



# Oregon

Kate Brown, Governor

## Medical Board

1500 SW 1<sup>st</sup> Avenue, Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

[www.oregon.gov/omb](http://www.oregon.gov/omb)

Approved by the Board on January 6, 2022.

## OREGON MEDICAL BOARD

Meeting of the Sexual Misconduct Workgroup • November 17, 2021

The Oregon Medical Board (“OMB” or “Board”) held a special meeting of the Sexual Misconduct Workgroup on Wednesday, November 17, 2021 via videoconference.

Chair Patti Louie, PhD, called the meeting to order at 5:07<sup>PM</sup>.

**A quorum was present, consisting of the following members:**

Erin Cramer, PA-C, Stayton

Charlotte Lin, MD, Bend

Ali Mageehon, PhD, Public Member, Coos Bay

Chere Pereira, Public Member, Corvallis

Chris Poulsen, DO, Eugene

Jill Shaw, DO, Portland

Patti Louie, PhD, Public Member, Portland

**Staff present:**

Nicole Krishnaswami, JD, Executive Director

David Farris, MD, Medical Director

Elizabeth Ross, JD, Legislative & Policy Analyst

Gretchen Kingham, Executive Assistant

**PUBLIC SESSION**

**Welcome and Review of Workgroup Charter Revision**

**LOUIE**

Dr. Louie, PhD, called the roll, 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.

Additionally, the Workgroup discussed that the Charter was revised to now include four licensed professional members of the Board whose current practice includes conducting sensitive exams. Increased from two licensed professional Board members.

**Public Comment**

**LOUIE**

Courtnei Dresser, Associate Director of Government Relations, Oregon Medical Association, submitted written comment and intends to continue to engage in the Board's process of addressing sexual misconduct.

Amber Grasmick-Black, Risk and Compliance Manager with Women's Healthcare Associates, submitted written comment and intends to observe the Workgroup's meeting.

Chris Kyle, MD, representing both the Oregon Urology Institute and the Oregon Urology Society, submitted written comment and spoke to how the chaperone rule would affect the practice of urology, especially their ability to provider services in rural areas.

Taylor Sarman, Mahonia Public Affairs attending on behalf of the Oregon Society of Physician Assistants, submitted written comment and will continue to engage in the Board's process of addressing sexual misconduct.

Abigail Haberman, MD, Dermatologist, submitted written comment and spoke to the administrative burden of the chaperone rule on her practice. Dr. Haberman recommended focusing on educating staff and patients via informational posters.

JJ, member of the public, spoke to how the chaperone rule would protect vulnerable patients and noted the importance of direct observation by a medical chaperone during an examination.

**Statement of Philosophy: Sexual Misconduct**

**MAGEEHON**

Dr. Mageehon, PhD, reviewed the OMB's Sexual Misconduct Statement of Philosophy (SOP), explaining that SOPs are adopted by the Board but are not enforceable regulations.

Dr. Lin supports utilizing a stronger worded SOP in lieu of a rule adoption. Dr. Poulsen noted that he is not opposed to implementing a rule, but would also support a stronger worded SOP in lieu of a rule adoption.

The Workgroup recommended leaving the SOP as is and focusing on creating an equitable and meaningful medical chaperone rule.

**OAR 847-010-0130: Medical Chaperones****PEREIRA**

Dr. Louie, PhD, noted that this rulemaking should promote patient education and choice, and protect the safety and wellbeing of Oregon citizens.

Mr. Cramer added that the rule should also describe appropriate practice when conducting sensitive exams. Additionally, he noted that the Workgroup should advocate for patient choice, empower patients to request a medical chaperone, and empower medical chaperones to perform their duties.

The Workgroup discussed public comments requesting exemptions for pediatric practices. The Workgroup recommended pediatric patients who are either in-patient in a hospital or under one year of age be exempt from the chaperone requirements, if the provider offers a chaperone but doesn't require one and that the health care provider describes what is being done and the purpose. If the parent is not present (e.g. in the newborn nursery), the provider should perform the examination in the presence of other providers.

The Workgroup recommended clarifying that "direct observation" means observation of the health care provider. The Workgroup did not recommend pediatric/teen exceptions regarding direct observation.

Discussion on additional written comments was postponed to a future meeting.

**Educational Brochure****SHAW**

Discussion was postponed to a future meeting; however, Dr. Lin asked that this topic also include discussion of educational posters.

**Planning for Future Discussion Topics and Next Meeting Date****LOUIE**

Staff will send a survey to the Workgroup members to schedule the next meeting.

Meeting adjourned at 6:03<sub>PM</sub>