



Approved by the Board on XXX.

OREGON MEDICAL BOARD

Meeting of the HB 2817 Rules Workgroup • August 23, 2023 • Held via Video Conference

PUBLIC SESSION

Welcome

EVANS

Eric Evans, DPM, Workgroup Chair, called the meeting to order at 5:15pm and called the roll.

The following workgroup members were present:

Mark Bonanno, OMA Representative	Enoch Huang, MD, MD/DO Representative
Scott Boynton, DPM, DPM Representative	Melissa Lockwood, DPM, ASPS Representative
Justin Brohard, DO, MD/DO Representative	Elliot Michael, DPM, DPM Representative
Sean Dunn, DPM, DPM Representative	Timothy Mineo, DPM, ABFAS Representative
Niknam Eshraghi, MD, Medical Board Member	Sabrina Riggs, OAOS Representative
Eric Evans, DPM, Medical Board Member, Chair	Cassandra Tomczak, DPM, OPMA Representative

OMB Staff present:

Nicole Krishnaswami, JD, Executive Director	Gretchen Kingham, Executive Assistant
Elizabeth Ross, JD, Legislative & Policy Analyst	

Dr. Evans welcomed workgroup members and members of the public to the HB 2817 Rules Workgroup meeting. He discussed ground rules for the meeting, provided an overview of the agenda, and invited members of the public to participate by providing comment during the public comment period.

Workgroup Member Introductions

Dr. Evans invited members of the HB 2817 Rules Workgroup to introduce themselves.

- Mark Bonanno, Oregon Medical Association (OMA) Representative
- Scott Boynton, DPM, Doctor of Podiatric Medicine Representative
- Justin Brohard, DO, Doctor of Osteopathic Medicine Representative
- Sean Dunn, DPM, Doctor of Podiatric Medicine Representative
- Niknam Eshraghi, MD, Oregon Medical Board (OMB) Member
- Eric Evans, DPM, Oregon Medical Board (OMB) Member, Workgroup Chair
- Enoch Huang, MD, Doctor of Medicine Representative
- Melissa Lockwood, DPM, American Society of Podiatric Surgeons (ASPS) Representative
- Elliot Michael, DPM, Doctor of Podiatric Medicine Representative
- Timothy Mineo, DPM, American Board of Foot and Ankle Surgery (ABFAS) Representative
- Sabrina Riggs, Oregon Association of Orthopaedic Surgeon (OAOS) Representative
- Cassandra Tomczak, DPM, Oregon Podiatric Medical Association (OPMA) Representative

Background and HB 2817 Overview

Podiatric physicians and surgeons (DPMs) are licensed to diagnose and perform medical and surgical treatments related to ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle. There are about 220 actively licensed DPMs in Oregon.

Like all OMB licensees, DPMs practice within the “duty of care,” meaning that they must use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances and in the same or similar community. DPMs must practice within the scope of practice defined in statute and within their individual education, training, and experience.

In 2023, the Oregon Legislature passed HB 2817 which explicitly states that the practice of podiatry includes: *“The treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.”* This language becomes operative January 1, 2024. The Oregon Legislature directed the OMB to adopt rules defining “treatment” and determining appropriate levels of education (House Committee on Behavioral Health and Health Care, 04/03/2023).

For additional background, the American Podiatric Medical Association and the Federation of Podiatric Medical Boards have provided information on podiatric practice in other states regarding treatment of skin and wound care.

Workgroup members asked for the history of bill’s creation. The Oregon Podiatric Medical Association worked with legislators to advocate for this bill due to DPM scope of practice not specifically including treatment of skin, ulcers, and wounds on the human leg.

Topics for Discussion

Workgroup members discussed the following question prompts:

Does “treatment” of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle need to be further defined?

- Several workgroup members stated that “treatment” is clear enough and should not be defined any further.
- Ms. Riggs, on behalf of OAOS, suggested an FAQ document could be helpful to clarify the language being added and the scope of practice for DPMs in this area.
- Workgroup members discussed that the bill language does not change the threshold for when a DPM refers a patient to another physician colleague or specialist.

Does “treatment” include the treatment of ulcers on the human leg no further proximal than the tibial tubercle?

- Workgroup members stated that all ulcers are wounds, which is covered in the language added to the definition of “podiatry” by the bill.
- Dr. Tomczak noted that legislators stated on the legislative record that the bill language is meant to include ulcers.
- Workgroup members discussed that this could be addressed in an FAQ rather than in rule.

Do podiatric physicians and surgeons need additional education or training to treat skin, skin-related structures and subcutaneous masses and wounds?

- DPM representatives explained that wound care is a mainstay and core component of podiatric medical education and residency programs; therefore, no additional training is needed. Even when DPM programs had 1-year residency programs, the treatment of wounds was included. Current CPME standards for residency programs includes wound care. It was also noted no other state has additional educational requirements.

- Ms. Riggs (OAOS) recommended that DPMs be required to have adequate training to provide skin and wound care. OAOS recognizes that a 3-year residency is not obtainable for all DPMs but suggests training or accredited CME. OAOS will submit additional written comments.
- Several Workgroup members noted that every physician (MD, DO, and DPM) must work within their education, training, and experience, and DPMs are trained and competent to provide wound care in this area. They also recommended an FAQ be created regarding HB 2817.

Public Comment

Michael Aronow, MD, commented that the bill language is vague, and rules should better clarify the scope of practice for DPMs. He said the Oregon Medical Board should require additional training for the DPM practice under HB 2817.

Christopher Seuferling, DPM, stated that he does not believe additional training, beyond the requirements for licensure, is necessary for DPMs to provide wound care, as all physicians practice based on their experience and no additional training beyond the requirements for licensure is needed. Additionally, he noted that MD/DO Oregon licensed physicians do not have to obtain or provide specific wound care training to provide this care.

Closing Discussion

Dr. Eshraghi explained that the Legislature directed the Board to discuss the bill and consider rulemaking regarding the DPM scope of practice.

Dr. Huang, who practices wound care, stated that he has full confidence in Oregon DPMs providing wound care without additional training.

Dr. Dunn, DPM, noted that access to care in rural communities would be impacted if there are restrictions or extra training requirements for DPMs.

Finally, the Workgroup reiterated that HB 2817 strictly focuses on the treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

Dr. Evans thanked the workgroup members and public for their engagement and stated that the workgroup's discussion will be reviewed at the September 6 Administrative Affairs Committee meeting, and additional opportunities for public comment will be provided.

Dr. Evans adjourned the meeting at 6:36pm.