licensed acupuncturists are required to complete six (6) hours of pain management and/or end-of-life care CME/CEU before January 2, 2009. Acupuncturists may fulfill this requirement by taking courses in both acupuncture and Western medicine.

According to Oregon Administrative Rule (OAR) 847-010-0100, acupuncturists and physicians licensed to practice acupuncture may take any combination of CME/CEU focusing on pain management and/or end-of-life care. CME/CEU coursework may include treatment through the use of Chinese medicine, herbs, massage, exercise and acupuncture, or Western medicine.

The Board will not require licensees to submit copies of their CME/CEU certifications, or to state on license renewal forms whether they have completed the required CME/CEU. However, licensees are advised to keep copies of their CME/CEU certificates, in case they are ever required to prove to the Board that they have met the CME/CEU requirement. ■

Locum Tenens *(continued from page 2)*

- Locum Tenens licensees must inform the BME of the location and duration of their Oregon practices, in a timely manner, before beginning each practice.
- Locum Tenens licensees wishing to reactivate to Active status may have an additional 90 days to complete the registration process.
- Volunteer camp physicians, who render services at non-profit facilities, practice with Locum Tenens status and are limited to 14 days of practice per calendar year.

Popular usage of the term Locum Tenens, in some quarters, has led some licensees to believe that they must register as Locum Tenens if they have a variety of temporary addresses or practices within the state of Oregon. But the rules governing licensing and registration clearly state that Locum Tenens registration is limited to those licensees whose official places of residence are in states other than Oregon.

Oregon Administrative Rules, and Oregon Revised Statutes (ORS) governing licensing and other BME procedures, may be found on the BME Website: www.oregon.gov/BME. ■

Schedule III listing now includes pseudoephedrine, related substances

Pseudoephedrine, ephedrine and phenylpropanolamine are now listed by the State Board of Pharmacy as Schedule III controlled substances.

The Board of Pharmacy adopted Oregon Administrative Rules (OAR) implementing the listings, effective July 1, 2006, at the direction of the 2005 Legislature.

What does the new law mean for Oregon's physicians?

Prescriptions are now required for pharmacists to dispense products containing any amount of ephedrine or pseudoephedrine in, or into, the state of Oregon. Schedule III controlled substances may be prescribed in writing, by telephone or fax; and may be refilled up to five times or for a period of up to six (6) months, whichever comes first.

Phenylpropanolamine (PPA) has been withdrawn from the market.

Many pseudoephedrine products – cold remedies, decongestants and the like – have been reformulated for non-prescription sale. Such products now contain the decongestant phenylephrine. The newly-formulated decongestants are available over the counter, and cold and allergy sufferers can still find these products on store shelves.

Physicians with questions regarding prescribing or product formulations should contact patients' pharmacies for details.

NOTE OF THANKS: *The BME wishes to thank Gary Schnabel, executive director of the State Board of Pharmacy, for contributing this information to the BME Report.* ■



According to Counsel: New disclosure law 'not expected to significantly change' BME disciplinary policies, procedures

**By Warren Foote, JD
Assistant Attorney General**

On August 29, 2005, the Governor signed House Bill (HB) 2285 into law, amending Oregon Revised Statutes (ORS) 676.175 (3). The bill went into effect on January 1, 2006, and applies prospectively to all health licensing board investigative files. Therefore, it is time to consider how the Board of Medical Examiners (BME or "Board") will implement this bill, and how it will affect the disclosure of investigative information.

HB 2285 expands the duty of health licensing boards to disclose information from investigative files to licensees or applicants who are subjects of disciplinary action (respondents), as well as to their legal counsel. (Such information is to be disclosed only to respondents and their counsel – this does not include outside attorneys, advocates or other individuals.) Now, a board must disclose all information obtained in the investigation of the allegations contained in the notice of discipline, once it receives a written request from the respondent.

Exceptions to this disclosure requirement include information that is privileged or confidential, information that would reveal the identities of complainants, and reports by expert witnesses.

For a detailed discussion of HB 2285, readers should refer to the recent formal opinion by the Oregon Attorney General, No. 8282, April 20, 2006. (*Attorney General's opinions may be found at www.doj.state.or.us, following links to "Legal Resources" and "Attorney General Opinions."*)

This new law is not expected to significantly change the Board's disciplinary process. Previously, respondents customarily received extensive documentation from investigative files in the form of exhibit packets prior to contested case hearings. Now, respondents can receive this information earlier in the disciplinary process, by submitting written requests to the BME.

Further, although some agencies may have delegated the authority to issue a notice of intent to impose discipline to a staff person, such as the executive director, the BME has not. (*See Oregon Administrative Rules [OAR] 847-001-0005, at www.oregon.gov/BME, "Rules and Statutes."*) The decision to impose discipline or to deny a license still resides with the Board. Consequently, a licensee or applicant may



submit a written request for disclosure pursuant to ORS 676.175 (3) any time after the Board votes to proceed to discipline and will receive the disclosure of information required by law.

The Board has demonstrated over the years its commitment to regulate the practice of medicine and to protect the public. The investigation and discipline of persons subject to the Board's authority is an integral part of the Board's mission. Decisions to proceed to discipline are made collectively by the Board, and rely heavily upon the recommendations of its members who personally participated in the investigative process.

Warren Foote, JD, is the Assistant Attorney General assigned to the BME to serve as its counsel. His office is located at the Oregon Department of Justice in Salem. ■

OREGON ADMINISTRATIVE RULES

Reviewed and Adopted by the Board of Medical Examiners

The Board at its April 13-14, 2006 meeting reviewed the following proposals for amendments to Oregon Administrative Rules (OAR), Chapter 847:

ADOPTED RULES

Final Review

MDs/DOs

OAR 847-008-0015, Active Registration – The adopted rule specifies that licensees whose practice addresses are within 100 miles of the Oregon border, and who intend to practice in Oregon, may register under active status.

OAR 847-008-0023, Telemonitoring Registration – The adopted rule creates a new license status of Active-Telemonitoring, to allow a physician who practices in a location outside of Oregon to provide intraoperative monitoring of data collected during surgery in Oregon. Such data would be electronically transmitted to the out-of-state monitoring physician for the purpose of allowing him or her to notify the Oregon operating team of changes that may have a serious effect on the outcome of the surgery and/or survival of the patient.

OAR 847-010-0073 Reporting Incompetent or Impaired Licensees to the Board – The adopted rule sets forth what shall be included in a report from a healthcare facility, organization or individual required to report to the Board any official action, incident or event taken against or involving a Board licensee, based on a finding of medical incompetence, unprofessional conduct, or licensee impairment, within ten working days of their occurrence.

OAR 847-020-0130 Basic Requirements for Licensure of a Foreign Medical School Graduate; OAR 847-020-0170 Written Examination, SPEX Examination and Personal Interview – The adopted rules allow:

- Licensure for applicants who are graduates of foreign medical schools, who have obtained four (4) years of practice in another U.S. state, under a license similar to Oregon's Limited License, Medical Faculty.

- Waiver of the three attempt limit for Step 3 of the United States Medical Licensing Examination (USMLE) if the applicant is American Board of Medical Specialties (ABMS) certified.
- Waiver of the seven (7)-year requirements for USMLE Steps 1, 2 and 3 for applicants who are ABMS-certified, or have completed continuous post-graduate training equivalent to an MD, DO or PhD program.

OAR 847-020-0185 License Application Withdrawals – The proposed rule identifies the circumstances under which applicants' requests to withdraw applications for licensure will be considered. The proposed rule also specifies the circumstances under which the Board will report such withdrawals to the Federation of State Medical Boards (FSMB).

The proposed rule specifies that the Board will consider application-withdrawal requests if applicants are eligible for licensure, and if their application files contain no evidence of violation of any provision of the Medical Practice Act (Oregon Revised Statutes [ORS] Chapter 677).

The proposed rule further specifies that applicants may request application withdrawals if they are eligible for licensure, and if application files are complete and contain evidence that:

- The applicant may have violated the Medical Practice Act, but the Board lacks sufficient basis to proceed to formal discipline; or
- Another licensing body has imposed discipline for the same conduct, and that action has been reported to the NPDB and HIPDB.

The proposed rule further states that when applications are withdrawn under those circumstances, withdrawals must be reported to the FSMB.

Physician Assistants (PA)

OAR 847-050-0010, Definitions – The adopted rule defines "agent" as a physician, designated by a supervising physician of a physician assistant (PA), who provides supervision of the PA's medical services for a predetermined period of time.

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BOARD ACTIONS

January 14 to June 22, 2006

ADAMS, Ralph E., MD05512; Salem, Ore.

The Licensee on April 12, 2006 entered into a Stipulated Order, in which he retired his license while under investigation.

BLATCHFORD, Douglas M., MD07450; Gresham, Ore.

The Licensee on June 22, 2006 entered into a Stipulated Order, in which he agreed to surrender his license while under investigation. Under the Order, the Licensee also agreed to never reapply for an Oregon medical license.

CAMPBELL, Robert P., MD10884; Portland, Ore.

The Licensee on April 12, 2006 entered into a Stipulated Order, in which he was placed on probation. Terms and conditions of his probation include the following: Completion of a professional boundary course; limited patient contact and communications with continued use of a chaperone when physical touching or examination is required in treating female patients; group and individual therapy; reporting to the Board on a quarterly basis; and providing employers with a copy of the Stipulated Order.

COOK, Robert D., MD07347; Tualatin, Ore.

The Licensee on June 7, 2006 entered into a Voluntary Limitation. Through the Order, the Licensee agreed not to perform total hip arthroplasty surgical procedures, and agreed to refer patients needing this procedure to another physician.

CROSBY, Elaine P., MD21068; Kingston, N.Y.

The Board on May 10, 2006 issued a Final Order dismissing the Complaint and Notice of Proposed Disciplinary Action it approved on November 29, 2004.

DURHAM, Stephanie P., MD, LL15933; Milwaukie, Ore.

The Applicant on April 13, 2006 entered into a Corrective Action Order, in which the Board granted her a Limited License, Postgraduate under the condition that she successfully complete the terms of her January 30, 2006 remediation agreement with Providence Health Systems. *(NOTE: Not a disciplinary action.)*

FIKS, Vladimir B., MD19358; Portland, Ore.

The Licensee on April 12, 2006 entered into a Stipulated Order, in which he agreed to meet with a practice monitor for a minimum of two years and make quarterly reports to the Board. He also was ordered to complete a medical ethics course within six months of the date of the Order, and to undergo a billing audit in 2007.

GEVURTZ, John M., MD06871; Portland, Ore.

The Licensee on June 7, 2006 entered into an Interim Stipulated Order, agreeing to withdraw from the practice of medicine pending the conclusion of the Board's investigation into his competency to practice medicine.

JENKINS, Michael H., MD09397; Portland, Ore.

The Board on May 17, 2006 issued an Order of Suspension of License, due to concerns regarding the Licensee's mental health. This action is permitted under Oregon Revised Statutes (ORS) 677.225, which allows the Board to suspend a license if:

- A Licensee is adjudged to be mentally ill; or
- Is admitted on a voluntary basis to a treatment facility for mental illness affecting the Licensee's ability to safely practice, and if the licensee's residence in the facility exceeds 25 consecutive days.

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Board Actions *(continued from page 6)*

JOHNSON, Philip J., MD07941; Eugene, Ore.

The Licensee on May 3, 2006 entered into a Stipulated Order in which he agreed to a Board reprimand, and to a requirement that he complete an emergency medicine board re-certification review course within 12 months of the effective date of the Order.

KENDALL, Yvonne N., PA00712; Portland, Ore.

The Licensee on June 7, 2006 entered into a Stipulated Order in which she agreed to surrender her Oregon physician assistant's license while under investigation. The Order also specifies terms with which the Licensee must comply in the event she decides to reapply for licensure after a period of two (2) years from the effective date of the Order.

LEE, Carol Frost, MD12002; Bend, Ore.

The Board on June 7, 2006 terminated an April 15, 2004 Corrective Action Order, due to the Licensee's successful compliance with the terms of that Order.

MCCASKILL, Michael F., MD10666; Medford, Ore.

The Board on June 7, 2006 terminated an April 15, 2005 Corrective Action Order, due to the Licensee's successful compliance with the terms of that Order.

NEWTON, William L., MD17615; Portland, Ore.

The Licensee on April 12, 2006 entered into an Interim Stipulated Order, in which he voluntarily withdrew from practice pending completion of a competency investigation.

SHEROD, Earl G., MD07637; Provo, Utah

The Licensee on April 12, 2006 entered into a Stipulated Order, in which he was reprimanded and ordered to suspend practice until he completes an evaluation by the Center for Personalized Education for Physicians (CPEP), Aurora, Colo. The Order further states that upon his return to practice, the Licensee will be placed on probation for at least one year, with his practice setting subject to the Board Medical Director's approval. The Licensee also was ordered to successfully complete the Board's Appropriate Prescribing Workshop (APW).

WHANG, Edward K., MD10381; Portland, Ore.

The Licensee on April 12, 2006 entered into a Stipulated Order, in which he agreed to retire his license while under investigation, and to never reapply for a license to practice medicine in the state of Oregon. ■



FOR MORE INFORMATION

The BME Report and BME Website now list Board orders terminating or modifying previous orders. In addition, copies of these orders are available in DocFinder and the Board Actions Report on the BME Website: www.oregon.gov/BME.

OARs (continued from page 5)

OAR 847-050-0025, Interview and Examination – The adopted rule states that applicants for PA licensure, and applicants' supervising physicians not previously Board-approved to render such supervision, must pass an open-book examination on the Medical Practice Act and OAR Chapter 847, Division 050.

The proposed rule further establishes the consequences of failure to pass the open-book examination three times, and procedures the Board must follow in such cases.

PROPOSED RULES**First Review**

The Board discussed these rule proposals on First Review, and passed them to Final Review:

General

OAR 847-001-0000 Notice of Proposed Rule; OAR 847-001-0005 Model Rules for Contested Cases; OAR 847-001-0015 Delegation of Authority; OAR 847-001-0020 Discovery; OAR 847-001-0025 Motions for Summary Judgment – The proposed rules clarify requirements that the BME must meet before adopting, amending or repealing any permanent rule adopted on or after January 1, 2006.

Under the proposed rules:

- The Board would be required to provide notice to persons specified in ORS 183.335 (15) at least 49 days before the effective date of the rule.
- It would be established that the Board adopts the Model Rules for Contested Cases of the Attorney General in effect on January 1, 2006.
- The requestor of a late request for hearing would have a right to a hearing to dispute facts contained in the explanation as to why the request for hearing was late or the accuracy of the reason that the request for hearing was late.

OAR 847-005-0005 Fees – The proposed rule amendment would eliminate the following licensing fees: Name change, name change limited license, reissue certificate of registration, duplicate wallet license, duplicate wall license, and certificate of grades.

MDs/DOs

OAR 847-017-0000 Preamble; OAR 847-017-0005 Definitions; OAR 847-017-0010 Patient Safety; OAR 847-017-0015 Selection of Procedures and Patients; OAR 847-017-0020 Patient Medical Records; OAR 847-017-0025 Discharge Evaluation; OAR 847-017-0030 Emergency Care and Transfer Protocols; OAR 847-017-0035 Quality Assessment; OAR 847-017-0040; Facility Administration

– The proposed rules would establish definitions related to and requirements for office-based surgery or procedures in the areas of patient safety, selection of procedures and patients, patient medical records, discharge evaluation, emergency care and transfer protocols, quality assessment, and facility administration and equipment.

Emergency Medical Technicians (EMT)

OAR 847-035-0030 Scope of Practice – The proposed rule change would:

- Define a “cuffed pharyngeal airway device” under the EMT-Basic (B) scope of practice.
- Remove the specification of 1:10,000 from epinephrine under the EMT-Intermediate (I) scope of practice.
- Move electrocardiogram (EKG) monitoring and interpretation from the EMT-Paramedic (P) to the EMT-I scope of practice.

Health Professionals Program (HPP)

OAR 847-065-0000 HPP Supervisory Council – The proposed rule would state that one of the five HPP Supervisory Council members is a public member representing healthcare consumers.

Acupuncturists (LAc)

OAR 847-070-0016 Qualifications; OAR 847-070-0019 Interview and Examination; OAR 847-070-0022 Documents to be Submitted for Licensure – The proposed rules would:

- Renumber the sections of OAR 847-070-0016, for consistency with the OAR numbering system.
- Make minor language changes to establish parallelism in the rule language.

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OARs *(continued from page 8)*

- Add the requirement that an applicant for acupuncture license pass an open-book examination.
- Specify documents to be submitted for licensure as an acupuncturist.

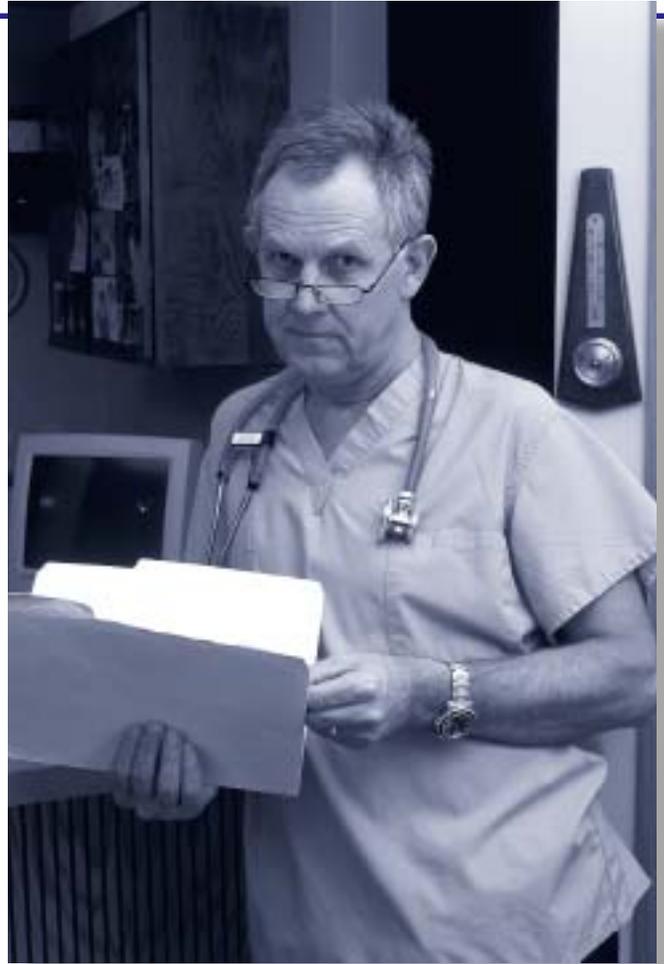
The Board will make Final Review of the proposed rules and rule amendments at its July 13-14, 2006 meeting.

The Board's mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on OARs, visit the BME Website at www.oregon.gov/BME.

ABOUT OARs

The Board of Medical Examiners and other state regulatory agencies operate under a system of administrative rules, in order to ensure fairness and consistency in their procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be amended and/or expanded in response to changing standards and circumstances.

OARs are written and amended in accordance with state laws (Oregon Revised Statutes or ORS), which may be enacted, amended or repealed only by the Legislature. OARs are written and amended in accordance with state laws (Oregon Revised Statutes or ORS), which may be enacted, amended or repealed only by the Legislature. ■



Statement of Purpose

BME REPORT

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

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.

50 Years Ago in Oregon Medicine: A Television 'First'

(EDITOR'S NOTE: The following article appeared in the April 15, 1956 issue of TV-Radio Prevue.)

KPTV will accomplish another television first for this area during the dedication of the new University of Oregon Medical School Hospital and meeting of alumni April 18, 19 and 20.

Personnel and equipment for a closed-circuit telecast to demonstrate the value of television as an educational aid will be donated by KPTV, Portland, to the Medical School for its three-day alumni meeting and dedication of the new hospital. There will be an hour long telecast each day during the three-day meeting. Telecasts will originate from the hospital's amphitheatre and surgery. Various demonstrations will be televised and transmitted to the auditorium where an audience of visiting alumni medics and guests will view the procedures.

Arrangements were tentatively set up for this closed circuit by Governor Elmo Smith and Frank J. Riordan, KPTV's managing director, when the two first met in February. The closed circuit as an outcome of the meeting of these two men was a natural. The Governor has had a great interest in the new hospital since its inception and Riordan, acting as representative of the Storer Broadcasting Company which has a highly active public service program, was pleased at the opportunity to make KPTV facilities available to the school.

The tremendous benefit to be derived from the use of television in teaching medicine has already been proven in some of the hospitals in the East. A million-dollar permanent color TV installation is now being made at Walter Reed Hospital. One of the greatest advantages to be gained by the use of TV in teaching is the benefit of close-up observation for a large group. Before the introduction of TV into the medical field, only a few could be close enough to view actual surgery or demonstrations in an amphitheatre.



Photo courtesy KPTV/KPDX

UPDATE: Gov. Elmo Smith was defeated by state Sen. Robert Holmes in the 1956 general election. Smith's son, Denny, represented Oregon in Congress from 1983 to 1991.

In 1956, KPTV was an NBC affiliate broadcasting on channel 27. A year later, it inherited its present-day channel 12 from the defunct KLOR-TV.

The U of O Medical School underwent several name changes before becoming Oregon Health and Science University in 2001. OHSU's technological capabilities extend light-years beyond what was envisioned in 1956, when TV came to teach on Marquam Hill. ■

CALENDAR OF EVENTS

August 2006

- 3 (Thu.)** Investigative Committee, 8 a.m.
3 (Thu.) Board of Medical Examiners' conference call meeting, 4 p.m.

September 2006

- 4** OFFICE CLOSED (*State holiday*)
7 (Thu.) Investigative Committee, 8 a.m.
7 (Thu.) Board of Medical Examiners' conference call meeting, 4 p.m.
8 (Fri.) Emergency Medical Technician Advisory Committee, 9 a.m.
13 (Wed.) Administrative Affairs Committee, 5 p.m.
14 (Thu.) Physician Assistant Committee, 9:30 a.m.
22 (Fri.) Acupuncture Advisory Committee, 1 p.m.
26 (Tue.) Health Professionals Program Supervisory Council, 10:30 a.m. (*at HPP office, 6950 S.W. Hampton St., Suite 130, Tigard*)

- 28 (Thu.)** Investigative Committee, 8 a.m.

- 28 (Thu.)** Board of Medical Examiners' conference call meeting, 4 p.m.

October 2006

- 12 (Thu.)** Board of Medical Examiners' quarterly meeting, 8 a.m. – 5 p.m.
13 (Fri.) Board meeting continues, 8 a.m. to close of business

All meetings are at the BME offices in Portland, unless otherwise indicated.

FOR MORE INFORMATION

Go to the BME Website at www.oregon.gov/BME; or
 Call the BME at (971) 673-2700, or call toll-free in Oregon at 1-877-254-6263. ■

DRUG OR ALCOHOL PROBLEM?

If you are concerned about a fellow physician who may be abusing alcohol or other drugs, you can get assistance by contacting the BME's Diversion Program for Health Professionals — also known as "HPP" or "Diversion."

*Your call may save a physician's life ...
or a patient's!*

ALL CALLS ARE CONFIDENTIAL

(503) 620-9117 • www.oregon.gov/BME/healthprog



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.oregon.gov/BME/forms/shtml.



BME Information at Your Fingertips!
New Web Address:
www.oregon.gov/BME

NEW PHONE NUMBERS
(971) 673-2700 – main line
(877) 254-6263 – toll-free

IN THIS ISSUE

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