



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.

Cardiologist Joins the Board

The Board welcomes **Saurabh Gupta, MD**, as the newest physician member. Dr. Gupta is a board certified Interventional Cardiologist at St. Charles Medical Center in Bend where he heads the structural cardiology program. Dr. Gupta also holds an Associate Professor appointment at Oregon Health and Science University (OHSU).

Dr. Gupta serves on the national steering committee of CATH-PCI National Cardiovascular Database Registry of the American College of Cardiology. He also proctors and teaches trans-catheter valve procedures in the U.S. and internationally.

Dr. Gupta received his medical degree from Maulana Azad Medical College of the University of Delhi and completed his residency in Internal Medicine at St. Luke's-Roosevelt Hospital Center at Columbia

University in New York. He completed fellowships in cardiology and interventional cardiology at the University of Utah School of Medicine in Salt Lake City.

Upon relocating to Oregon, Dr. Gupta joined the faculty at OHSU where he served as section chief for interventional cardiology, director of the cardiac catheterization laboratories and program director for the Interventional Cardiology fellowship training program.



Saurabh Gupta, MD In his free time, Dr. Gupta enjoys traveling with his family, reading, and playing squash. He plans to expand his interest (and skills) in biking and fly-fishing in the upcoming years.

Dr. Gupta succeeds **Donald E. Girard, MD**, in his position on the Board. The Board thanks Dr. Girard for his many years of tireless service to Oregonians. His work on licensee wellness programs, educational outreach, and re-entry programs for licensees who wish to return to clinical practice will continue to impact Oregonians' access to quality medical care for many years to come. +

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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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Physician Assistants Providing Medication Assisted Treatment for Opioid Addiction

*Physician Assistants are now included among the
healthcare professionals who may provide Medication
Assisted Treatment (MAT) for opioid addiction.*

In 2016, federal regulations were expanded to include physician assistants and nurse practitioners among the providers who may prescribe buprenorphine (Suboxone) in an office-based setting. More information is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website at www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers.

Oregon-licensed physician assistants (PAs) who wish to prescribe buprenorphine to Oregon patients first must be granted a waiver by the DEA as described on the SAMHSA website. After the DEA grants a waiver, a PA may prescribe buprenorphine in Oregon under the same regulations as all other PA medical practices. Specifically, prescribing buprenorphine must be within the scope of practice and competency of the supervising physician as well as the PA. It must be documented in the practice agreement, and the supervising physician must provide regular and routine supervision, including chart review and on-site supervision each month.

The Oregon Medical Board has proposed a rule on this topic and is currently accepting comments from licensees and the public. Please see page 10 of this newsletter for more information on the proposed rule. +

CME REMINDER

Biennial licensure renewal is coming up this fall for physicians and physician assistants.

Are you on track to complete the required CME? Licensees should retain documentation of completed CME hours in a safe place so that they can be easily produced if audited. CME requirements may also be met by participation in maintenance of board certification. Information on continuing education requirements can be found on our Topics of Interest page at:

<http://omb.oregon.gov/topics>.

Joint Statement Regarding Oregon Opioid Prescribing Guidelines from the Oregon State Board of Nursing and the Oregon Medical Board

Healthcare providers face a difficult balancing act of practice, patient satisfaction and regulatory requirements. At the same time, there is a critical need to reduce opioid-related addiction, hospitalization and death in Oregon, and prescribers are in a position to positively impact these issues.

The Oregon State Board of Nursing (OSBN) and the Oregon Medical Board (OMB) have jointly endorsed the *Oregon Opioid Prescribing Guidelines: Recommendations for Safe Use of Opioid Medications*. Both organizations were actively involved in the formulation of the guidelines. These recommendations provide additional clarity to the Centers for Disease Control and Prevention (CDC) guidelines and address Oregon-specific issues.

The OSBN and OMB continue to be involved in the implementation of the guidelines, including providing information and resources to licensees. Both organizations are hopeful that adoption of the guidelines by providers will improve the safe treatment of pain in Oregon. +



The mission of the Oregon State Board of Nursing is to safeguard the public's health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.



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.

A Warning for Patients: Solar Eclipse Eye Health

A total solar eclipse is an exciting astronomical event, and Oregonians will be treated to a spectacular show when they view the August 21, 2017, eclipse safely. ***As the solar eclipse nears, it is essential that healthcare professionals remind patients of the importance of using proper eye protection to view the sun.***

According to the National Aeronautics and Space Administration (NASA), exposure of the retina to the intense visible light during a solar eclipse damages the retina's light-sensitive rod and cone cells. This can result in temporary or permanent vision loss. Repeated or sustained viewing without proper protection can also result in thermal injury, creating a small blind area. The injuries will occur without any feeling of pain, and the visual effects do not occur for several hours after the damage is done.

In counseling your patients leading up to the eclipse, remember to include this important information. More details are available at **www.nasa.gov/content/eye-safety-during-a-total-solar-eclipse**. +



¹Chou, B.R. "Eye Safety During Solar Eclipses," adapted from NASA RP 1383 Total Solar Eclipse of 1999 August 11, April 1997, p. 19 (available at <https://eclipse.gsfc.nasa.gov/SEhelp/safety2.html>).

Medical Marijuana: *Guidelines for Attending Physicians*

The following *Guidelines for Attending Physicians when Recommending the Medical Use of Marijuana* were created by a workgroup of physicians from multiple specialties and a patient advocate. James Lace, MD, Oregon Medical Board Member, provided pediatrics expertise.

These guidelines address issues such as the concurrent use of marijuana and opioids, the treatment of pediatric patients, and appropriate treatment and follow-up plans. The report neither encourages nor discourages acting as an attending physician for recommending the medical use of marijuana. The full *Guidelines* are provided here and at <http://omb.oregon.gov/medical-marijuana>.

The guidelines developed by this work group provide recommendations to physicians on the appropriate care of a patient diagnosed with one or more debilitating conditions for which the physician is recommending the medical use of marijuana. Nothing in these guidelines change or override a physician's obligation to comply with applicable state laws relating to medical marijuana or the practice of medicine. A recommendation by a physician for the medical use of marijuana constitutes the practice of medicine and the physician must establish a bona-fide physician-patient relationship prior to recommending the medical use of marijuana to a patient.

PATIENT EVALUATION

The physician should obtain and evaluate the patient's health history and perform a physical examination before recommending marijuana for a debilitating medical condition. The initial physical examination should be done in person; use of telemedicine is not approved.

a. The patient's health history should include:

- i. Current and past treatments (including use of marijuana) for the debilitating condition;
- ii. Comorbidities;
- iii. Any history of substance (including alcohol) misuse or abuse (including treatment for chemical dependence);
- iv. Review of the patient's medications including indication(s), date, type, dosage, and quantity prescribed, and the potential contra-indications; and
- v. Check of the Prescription Drug Monitoring Program (PDMP) database for the patient's receipt of controlled substances.

b. The health care provider should complete an initial physical examination appropriate to the patient's debilitating medical condition and medical history.

TREATMENT PLAN, INCLUDING INFORMED CONSENT

The physician should document a written treatment plan that includes:

- a. An assessment of any relative or absolute contraindications to medical marijuana;
- b. Review of other attempts to treat the debilitating medical condition that do not involve the medical use of marijuana;
- c. Advice about other options for treating the debilitating medical condition;
- d. Determination that the patient may benefit from treatment of the debilitating medical condition with medical use of marijuana;
- e. Determine patient's past experience with marijuana, and whether or not the patient deemed it beneficial.
- f. Advice about the potential risks of the medical use of marijuana to include:

- i. The variability of the concentration of cannabinoids (e.g. THC, CBD) in medical marijuana;
 - ii. Adverse effects;
 - iii. Use of marijuana during pregnancy or breast feeding; and
 - iv. The need to safeguard all usable marijuana and marijuana items from children and pets or domestic animals.
- g. Additional diagnostic evaluations or other planned treatments;
 - h. A specific duration for the medical marijuana authorization for a period no longer than 12 months; and
 - i. A specific ongoing treatment plan as medically appropriate.

ONGOING TREATMENT

The physician should conduct ongoing medical evaluation and treatment at least annually, and more frequently as medically appropriate to review the course of patient's treatment. It should include:

- a. Any change in the overall medical condition;
- b. Any change in physical and psychosocial function; and
- c. Any new information about the patient's terminal or debilitating medical condition.
- d. The evaluation also should assess the patient's response to the therapy, including maintenance or improvement in their condition and documentation of adverse events, focusing on maintaining or improving the patient's functional status.

MAINTENANCE OF HEALTH RECORDS

The physician should maintain the patient's health record. It should be accessible and readily available for review, and include:

- a. The evaluation, including history and physical, diagnosis, treatment plan, material risk notification¹⁷, and therapeutic objectives (as

outlined in sections 1-3 above);

- b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in ORS 475B.410(6);
 - c. Results of ongoing treatment; and
 - d. The physician's instructions to the patient.
- e. Section 1, Section 2, and Section 3 should be documented in the patient's record.

SPECIAL CONSIDERATIONS FOR PEDIATRIC PATIENTS; OBTAINING CONSENT WHEN TREATING MINOR PATIENTS OR PATIENTS WITHOUT DECISION MAKING CAPACITY

In addition to the above recommendations, physicians should be aware of additional considerations related to recommending marijuana for pediatric patients. If the patient is under the age of 18 years or the patient is without decision-making capacity, the physician should:

- a. Ensure that the patient's parent, guardian, or health care surrogate participates in the treatment and agrees to the medical use of marijuana;
- b. Consult with other health care providers involved in the patient's treatment, especially the patient's primary care provider, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana;
- c. Discuss with the parent or patient surrogate the risks and possible effects of cannabinoids, specifically THC, on the minor patient's developing brain; and
- d. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the patient or patient surrogate continues to participate in the treatment.

CONTINUING EDUCATION

A physician who recommends the medical use of marijuana should complete a minimum of three hours of category 1 continuing medical education related to medical marijuana. Ideally, this should

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be before the physician begins making recommendations for the medical use of marijuana to patients. Such a program should explain the proper use of marijuana, including the endo-cannabinoid system, pharmacology and effects of marijuana (e.g., distinction between cannabidiol [CBD] and tetrahydrocannabinol [THC]; methods of administration; and potential side effects or risks). Physicians who recommend marijuana should closely follow the emerging evidence on the use of marijuana for therapeutic purposes and adopt consistent best practices. Physicians recommending marijuana for minors also should be keenly aware and up-to-date on the peer-reviewed literature regarding the effects of THC on children and young adults' developing brains.

FINANCIAL PROHIBITIONS

A physician who recommends the medical use of marijuana shall not:

- a. Accept, solicit, or offer any form of pecuniary remuneration from or to a primary caregiver, distributor, or any other provider of medical marijuana;
- b. Offer a discount or any other thing of value to a patient who uses or agrees to use a particular primary caregiver, distributor, or other provider of medical marijuana to procure medical marijuana;
- c. Examine a patient for purposes of diagnosing a debilitating medical condition at a location where medical marijuana is sold or distributed;
- d. Hold an economic interest in an enterprise that provides or distributes medical marijuana.

RECOMMENDING MARIJUANA AND THE CONCURRENT USE OF OPIOIDS

Current data are limited on the interactions between opioids and marijuana. As with all pain treatment, clinicians should focus on improving their patient's quality of life and ability to

function, and on ensuring patient safety, when they consider marijuana use by patients who are also using opioids. Clinicians should assess for contraindications and precautions to the concurrent use of marijuana and opioids.

For additional information on opioid prescribing including prescribing opioids in patients who use marijuana, see *Oregon's Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications*, at <http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Documents/taskforce/oregonopioid-prescribing-guidelines.pdf>.

MECHANISM OF DELIVERY AND DOSING

Aside from certain FDA-approved synthetic forms of cannabinoids, there is a lack of clinical evidence on the effective method of delivery and dose response of the medical use of marijuana. The work group recommends that physicians focus on maintaining or improving a patient's ability to function when considering method of delivery, product type and amount of marijuana consumed. Because of harms associated with inhaling any kind of smoke, the work group strongly opposes of patients smoking marijuana. Physicians should advise patients to consume the lowest possible amount of marijuana to achieve discussed treatment goals. Physicians and patients also should be aware of legal limitations in the amount of THC that is allowed in certain medical marijuana items sold at retail.¹⁸ There is no limit in the amount of cannabidiol (CBD) that a medical marijuana product may contain; however, the work group advises physicians to be aware of the type of product and amount of cannabinoids the patient is consuming to achieve the desired treatment goals. +

The Board thanks Dr. Lace for his invaluable contributions to the development of these guidelines.

BOARD ACTIONS

January 7, 2017 to April 7, 2017

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.**

GIRARD, Ryan J., LAc; AC152617

Brookings, OR

On January 30, 2017, the Board issued an Order of License Suspension to immediately suspend his license for failure to pay child support.

Automatic suspension is required by ORS 25.750.

INTERIM STIPULATED ORDERS

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

BLITMAN, Maury N., MD; MD169632

Corvallis, OR

On February 13, 2017, Licensee entered into an Interim Stipulated Order in which he agreed to conduct breast and pelvic exams in the presence of a medically trained chaperone pending the completion of the Board's investigation.

MATHIESON, Jessica M., DO; DO175562

Bend, OR

On January 24, 2017, 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.

MCMAHON, Douglas B., DO; DO19768

White City, OR

On February 7, 2017, Licensee entered into an Interim Stipulated Order to voluntarily cease initiating chronic pain treatment; maintain or taper current patients to 90 MED or less or transfer care of the patient; eliminate concurrent carisoprodol prescriptions; and maintain or taper

concurrent benzodiazepines pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

MYERS, Larry R., MD; MD21360

Springfield, OR

On February 13, 2017, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all clinical encounters with female patients in the presence of a medically trained chaperone pending the completion of the Board's investigation.

RODRIGUEZ, Christopher L., PA; PA174518

Medford, OR

On February 10, 2017, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

SIMMONS, Carolyn E., MD; MD170122

Myrtle Creek, OR

On February 27, 2017, 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.

ZIELINSKI, Leann A., DO, DO157231

Tigard, OR

On February 16, 2017, 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.

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OMB RESOURCES

All phone inquiries: 971-673-2700

Fax: 971-673-2670

Website: www.oregon.gov/OMB

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DISCIPLINARY ACTIONS

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

ADAMS, Justin R., MD; MD156479

Medford, OR

On April 6, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willfully violating any Board rule; and failing to report prohibited or unprofessional conduct. This Order reprimands Licensee; assesses a \$4,000 civil penalty; places Licensee on probation for five years; prohibits Licensee from performing prolotherapy; requires Licensee to follow nationally published guidelines when treating for thyroid replacement or hypogonadism; requires Licensee to complete pre-approved courses on medical documentation and professionalism; requires practice site approval from the Board's Medical Director; subjects Licensee's practice to no-notice office visits by the Board; and prohibits Licensee from prescribing to friends and family.

FLEMMING, Jeffrey E., MD; MD13910

Portland, OR

On April 6, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation.

TAYLOR, Mark A., MD; MD24416

Corvallis, OR

On April 6, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation.

TIPPETTS, Rebekha K., MD; MD23199

Lake Oswego, OR

On April 6, 2017, Licensee entered into a

Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders her Oregon medical license while under investigation.

WALKER, Kent R., DO; DO20295

Pendleton, OR

On April 6, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willful violation of any rule adopted by the Board; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; places Licensee on probation; assesses a \$5,000 civil penalty; places restrictions on Licensee's prescribing; requires Licensee to comply with the Oregon Administrative Rules regarding treatment for weight reduction and the maintenance of a log for dispensed or administered controlled substances; and subjects Licensee's medical practice and charts to random audits.

PRIOR ORDERS AND AGREEMENTS MODIFIED OR TERMINATED

CROSS, Lorne, M, MD; MD27400

Gresham, OR

On April 6, 2017, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 9, 2014, Order Modifying Stipulated Order.

GIRARD, Ryan J., LAc; AC152617

Brookings, Oregon

On March 15, 2017, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's January 30, 2017, Order of License Suspension.

ROTH, Debra E., PA; PA130024

Eugene, OR

On April 6, 2017, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's October 28, 2016, Interim Stipulated Order.

STAPLETON, Joseph P, MD; MD13551

Portland, OR

On April 6, 2017, the Board issued an Order Terminating Board Order. This Order terminates Licensee's January 8, 2015, Stipulated Order.

NON-DISCIPLINARY BOARD ACTIONS

January 7, 2017 to April 7, 2017

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.*

HARP, Kristina E., MD; MD18780

Lake Oswego, OR

On April 6, 2017, Licensee entered into a Corrective Action Agreement with the Board. In this agreement, Licensee agreed to complete pre-approved courses in prescribing for chronic pain and medical documentation; and pre-approved CME related to prescribing.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

BRYNELSON, Barbara J., MD; MD176123

Portland, OR

On March 7, 2017, Applicant entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant

agreed to practice under the supervision of a pre-approved mentor for 90 days, to include chart review, and reports to the Board from the mentor.

OCHS, Chelsea R., LAC; PG182086

Newberg, OR

On February 1, 2017, Applicant entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 40-hour mentorship with a Board-approved clinical supervisor; obtain re-certification from the NCCAOM; and complete 45 hours of continuing education units.

PATMAS, Michael A., MD; MD22397

Liberty Lake, WA

On February 2, 2017, Licensee entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to complete a pre-approved, in-person primary care course.

Current and past public Board Orders are available on the OMB website: <http://omb.oregon.gov/boardactions>. +

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

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>.

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: <http://omb.oregon.gov/rules>.

PROPOSED RULES

First Review

Physician Assistants (PA)

OAR 847-050-0041: Prescribing and Dispensing Privileges

The proposed rule amendment allows physician assistants to prescribe and dispense buprenorphine for medication-assisted opioid dependency treatment if the PA is authorized to prescribe Schedule III-V medication, holds a DEA buprenorphine waiver, is authorized to dispense, has a supervising physician who prescribes and dispenses buprenorphine, and has been delegated this medical service in the practice agreement on file with the Board.

Emergency Medical Services (EMS)

OAR 847-035-0030: Scope of Practice

The proposed rule amendment (1) adds

“hemorrhage control” to the Emergency Medical Responder (EMR) scope of practice, which will allow use of multiple modalities such as tourniquets and bandages; (2) adds “emergency moves for endangered patients” to the EMR scope of practice; (3) allows intraosseous infusions to be performed by Advanced Emergency Medical Technicians (AEMTs) for all patients, not just pediatric patients; and (4) moves intraosseous infusion of lidocaine for anesthetic from the EMT-Intermediate scope of practice to the AEMT scope of practice.

Board Administration

OAR 847-003-0100: Declared Emergency – Delegation of Authority

The proposed rule amendment clarifies that the Board Chair may exercise authority vested in the Board in the event of a declared emergency.

ADOPTED RULES

Final Review

Medical and Osteopathic Physicians (MD/DO)

OAR 847-010-0066: Visiting Physician Approval

The rule amendment allows physicians acting as expert witnesses to apply for visiting physician approval (sometimes called “courtesy privileges”). A physician is not practicing medicine if the physician only reviews records and provides an expert opinion; however, if the physician will perform a physical or mental examination in their role as an expert, this is the practice of medicine and requires Board approval. The rule amendment clarifies the limitations of practicing medicine under this Visiting Physician Approval.

For more information on OARs and the full text of the rules above, visit the Oregon Medical Board website at <http://omb.oregon.gov/rules> or call 971-673-2700. ➤

Medical Regulation Across the Pond

OMB Executive Director Kathleen Haley is known nationally and internationally for her leadership among medical regulatory boards. It's no surprise, then, that she found her way to the General Medical Council (GMC) of the Republic of Ireland during a recent trip to the Emerald Isle.

The GMC's Chief Executive Officer Bill Prasifka hosted Ms. Haley for a tour of their office and

discussion of the shared mission of patient safety. The GMC was founded in 1858 and licenses a similar number of physicians to Oregon and functions in the same way. The 25-member Council is composed of 12 medical providers and 13 public members. With 75 staff members and three in-house attorneys, the GMC receives approximately 400 complaints each year and issues discipline in about 10% of the cases.

Both the GME and the OMB are also committed to improving licensee wellness. Ireland's physician attrition is estimated at 5% each year. Supporting wellness programs will improve physician retention and ultimately the quality of patient care.



*Bill Prasifka, Chief Executive Officer
GMC of the Republic of Ireland*

Ms. Haley's visit to the GMC follows other medical board visits in past years, including North Carolina, Nevada, and Abu Dhabi. She has also welcomed visitors from medical boards who come to learn from the OMB. +

2017 Governor's State Employees Food Drive *The Largest Food Drive Benefiting the Oregon Food Bank Network*

The OMB staff is proud to announce that we raised 16,187 pounds of food – an average of 450 pounds of food per employee – for the 2017 Governor's State Employee Food Drive. The staff's efforts have provided 12,140 meals to Oregonians in need through the Oregon Food Bank. The OMB was the second biggest food drive donor among Oregon's small state agencies.

Food drive activities were led by the Licensing Call Center staff. Megan Watson, Stella McGinty, and Susan Hall held a bake sale, organized jeans day Fridays and collected cash and food contributions. The OMB celebrates this work and extends a special thanks to HOTLIPS Pizza, which generously donated a pizza luncheon that helped raise significant funds. +



The Oregon Food Bank Network helps **1 in 5 households** in Oregon and Clark County, Washington. On average, **270,000** people receive food assistance through the Oregon Food Bank Network. One third, or about 92,000, are children.

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

*Changes in practice address or other
contact information must be reported to
the Board within 30 days of the change.*

UPCOMING MEETINGS

May 19, 9 a.m.

EMS Advisory Committee

June 1, 7:30 a.m.

Investigative Committee

June 2, 12 noon

Acupuncture Advisory Committee

June 7, 5:30 p.m.

Administrative Affairs Committee

July 13-14, 8 a.m.

Board Meeting

OFFICE CLOSURES

Memorial Day

Monday, May 29

Independence Day

Tuesday, July 4

Applicant/Licensee Services (*new applications and
renewals, address updates, practice agreements and
supervising physician applications*):

<http://omb.oregon.gov/login>

Licensing Call Center:

9 am to 12 pm and 1 pm to 3 pm

Phone: 971-673-2700

E-mail: omb.appdocuments@state.or.us

Sign Up to Receive E-mail Notices:

Administrative Rules:

<http://omb.oregon.gov/subscribe-rules>

Board Action Reports:

<http://omb.oregon.gov/subscribe-actions>

EMS Interested Parties:

<http://omb.oregon.gov/subscribe-ems>

OMB Report (*quarterly newsletter*):

<http://omb.oregon.gov/subscribe-newsletter>

Public Meeting Notice:

<http://omb.oregon.gov/subscribe-meetings>

Quarterly Malpractice Report:

<http://omb.oregon.gov/subscribe-malpractice>