



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

The New Standard in Medical Record Keeping

By Roger McKimmy, MD, Board Member

As my six years serving on the Oregon Medical Board draw to a close with 2016, the complexity of the questions facing the Board only grows. One of the questions that I have grappled with as a Board member has been where and when it is appropriate to take a stand in defining the standard of medical care. Some standards of practice are cut and dried, defined in statute and inviolable. Many, many more are less well defined, dependent on context, timing, and to a large extent common sense. The laws governing Oregon's Medical Board are constructed in a way that the Board, in some cases, enforces



Roger McKimmy, MD
Board Member

the standard of medical practice more than preemptively *defining* that standard. Where the standard is vague, it is up to the Board to call the balls and strikes. Sometimes, this arrangement is frustrating to me, as if the Board must wait for an untoward event or a bad outcome to clarify the standard of care.

Board members, who are practicing physicians and members of the public, have opinions about the standard of medical practice and how it impacts the

Board's mission of assuring the safety of Oregon citizens in the medical environment. From time to time, we see it as appropriate to get out in front of an issue and help define the standard of care. The medium for this is the Board's Statement of Philosophy.

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Statement of Purpose: The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.

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(Continued from front page)

Medical Record Keeping

In this quarter's newsletter, we introduce the Board's latest Statement of Philosophy on Electronic Health Records (EHR). The crafting of this document sparked lively conversation and debate among the Board members. All of us physicians fondly recall the simplicity of generating a chart note with 30 seconds of mumbling into a Dictaphone and moving rapidly to the next patient. Obviously, times have changed and with it the standard of care, much of which rode on the winds of the Health Insurance Portability and Accountability Act (HIPAA). Just as obviously, EHR is here to stay, and it is the Board's duty to enforce that standard. Few in fact would argue against the accessibility, portability, and uniform formatting that are in part the goals of HIPAA in mandating the electronic health record.

Nonetheless – where does it end? The designers of commercial EHR programs, generally not themselves health care providers, market their products to health care organizations, themselves not necessarily active practitioners. As such the products created often have been designed to meet a need other than straightforward and efficient creation of a readable health record, such as assimilation of statistics or billing data. Designers of the health record and regulators of its content find irresistible the volume of information that they may require to be added, however dubious its relevance. At its most crass, EHR has the potential to largely reduce the physician, the most time stressed and expensive piece of labor in the health care system, to rote data entry – and all at the time that 30 million newly insured patients exercise their right to access the system as a result of the Affordable Care Act.

So, where to find balance in a Statement of Philosophy? The Board asks those entities directing health care practice through electronic health record keeping to exercise restraint in publishing endlessly more complex meaningful use and coding requirements. That said, EHR is clearly here to stay, and it is the job and duty of the Board to enforce the new standard. To this end, we offer the Statement of Philosophy on electronic health records keeping. +

An October 2015 article in the *New England Journal of Medicine* also addresses this complex topic. The Perspective article, "Transitional Chaos or Enduring Harm?" is available at www.nejm.org/doi/full/10.1056/NEJMp1509961.

Statement of Philosophy: *Electronic Health Records*

The passage of the federal Health Insurance Portability and Accountability Act (HIPAA) in 1996 spurred further federal regulation¹ mandating electronic medical record keeping in an effort to standardize insurance claims, make medical records more portable, and eliminate medical errors. Electronic health records (EHR) were expected to facilitate the availability of test and diagnostic information, reduce space requirements and transcription costs, and ideally increase the number of patients served each day. Charged with protecting the health, safety and wellbeing of Oregon citizens, the Oregon Medical Board shares in these goals.



To the extent that EHR and “meaningful use”² has become the standard of care, it is the responsibility of the Medical Board to ensure that the standard of care is met and to assist licensees wherever possible. The Board recognizes that licensees will need to hone computer skills, become proficient in billing and coding, and in some cases utilize voice recognition software in order to generate EHR. As with other areas in the evolving field of health care, it will be incumbent on providers to build these skill sets

and adapt to the new standard.

EHR has the potential to improve health care quality and patient satisfaction. However, the Board also understands that the documentation can seem limitless, and the patient care provider, the most expensive and time stressed link in health care, may become subject to the role of data entry.

In order to not interfere with the establishment of therapeutic and compassionate communication between provider and patient, it is imperative that software developers, health care organizations, and providers work to optimize EHR as a tool for providing efficient, patient-centered care while minimizing interference in traditional provider-patient interaction.

As electronic health records progress, the Oregon Medical Board is mindful of the need to balance the goals of health care efficiency, safety, and portability with those of an informative and readable record that can be created without undue complexity or burden on the increasingly stressed healthcare professionals. +

~ Adopted August 6, 2015

¹The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009.

²www.healthit.gov/providers-professionals/meaningful-use-definition-objectives (accessed July 23, 2015).

We welcome your questions or comments.

For more EHR information and resources, visit
www.oregon.gov/OMB/Topics-of-Interest/Pages/Electronic-Health-Records.aspx.

All of the Board’s Statements of Philosophy are available at www.oregon.gov/OMB/board/philosophy/Pages/Statements-of-Philosophy.aspx.

Statement of Philosophy: *Responsibilities of Medical Directors of Medical Spas*

The Oregon Medical Board is charged with protecting the health, safety and wellbeing of Oregonians through the regulation of the practice of medicine. As the practice of medicine in medical spas expands, it is incumbent upon licensees providing services in these settings to be aware of their responsibilities. In particular, a licensee who serves as a medical director of a medical spa or similar facility must clearly understand the duties and responsibilities of the role.



Medical directors must view medical spa patients as *their patients*, not just clients of the facility. Medical spa patients must be treated the same as a patient in any other medical facility. This includes performing an evaluation to establish the appropriate diagnosis and treatment, obtaining informed consent prior to treatment, and maintaining proper documentation and patient confidentiality.

Before personally performing or delegating any procedure to medical spa personnel, the medical director must consider the type of procedure and its risks. In addition,

the medical director must ensure that the staff member has the appropriate education and training to perform the procedure. Proper delegation also includes effective supervision through oversight, direction, evaluation and guidance. The medical director may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment.

Medical directors authorized to prescribe scheduled medications must be aware that only they can order, own, possess or have access to those medications within their medical spa.

The medical director is responsible for the medical procedures performed at the spa and will be held to the same standard of care as though the procedure were performed in a medical facility. Above all, patient safety is the top priority, and medical directors should act in the best interest and welfare of their patients at all times. +

~ Adopted October 9, 2015

Did You Know?



Locum Tenens licensees must inform the Board of the location and duration of each Oregon practice before beginning the locum tenens assignment (OAR 847-008-0020).

If you hold a license with Locum Tenens status, don't forget to notify the Board when you are arranging your Oregon practice plans. Use the form at www.oregon.gov/OMB/ombforms1/all-locum-tenens-form.pdf to meet this requirement.

Renewals are Underway!

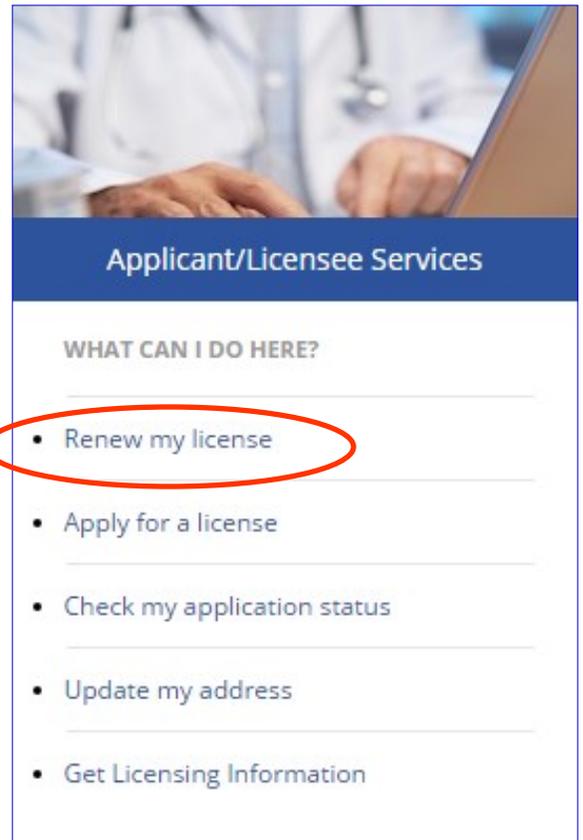
It's that time again! Grand Renewal is upon us, which means it is time for Oregon MD, DO, DPM, and PA licensees to renew their licenses for the 2016–2017 biennium. Grand Renewal is a very busy time at the Board. The number of Oregon licensees continues to grow yearly by approximately 6%. We anticipate 18,660 physicians and physician assistants to renew their licenses this fall.

Renewals are done online through Applicant/Licensee Services. Once you log in, select the option to “Renew My License.” It is important to review all information on your renewal and ensure it is complete and accurate. This is a great opportunity to be sure that your address, employment or hospital privilege locations, and other state licenses are up to date.

The Board will conduct a random audit of Continuing Medical Education (CME). You will not need your CME documentation to complete your renewal. However you should ensure that required CME is completed, and that you have documentation available in the event you are audited. If you participate in ongoing maintenance of certification with an accepted certifying board, OMB staff will verify certification directly through the certifying specialty board, and you will not be required to provide additional CME documentation.

Our licensing staff will be hard at work reviewing and approving these renewal applications while continuing to process initial license applications. However, we are never too busy to help. If you have any questions or difficulties while renewing your license, our Call Center staff will be happy to assist you at 971-673-2700.

For more information on renewal and CME audits, please visit our website at www.oregon.gov/omb/licensing/Pages/RenewLicense.aspx. +



Remember!

Dishonesty of any form on a license application or renewal is a violation of the Medical Practice Act. Therefore, the Board issues fines, or “civil penalties,” for omissions or false, misleading, or deceptive statements or information on an application for initial licensure or renewal.

Serious acts of dishonesty on an application are grounds for discipline. See the full text of Oregon Administrative Rule 847-008-0058 on our website, www.oregon.gov/omb/statutesrules/Pages/Statutes-Rules-Overview.aspx.

Board Actions

July 11, 2015 to October 9, 2015

Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.

Automatic Suspension Orders

*These actions are reportable to the national data banks.**

BERNIER, Peter D., DO; DO13908

On August 3, 2015, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license pursuant to ORS 677.225(2)(a).

Interim Stipulated Orders

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.**

BOOHER, Benjamin W., DO; DO22832

Hermiston, OR

On October 7, 2015, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice in 90 days and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

CRAIGG, Gerald B. R., MD; MD22708

Walla Walla, WA

On September 21, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease prescribing all schedule II, III, or IV controlled substances pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

LE, Christian T., MD; MD153577

Portland, OR

On October 13, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease signing Attending Physician Statements related to the Oregon Medical Marijuana

Program for patients under the age of 18, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

LEWIS, Sue A., MD; MD19554

West Linn, OR

On August 20, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease prescribing all scheduled controlled substances for chronic pain pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

THOMASHEFSKY, Allen J., MD; MD08126

Ashland, OR

On August 18, 2015, Licensee entered into an Amended Interim Stipulated Order to voluntarily cease performing injections other than immunizations, retrieving or processing blood and tissue from patients, and using scheduled medications parenterally prior to an office visit pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This Order replaces the Interim Stipulated Order of April 14, 2015.

WHITE, Kirstin N., PA; PA155877

Springfield, OR

On September 24, 2015, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at www.oregon.gov/OMB/board/Pages/Newsletters.aspx.

Disciplinary Actions

*These actions are reportable to the national data banks.**

AMES, Stephan Anthony, MD; MD16281 Springfield, OR

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee; fines Licensee \$2,500; requires Licensee to complete a boundaries course; prohibits Licensee from providing treatment outside the clinical setting; and prohibits Licensee from performing osteopathic manipulations.

BOGARD, Peter S., DO; DO18557 Grants Pass, OR

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; violation of the federal Controlled Substances Act; prescribing controlled substances without a legitimate medical purpose; and inadequate record keeping. This Order limits Licensee's prescribing for chronic pain; prohibits Licensee from prescribing buprenorphine, treating patients for addiction, and prescribing benzodiazepines or muscle relaxants in combination with opioids; limits Licensee's prescribing for acute pain; requires Licensee to complete a pre-approved documentation course; and subjects Licensee's practice to no-notice chart audits by the Board.

CHEN, Timothy T., DO; DO15794 Richland, WA

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading regarding skill

or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the Licensee or at the direction of the Licensee in the treatment of any disease or other condition of the human body or mind; and gross or repeated negligence in the practice of medicine. This Order reprimands Licensee; fines Licensee \$2,500; and requires Licensee to complete 24 hours of pre-approved continuing medical education courses in cultural competency, ethics, and lifestyle change and management for cardiovascular patients.

COOK, Robert D., MD; MD07347 Lake Oswego, OR

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order limits Licensee's practice to an office-based setting in which no surgery or arthroscopic procedures are performed and requires Licensee to complete a pre-approved documentation course.

FERRIN, William M., III, MD; MD17742 Astoria, OR

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating any provision of the Medical Practice Act or any rule adopted by the Board, Board Order, or Board request. This Order retires Licensee's medical license while under investigation.

FOUTZ, Steven R., MD; MD17523 Grants Pass, OR

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and prescribing controlled substances without a legitimate medical purpose, or prescribing without

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following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping. This Order reprimands Licensee; fines Licensee \$5,000; places Licensee on probation; prohibits treatment of chronic pain patients; limits Licensee's prescribing for acute or intermittent pain; prohibits Licensee from prescribing Methadone; prohibits Licensee from prescribing any Schedule II or III medication in combination with any benzodiazepine; and requires Licensee to complete a pre-approved prescribing course.

**HEITSCH, Richard C., MD; MD11610
Portland, OR**

On August 6, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee; fines Licensee \$10,000; prohibits Licensee from treating patients for heavy metal toxicity and from performing chelation therapy; and requires Licensee to complete a charting course.

**LEE, Patrick Y., MD; MD16880
Portland, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence in the practice of medicine. This Order reprimands Licensee; fines Licensee \$5,000; requires Licensee to have a board-certified surgeon assist in certain abdominal and pelvic surgeries; requires Licensee to continue care with his healthcare provider; requires Licensee to have a physician assistant or registered nurse first assistant serve as a surgical assistant for all open or laparoscopic abdominal and pelvic surgeries; prohibits Licensee from performing surgeries

involving pelvic mesh placement of any type; requires Licensee to complete a pre-approved patient communications course; and subjects Licensee's practice to no-notice chart audits by the Board.

**MCVEY, Douglas K., PA; PA00622
Ontario, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross negligence or repeated negligence in the practice of medicine; and willfully violating any provision of the Medical Practice Act, Board Order or regulation. This Order reprimands Licensee; fines Licensee \$5,000; requires Licensee to complete pre-approved ethics and boundaries courses; prohibits Licensee from providing medical services outside the clinic setting; and outlines the chart review requirements of Licensee's supervising physician.

**MURRAY, Scott M., MD; MD15084
Portland, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence in the practice of medicine. This Order fines Licensee \$3,500; places Licensee on probation; requires Licensee to undergo a CPEP assessment and complete any recommended education plan; requires Licensee to complete pre-approved documentation, prescribing, and boundaries courses; requires Licensee to convert to a pre-approved electronic medical record system; requires Licensee to obtain a practice monitor; requires Licensee to establish care with a pre-approved healthcare provider; and opens Licensee's medical charts to no-notice audits by the Board.

NAJERA, John M., MD; MD27297**Portland, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence in the practice of medicine. This Order retires Licensee's medical license while under investigation.

RODRIQUEZ, Alberto, PA; PA01439**Oregon City, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; and willfully violating a provision of the Medical Practice Act. This Order reprimands Licensee; fines Licensee \$4,000; requires a chaperone for all female patients over 18; prohibits Licensee from prescribing testosterone; prohibits Licensee from prescribing for family members; and requires Licensee to complete a pre-approved boundaries course.

SULLIVAN, Daniel E., MD; MD22092**Bend, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order surrenders Licensee's medical license while under investigation.

THOMPSON, Albert P., MD; MD13058**Tillamook, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence; and prescribing a controlled substance without following accepted procedures for examination or record keeping. This Order reprimands Licensee; fines Licensee \$5,000;

and requires Licensee to complete a pre-approved boundaries course.

TURNER, Lisa S., PA; PA01315**Bend, OR**

On October 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; willfully violating any provision of the Medical Practice Act or any rule adopted by the Board or failing to comply with a Board request; and refusing an invitation for an informal interview with the Board. This Order surrenders Licensee's physician assistant license while under investigation.

Prior Orders and Agreements Modified or Terminated

BALOG, Carl C., MD; MD19519**Portland, OR**

On October 8, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 10, 2013, Stipulated Order.

CALVERT, James F., Jr., MD; MD18000**Klamath Falls, OR**

On October 8, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 12, 2012, Stipulated Order.

GOERING, Edward K., DO; DO19450**Lebanon, OR**

On October 8, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's January 10, 2013, Stipulated Order.

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MEEKER, Stephen R., LAc; AC00127

Lake Grove, OR

On October 8, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's January 8, 2015, Stipulated Order.

Non-Disciplinary Board Actions

July 11, 2015 to October 9, 2015

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

AMES, Stephen Keith, MD; MD25332

Ontario, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on medical record keeping.

BAILEY, Douglas D., MD; MD14262

Crow, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on geriatric medicine.

BRISTOL, Thomas L., MD; MD09602

Salem, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved medical

documentation course and continuing medical education courses and meet with a pre-approved physician mentor for a minimum of six months.

CLOTHIER, Brian D., MD; MD28407

Salem, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved opioid prescribing course.

HANEY, Susan T., MD; MD23325

Roseburg, OR

On August 6, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to practice in settings pre-approved by the Board's Medical Director and obtain a healthcare provider pre-approved by the Board's Medical Director.

MATZ, Paul D., MD; MD12660

Medford, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to participate in and cooperate with a pre-approved educational program and facilitate communications regarding his participation and progress in the educational program between the program representatives and the Board.

PAGE, Travis L., DO; DO26755

Nyssa, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved prescribing course; open his practice to no-notice audits by the Board; and complete the CPEP education plan.

YEAKEY, Patrick C., MD; MD23238
Phoenix, OR

On October 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete the CPEP education plan and post-education evaluation.

Consent Agreements

*These actions are not disciplinary and are not reportable to the national data banks.**

FRIDINGER, William C., MD; MD08590
Klamath Falls, OR

On July 22, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved mentor for six months, to include chart review and reports to the Board by the mentor.

SAX, Barbara F., MD; MD170885
Portland, OR

On September 21, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved mentor for six months, to include chart review and reports to the Board by the mentor, and complete a 30 hour psychopharmacology course.

Current and past public Board Orders are available on the OMB website: www.oregon.gov/omb/board/Pages/Board-Actions.aspx. +

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB).*

Board Action Subscriber's List

Want to stay updated on the Oregon Medical Board's latest actions? Please join the Subscriber's List. You can sign up by going to www.oregon.gov/omb/board/Pages/Board-Actions.aspx and following the link to be e-mailed when a new report is posted.

Upcoming Board Vacancies

Medical Doctors (MD) and Physician Assistants (PA) interested in serving on the Oregon Medical Board for a three-year term, are encouraged to contact the Governor's Office to apply to become a Board member.

The Oregon Medical Board currently consists of 12 members appointed by the Governor. Seven of the members have the degree of Doctor of Medicine (MD), two have the degree of Doctor of Osteopathic Medicine (DO) and one has the degree of Doctor of Podiatric Medicine (DPM). Of the seven MDs, there is at least one member appointed from each federal congressional district. In addition to the 10 physician members, there are also two public members representing health care consumers.



During the 2015 legislative session, Senate Bill 905 was signed into law. This establishes a new Physician Assistant seat on the Board.

Each member is selected for a three year term with the opportunity to participate in a second term for a total of six years. All persons appointed must have been residents of this state for at least seven years. The physician members must have been in active practice for at least five years immediately preceding their appointment.

For more information, visit www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx. +

Licensee Wellness

Licensee health and wellness is a critical component in achieving the Oregon Medical Board's mission of protecting patients while promoting access to quality care. As stated in the American Medical Association's policy on Physician Health and Wellness, "When health or wellness is compromised, so may the safety and effectiveness of the medical care provided."

The Board supports a proactive, broad approach to wellness and is part of the Physician/Physician Assistant Support and Professionalism Coalition to better understand the available resources and the areas of greatest need. The programs provided below are available to address this need. +

Wellness Programs

[Medical Society of Metropolitan Portland Wellness Program](http://www.msmp.org/Physician-Wellness-Program)

www.msmp.org/Physician-Wellness-Program

[Lane County Medical Society Physician Wellness Program](http://www.lcmedsociety.com/physician_wellness)

www.lcmedsociety.com/physician_wellness

[Oregon Health and Science University Wellness Program](http://www.ohsu.edu/xd/education/schools/school-of-medicine/faculty/faculty-affairs/wellness.cfm)

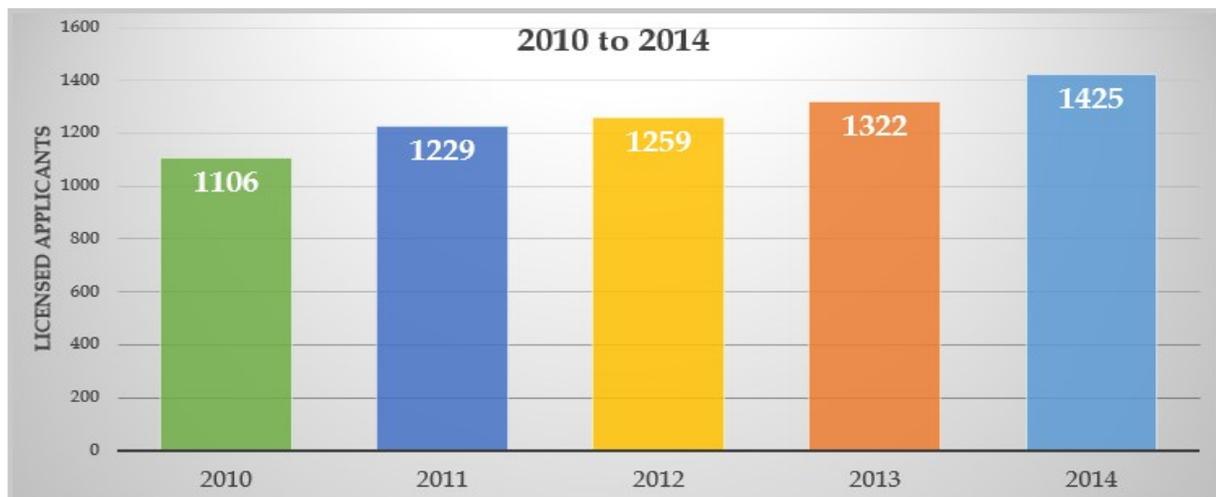
www.ohsu.edu/xd/education/schools/school-of-medicine/faculty/faculty-affairs/wellness.cfm

[Hazelden Treatment Program for Health Care Professionals \(Newberg, Oregon\)](http://www.hazeldenbettyford.org/treatment/addiction-treatment-specialties/health-care-professionals)

www.hazeldenbettyford.org/treatment/addiction-treatment-specialties/health-care-professionals

Oregon Medical Board Licensees Continue to Increase

From January 1, 2010 to December 31, 2014, the number of healthcare professionals granted initial licensure by the Oregon Medical Board has increased by 28.84%. The Board expects the number to increase steadily over the next five years or more. +



Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. Official notice of rulemaking is provided in the Secretary of State *Bulletin*. The full text of the OARs under review and the procedure for submitting comments can be found at: www.oregon.gov/omb/pages/proposedrules.aspx.

Proposed Rules

First Review

All Licensees

OAR 847-001-0015: Delegation of Authority and Issuance of Final Order

The proposed rule amendment provides an exemption to the Attorney General's Model Rule 137-003-0655(7) because the Board has determined that, due to the nature of the cases, 90 days is an insufficient time in which to issue an amended proposed or final order.

OAR 847-005-0005: Fees

The proposed rule amendment removes the reference to the Physician Assistant Surcharge assessed for the 2014-2015 licensing period

because it is no longer needed and corrects the citation to the statutory authority for assessing a criminal records check fee.

OAR 847-008-0020; 847-008-0022; 847-008-0023; 847-008-0025; 847-008-0030; 847-008-0035; 847-008-0037; 847-008-0050; 847-008-0055; 847-008-0056; 847-050-0043; and 847-070-0045: Reactivations

The proposed rule amendments streamline the reactivation process so that OMB staff will collect much of the documentation previously required of the applicant. In addition, the amendments clarify which license statuses are required to reactivate and provides one comprehensive rule on the reactivation process. Finally, the rule amendments remove references to paper forms and affidavits in anticipation of moving the reactivation application to an online process. The amendments also contain minor grammar and housekeeping changes.

OAR 847-010-0073: Reporting Requirements

The proposed rule amendment revises the definition of "sexual misconduct" to include electronic forms of communication such as text message and e-mail under the "sexual impropriety heading." The proposed amendment also clarifies that the use of alcohol, drugs, or other substances, should not be used while a licensee is working in any capacity or used while off duty if it may cause impairment while on duty. The proposed rule amendment also removes section (8), which allows a civil penalty to be issued through an administrative process to licensees who fail to report as required by statute and this rule.

Medical and Osteopathic Physicians (MD/DO)

OAR 847-020-0135: Licensure for Distinguished Professors

The proposed new rule creates a new Distinguished Professor license that may be

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issued to a physician who has not passed the United States Medical Licensing Exam or the equivalent but is recognized as a highly distinguished physician who is licensed in another state or country, has received a full-time professor appointment at a school of medicine in this state, and meets a set of criteria that demonstrates experience and achievement in his or her field of medicine.

OAR 847-023-0005: Qualifications for Volunteer Emeritus Licensure

The proposed rule amendments clarify that applicants for a Volunteer Emeritus license must be able to demonstrate competency to qualify for licensure.

Physician Assistants (PA)

OAR 847-050-0010; 847-050-0027; 847-050-0036; 847-050-0037; 847-050-0040: Supervising Physician Organizations

The proposed new OAR 847-050-0036 is a collective rule for all requirements for establishing and maintaining a supervising physician organization. The proposed rule amendments also (1) remove substantive provisions regarding agents, supervising physician organizations and supervision from the definitions rule; (2) add a definition for primary supervising physician; (3) clarify that communication between a supervising physician and physician assistant must be synchronous; (4) require each supervising physician who is a member of a supervising physician organization to be approved by the Board as a supervising physician; (5) clarify that the rules on supervision apply equally to supervising physician organizations, not just individual supervising physician-physician assistant teams; (6) outline statutory requirements for appropriate delegation of medical services to a physician assistant; and

(7) provide the statutory language that requires the supervising physician or supervising physician organization to ensure competent practice of the physician assistant. The rule amendments also contain general grammar and housekeeping updates.

Temporary & Proposed Rule

First Review, Temporarily Adopted

Physician Assistants (PA)

OAR 847-050-0025; 847-050-0063; 847-050-0065: Physician Assistant Committee

The proposed rule amendment, which has been temporarily adopted and will be effective January 1, 2016, repeals and abolishes the Physician Assistant Committee pursuant to Senate Bill 905.

Adopted Rules

Final Review

All Licensees

OAR 847-008-0058: Fraud or Misrepresentation

The rule amendment clarifies that the Board will not grant or renew a license until an applicant or licensee has paid the civil penalty fine or is proceeding to a contested case hearing under ORS 183.745 when a civil penalty has been issued for omissions or false, misleading or deceptive statements or information on a Board application or registration.

Medical and Osteopathic Physicians (MD/DO)

OAR 847-026-0000: Qualifications for License by Endorsement

The rule amendment clarifies that to qualify for License by Endorsement ("Expedited Endorsement"), the preceding year of practice must be under a full, active, unlimited license. Therefore, if an applicant has been in an accredited clinical fellowship but under a Limited License, he or she will not qualify for

License by Endorsement.

Emergency Medical Services Providers (EMS)

847-035-0030: Scope of Practice

The rule amendment clarifies that EMTs may prepare and administer albuterol treatments and are not limited to only nebulized albuterol; clarifies that Advanced EMTs may continue to administer naloxone by any method of delivery, which is distinct from the ability of Emergency Medical Responders to administer naloxone only via intranasal device or auto-injector for suspected opioid overdose; and alphabetizes the medications or categories of medications that an Advanced EMT may prepare and administer under specific written protocols or direct orders.

For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB, or call 971-673-2700. +

Did You Know?



Members of the public are invited to provide comment on proposed administrative rules.

Public comments are accepted for **21** days after the notice is published in the Secretary of State *Bulletin*.

To access recent editions of the *Bulletin*, visit the Secretary of State website at <http://arcweb.sos.state.or.us/pages/rules/bulletin/past.html>.

Public Hearing on Acupuncture Needles

In the summer *OMB Report*, the Oregon Medical Board announced a newly proposed rule requiring Oregon-licensed acupuncturists to follow clean needle technique standards and use only disposable, single use acupuncture needles. Following that notice, some acupuncturists expressed interest in the proposed rule. To allow more discussion, the Board has scheduled a public hearing on Friday, December 4, 2015, at 11:00 a.m.



The Board will accept oral testimony on the proposed rule at that time. Alternatively, you may submit written comment by 12 noon on December 4, 2015, by sending an e-mail to Nicole.Krishnaswami@state.or.us or by mail to: Rules Coordinator, 1500 SW 1st Avenue, Suite 620, Portland, OR 97201.

Proposed Rule

OAR 847-070-0021 Acupuncture Needles

- (1) A licensed acupuncturist must follow clean needle technique standards.
- (2) Needles inserted to stimulate specific points on the surface of the body must be disposable, single use, filiform acupuncture needles. +

For more information, visit the Board website at www.oregon.gov/omb/statutesrules/Pages/RulesProposedAndAdoptedByTheOMB.aspx.

OFFICE HOURS

The OMB Office is open to the public Monday - Friday, 8 am - 12 pm, and 1 pm - 5 pm

2015/16 Holidays

Thanksgiving

Thursday, November 26

Friday, November 27

Christmas

Friday, December 25

New Year's Day

Friday, January 1

Martin Luther King, Jr. Day

Monday, January 18

Presidents' Day

Monday, February 15

PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/board/Pages/Meeting-Notices.aspx and following the link to receive meeting notices.

CALENDAR OF MEETINGS

November 20, 9 a.m.

EMS Advisory Committee

December 3, 7:30 a.m.

Investigative Committee

December 4, 12 noon

Acupuncture Advisory Committee

December 9, 5 p.m.

Administrative Affairs Committee

December 10, 9:30 a.m.

Physician Assistant Committee

January 7-8, 8 a.m.

Board Meeting

February 4, 7:30 a.m.

Investigative Committee

February 19, 9 a.m.

EMS Advisory Committee

March 3, 7:30 a.m.

Investigative Committee