



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.

Board Welcomes New Members

The Oregon Medical Board welcomes two new members and thanks Clifford Mah, DPM, for a successful term as the Board's podiatric member. Board members James K. Lace, MD, and Lisa M. Lipe, DPM, were sworn in at the April Board meeting.

Dr. Jim Lace is a board certified pediatrician in group practice at Childhood Health Associates of Salem, which he founded in 1977. Dr. Lace graduated from the University of Cincinnati Medical School. He completed a two-year pediatric residency at Cincinnati Children's

Hospital and a one-year residency at Oregon Health & Science University (OHSU) Department of Pediatrics.

Dr. Lace has an interest in medicine in developing countries and disaster relief medicine. He established the Yatima Group Fund as a non-profit organization here in the US. He works with three non-governmental organizations in Tanzania helping children who have been affected by the HIV epidemic in East Africa. In addition, he does volunteer work in Peru in the Sacred Valley, and he has done disaster relief work in Sri Lanka, Haiti and Chuuk.

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James K. Lace, MD



Lisa M. Lipe, DPM

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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Welcoming New Board Members

(Continued from front page)

An active participant in Oregon politics, Dr. Lace has helped pass many pieces of legislation that directly affect the citizens of Oregon and the medical profession. Dr. Lace was honored as the Oregon Medical Association's Doctor-Citizen of the Year in 2006.

In 2010, he was awarded the President's Achievement Award by the Marion-Polk County Medical Society for his multiple international humanitarian missions, his many years representing medicine at the state and federal government levels, and his lifetime commitment to the art and science of medicine.

Dr. Lisa Lipe is a podiatric physician in private practice at Chehalem Valley Foot Clinic located in Newberg. Dr. Lipe earned her Doctor of Podiatric Medicine degree at the California College of Podiatric Medicine in 1986. She completed a podiatric surgical residency at the Medical Center Hospital in Portland, Oregon.

Dr. Lipe is a Diplomat of the American Board of Podiatric Surgeons and a Fellow of the American College of Foot and Ankle Surgeons. She is a current member of the Oregon Podiatric Medical Association where she has served as Vice President from 1990 to 1993 and Secretary from 1993 to 1998.

Dr. Lipe previously served as a council member on the Board's now non-operational Podiatry Advisory Council from 1993 to 2002. Dr. Lipe served as Chair of the council from 1997 to 2002.

Dr. Lipe has been a member of the Newberg Noon Rotary Club for over 26 years and a member of the Newberg Noon Rotary Foundation for three years. In her spare time, Dr. Lipe enjoys gardening, traveling, and watching Oregon Ducks football games.

Board members are appointed by the Governor and confirmed by the State Senate. Each Board member serves a three-year term, with the opportunity to participate in a second term, for a total of six years. Individuals interested in becoming a member of the Board may view additional information about the appointment process at www.oregon.gov/gov/admin/pages/boards-and-commissions.aspx. +

Biennial License Renewals Approaching

Nearly all Oregon physicians and physician assistants will renew their licenses between October and December. As a result, Board staff will process approximately 18,000 license renewals in a three-month period while continuing to process new applications to practice in Oregon. Here are a few things to keep in mind to make sure your renewal experience is quick and easy.

Licensees can expect an e-mail and a postcard reminder. Beginning **October 7**, licensees can complete the online renewal by visiting **www.oregon.gov/OMB**. If not renewed, licenses lapse on January 1, 2016. There is no “grace period” after the three-month renewal closes.

Licensees who need assistance with the renewal may visit the Board during standard business hours to complete the renewal process on a designated Board computer. Staff will be available to provide support as needed.

Licensees are responsible for completing their own renewal application. Any information incorrectly supplied will be considered to have been supplied by the licensee.

Continuing Education Audits

In January 2016, the Board will audit Continuing Medical Education (CME) obtained by physicians and physician assistants in the 2014-2015 licensing period.

The CME requirement is intended to foster each licensee’s continuous quality improvement and lifelong learning. Therefore, in addition to meeting the minimum number of hours required by law, the Board looks for the relevance and quality of education in assessing whether a licensee has adequately completed his or her CME.

CME hours must be **relevant** to the licensee’s current medical practice. However, CME hours do not need to be narrowly limited to the licensee’s specialty. For example, CME in cultural competency or required pain management hours may be applied toward CME requirements. (See Oregon Administrative Rule 847-008-0070)

Quality is also important. CME is an opportunity to improve one’s practice and expand knowledge. Licensees are advised against accumulating hours through online courses that do not require considerate attention, learning, and self-evaluation.

Keep all CME course certificates and documentation organized, and be prepared to produce them readily in the event of an audit. Documentation must show the course title and date, the number of hours earned, and the accrediting or sponsoring entity.

Recertification or “maintenance of certification” (MOC) with a specialty board automatically fulfills the Oregon CME requirements. However, lifetime certification without MOC does not satisfy these requirements. Staff will independently verify certification status with the certifying board and mark the audit “complete.” The licensee will not need to take any action.

Board staff will notify audited licensees in January 2016 by e-mail and letter. Licensees must respond to the request within 60 days with appropriate CME documentation.

For additional information on CME requirements, including acceptable CME accreditors, number of hours required, possible exemptions and penalties for failure to comply, please visit **www.oregon.gov/OMB/Topics-of-Interest/pages/Continuing-Education.aspx**. +

Telemedicine in Oregon

The Board champions advancements in medicine and increased access to care, but it also remains devoted to its mission of patient safety. As a result, the Board ensures that appropriate regulations are in place to promote the safe practice of telemedicine in Oregon.

The Board has been a consistent leader in its forward-thinking regulations for telehealth. Telemedicine licenses (or a “license to practice medicine across state lines”) began with legislation in 1999. The Board then moved swiftly to institute a new category of licensure for physicians practicing telemedicine. To qualify, physicians must have a practice address outside of Oregon but wish to diagnose or treat Oregon patients through electronic means.

Telemedicine physicians are responsible for establishing a physician-patient relationship and using objective criteria to diagnose and treat patients. Although this is not considered a limited license, telemedicine licensees may not dispense medications, prescribe medications based solely on an internet consultation, or prescribe controlled substances for intractable pain. These licensees also may not supervise physician assistants or emergency medical services providers in Oregon.



The Board began issuing practice-specific teleradiology and telemonitoring licenses in 2004 and 2006, respectively. These licenses do not require a direct physician-patient relationship. Instead, medical opinions are communicated to another Oregon-licensed physician.

To further clarify the responsibilities of all physicians providing telemedicine services, a Statement of Philosophy (below) specifies that these services must meet the standard of care.

In June, Senate Bill 144 became law. Effective January 1, 2016, health insurance companies must pay for any two-way video medical and mental health visits for Oregon patients if the service would be covered when provided in person. To be eligible for coverage, the visit must be medically necessary and meet generally accepted health care standards and privacy and security laws. Coverage is subject to the terms and conditions of the benefit plan and reimbursement specified in the contract between the plan and the provider. Previously, video consultations were only required to be reimbursed when the patient was in a clinic or hospital video conference facility.

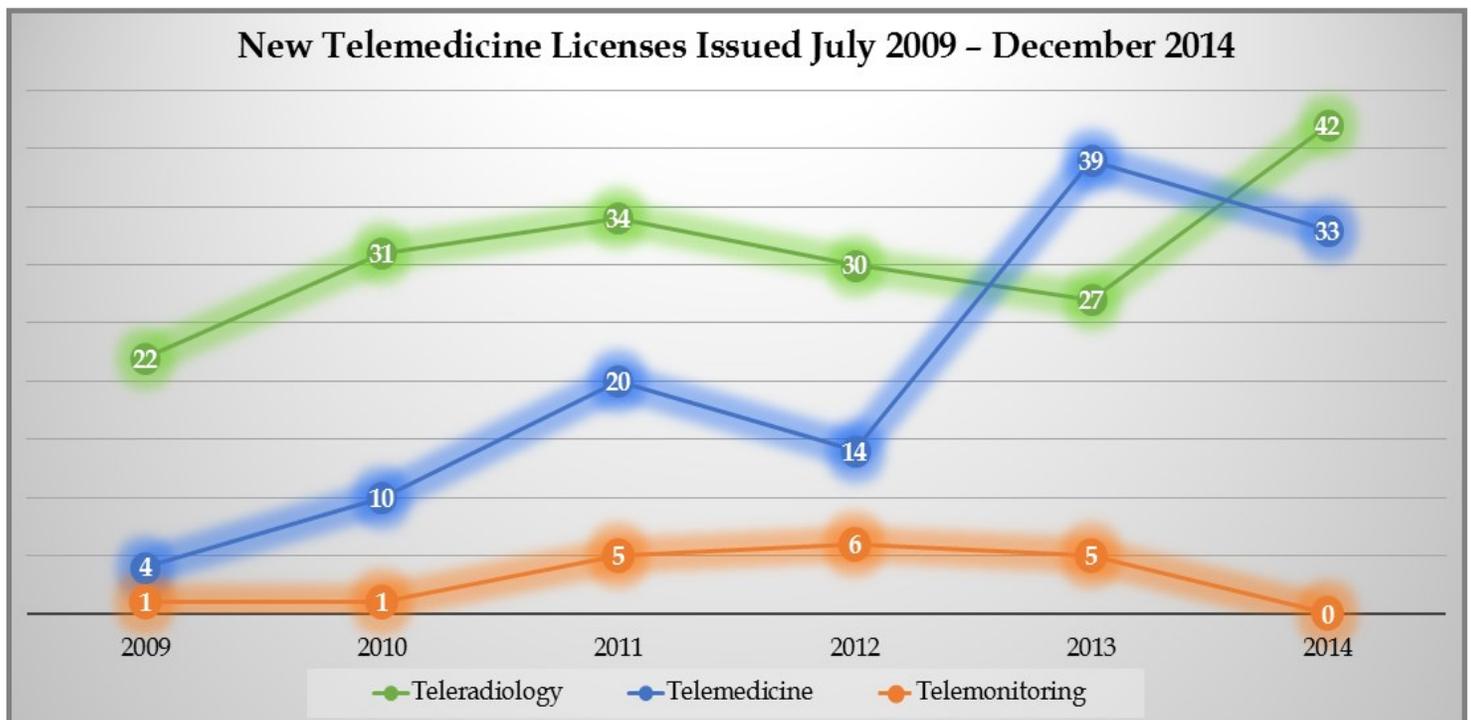
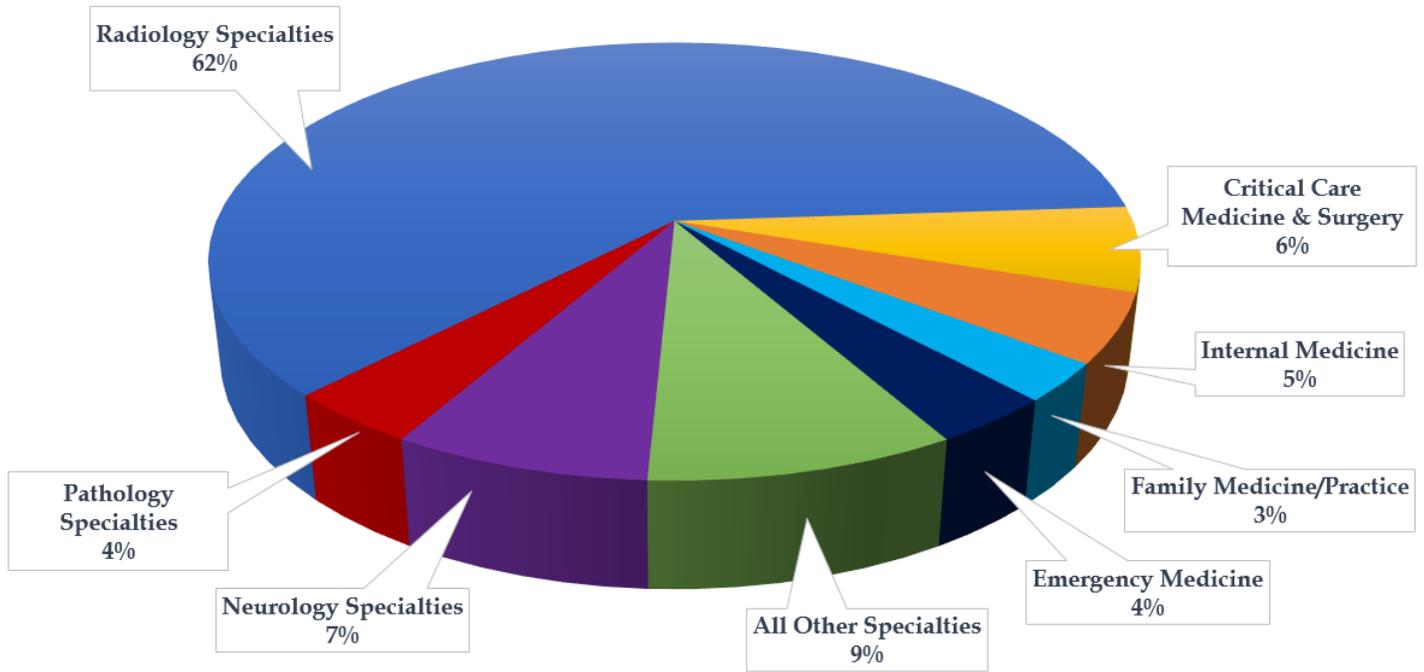
For more information on telemedicine licenses and regulations, visit www.oregon.gov/OMB. **+**

Statement of Philosophy: Telemedicine

The Oregon Medical Board considers the full use of the patient history, physical examination, and additional laboratory or other technological data all important components of the physician’s evaluation to arrive at a diagnosis and to develop therapeutic plans. In those circumstances when one or more of those methods are not used in the patient’s evaluation, the physician is held to the same standard of care for the patient’s outcome.

Telemedicine Licenses by Specialty

Since July 2009, the Oregon Medical Board has issued a total of 370 telemedicine, teleradiology, and telemonitoring licenses. The chart below shows the specialties self-reported by these licensees at the time of licensure or upon renewal. If the licensee provided more than one specialty, only the primary specialty is reflected. Some specialties have been grouped together into one general category. For example, "Radiology Specialties" includes Diagnostic Radiology. +



Legislative Updates

Physician Assistant Member Added to the Board

Senate Bill 905 adds a physician assistant member to the Board, increasing the total number of Board members to 13. The bill also dissolves the Physician Assistant Committee. The last Committee meeting will be held December 10, 2015.

The new physician assistant member's term will begin March 1, 2016. Oregon physician assistants interested in learning more about serving on the Board may view additional information at www.oregon.gov/gov/admin/pages/boards-and-commissions.aspx.

Fluoroscopy by Physician Assistants

House Bill 2880, recently signed into law by Governor Kate Brown, creates a pathway for licensed physician assistants to obtain a state permit from the Oregon Board of Medical Imaging (OBMI) to perform fluoroscopy, beginning January 2016.

In the coming months, the OBMI will consider draft administrative rules to require candidates to complete an 80-hour curriculum (40 hours didactic; 40 hours clinical) developed jointly by the American Society of Physician Assistants (ASPA) and the American Society of Radiologic Technologists (ASRT).

A physician assistant who successfully completes the curriculum qualifies to apply for a fluoroscopy examination administered by the American Registry of Radiologic Technologists (ARRT). Passing the ARRT fluoroscopy examinations qualifies a PA to apply for a permit from OBMI to perform fluoroscopy with a supervising physician or radiologic technologist in the fluoro room at the same time.

Check the OMBI website, www.oregon.gov/OBMI in August and September to review the propose rules and for instructions on providing comments. Call the OBMI at 971-673-0216.

Oregon Increases Access to Contraceptives

The Medical Board is working with the Board of Pharmacy, Board of Nursing and Oregon Health Authority to implement House Bill 2879. Effective January 1, 2016, this new law gives Oregon pharmacists authority to prescribe and dispense hormonal contraceptives. Oregon is the second state, after California, to enact such legislation. More information on these new regulations will be provided as they develop.



In addition, Oregon is the first state in the nation to require all health insurance providers to cover the dispensing of a full 12-month supply of prescription contraception. House Bill 3343 was signed by Governor Brown in June and will become effective January 1, 2016. To be eligible for reimbursement, the patient must have received a preliminary three-month prescription. Previously, most insurers only provided reimbursement for 30 or 90 days of prescription contraception at a time. +

Physician Workforce Survey

The Oregon Physician Workforce Survey is a joint project by the Oregon Health Authority, the Oregon Medical Board, the Oregon Medical Association, and the Oregon Healthcare Workforce Institute. The survey is meant to understand physicians' perspectives on state and federal policies, identify potential



physician shortages both geographically and by sub-specialty, and provide guidance to navigating through times of change.

This survey is different from the workforce questions asked at license renewal.

A link to the 2015 survey will be e-mailed in November to all MDs and DOs with an active Oregon license and an in-state practice address. Previous survey reports can be seen here: www.oregon.gov/oha/analytics/Pages/WorkforceSurvey.aspx.

If you have questions about the survey, please contact Risha Grinstead, MS, MPH, Oregon Health Authority, at 503-945-6189. +

Free Continuing Education Program: *Internet Drug Sellers, What Providers Need to Know*

As more patients buy prescription drugs online, health care providers need to educate patients on associated dangers.

Recent studies have found that 97% of Internet pharmacies are operating illegally, and one in two websites are distributing counterfeit drugs.

The Federation of State Medical Boards (FSMB) and the Alliance for Safe Online Pharmacies (ASOP) have joined forces to offer continuing education for physicians and other prescribers, as well as pharmacists.

This free educational program concentrates on the rising problem of illegal online drug sales. The program seeks to increase awareness of illegitimate online pharmacies and to educate providers on how these rogue pharmacies function as well as the threats these pharmacies pose to patients.

To access this free online CME/CPE activity, please visit www.fsmb.org/free-online-cme-cpe-activity. +



OHSU Launches Latest Innovation in Documenting End-of-Life Care Wishes

From *OHSU News*



Oregon Health & Science University, in partnership with Silicon Valley startup Vynca, Oregon POLST and the Oregon POLST Registry, announced in June the launch of *ePOLST*, a fully integrated electronic version of the Physician Orders for Life-Sustaining Treatment, commonly known as POLST, which will assist health care systems in more accurately recording and accessing the wishes of patients who are nearing the end of life.

“For decades, Oregon has led the country in systems change to assure the wishes of those who are nearing the end of life are consistently honored,” said Susan W. Tolle, M.D., director of the OHSU Center for Ethics in Health Care, chair of the Oregon POLST Task Force and a leader behind the original POLST form. “The last thing any patient wants is to have clearly documented their treatment wishes through a delicate and thoughtful conversation with their health care professional and family members, and then not have those wishes honored.”

The POLST form was created in 1990 in an effort to ensure the wishes of those with advanced illness or frailty are followed. POLST programs have been adopted or are in development in 43 states across the country. POLST forms are strongly associated with desired care received. A survey of patients showed that less than 10 percent of patients want to die in the hospital. Unfortunately, without a POLST form, four times that many still do.

In the first phase of the launch, *ePOLST*, which was tested, refined and piloted at OHSU, allows OHSU clinicians to electronically and more quickly and accurately submit a POLST form, drastically reducing the need for paper forms, which are error-prone. (The current statewide error rate for paper POLST forms submitted to the Oregon POLST Registry is 18 percent.)

OHSU clinicians can also now easily view a patient’s POLST form, which is located at the top of their EPIC electronic health record, if they have one. This is critical in crisis situations where care teams are making decisions about treatment options.

In the next phase, OHSU clinicians will be able to electronically search the Oregon POLST Registry through *ePOLST*, which will make it easier to find POLST forms from other health care systems. In Oregon, more than 250,000 POLST forms have been submitted to the registry since its inception in 2009. More than 5,000 health care professionals have called the registry seeking forms in a time of urgent need -- 2,000 of those patients had POLST forms provided to guide their care.

“As an intensive care unit physician, I have seen the end-of-life care wishes of patients ignored simply

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ePOLST continued

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because we couldn't find a POLST form for them. This is a terrible outcome and very traumatic for the patient, family members and healthcare providers," said Ryan Van Wert, M.D., co-founder of Vynca and Clinical Instructor of Medicine in Pulmonary and Critical Care Medicine at Stanford University. "These documents can't be easily shared between care settings, and we created this solution to solve the problem. We don't want anyone to slip through the cracks. It made perfect sense for us to work with OHSU because of their national leadership with POLST."

New educational materials have been developed to help patients more fully understand how POLST orders can turn their wishes to have or to limit treatment in to action as medical orders. To assure the quality of these important conversations clinicians and care teams are taught how to use the newly available "just in time" patient educational materials now linked to the *ePOLST* Program.

"The fewer errors we have with POLST forms, and the easier we can find forms, the better care we can give to our patients, while also respecting their wishes," said Tolle. "We're continually working to improve systems and reduce the number of patients whose treatment wishes are not honored. *ePOLST* will also allow OHSU to provide better information to other health care systems, and more informed research, which benefits everyone."

For more information regarding POLST, visit www.or.polst.org. +

Osteopathic College in Lebanon Celebrates First Commencement

Western University of Health Sciences' College of Osteopathic Medicine of the Pacific-Northwest celebrated their first commencement ceremony on June 5, 2015.

More than 2,000 people attended the school's inaugural commencement ceremony at the College's Samaritan Health Sciences Campus in Lebanon, Oregon. Friends, family, and the Lebanon community cheered in support of the 100 graduates receiving their Doctor of Osteopathic Medicine (DO) degree.

The Board congratulates the Class of 2015 and wishes each new doctor all the best in their future endeavors. +



*The first 100 graduates read the osteopathic oath during COMP-Northwest's inaugural Commencement Exercise Friday, June 5, 2015 in Lebanon, Oregon.
(Jeff Malet, WesternU)*

Submit Your Question

Do you have a question you'd like answered in an *OMB Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

Board Actions

April 4, 2015 to July 10, 2015

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

Interim Stipulated Orders

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

ADAMS, Justin R., MD; MD156479

Ashland, OR

On April 14, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease performing injections other than immunizations and cease retrieving or processing blood and tissue from patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

BOGARD, Peter S., DO; DO18557

Grants Pass, OR

On May 26, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease the treatment of chronic pain with DEA-scheduled medications, cease the treatment of addiction, and cease the prescribing of buprenorphine pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

BOGARD, Peter S., DO; DO18557

Grants Pass, OR

On June 25, 2015, Licensee entered into an Amended Interim Stipulated Order to voluntarily cease the treatment of chronic pain with DEA-scheduled medications, cease the treatment of addiction, and cease the prescribing of buprenorphine within timeframes outlined in the Order, pending the completion of the Board's

investigation into his ability to safely and competently practice medicine. This Order amends and replaces the Interim Stipulated Order of May 26, 2015.

DRUZDZEL, Maciej J., MD; MD18563

Gold Beach, OR

On June 4, 2015, 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. This Order holds the terms of Licensee's December 19, 2014, Interim Stipulated Order in abeyance while Licensee's medical license is at Inactive status.

KENNY, Rose J., MD; MD23253

Redmond, OR

On April 22, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing and administration of testosterone to any patient pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

KENNY, Rose J., MD; MD23253

Redmond, OR

On May 5, 2015, Licensee entered into an Amended Interim Stipulated Order to voluntarily cease the prescribing and administration of testosterone to male patients pending the completion of the Board's investigation into her ability to safely and competently practice

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.

medicine. This Order replaces the Interim Stipulated Order of April 22, 2015.

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

On June 1 2015, 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.

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.

**TANGREDI, Raymond P., MD; MD18328
Clackamas, OR**

On July 2, 2015, 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.

**THOMASHEFSKY, Allen J., MD; MD08126
Ashland, OR**

On April 14, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease performing injections other than immunizations and cease retrieving or processing blood and tissue from patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**WYMER, Todd A., LAc; AC165723
Portland, OR**

On April 29, 2015, Licensee entered into an Interim Stipulated Order to practice only at sites which have been pre-approved by the Board's Medical Director pending the completion of the

Board's investigation into his ability to safely and competently practice acupuncture.

Disciplinary Actions

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

**ALVAREZ, Lynn M., DO; DO23335
Salem, OR**

On July 9, 2015, Licensee entered into a Stipulated Order with the Board. This Order retires Licensee's medical license while under investigation.

**HOLUB, Ondria L., LAc; AC01108
Corvallis, OR**

On July 9, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willfully violating a Board order or regulation. This Order reprimands Licensee and requires Licensee to complete a pre-approved course on professional boundaries.

**KETCHAM, John P., MD; MD25544
Portland, OR**

On July 9, 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 \$5,000; requires Licensee to complete a pre-approved course on professional boundaries; and requires Licensee to establish a relationship with a physician mentor.

Prior Orders Modified or Terminated

**AMES, Stephan A., MD; MD16281
Springfield, OR**

On May 7, 2015, the Board issued an Order Modifying Interim Stipulated Order. This Order modifies Licensee's August 15, 2013, Interim Stipulated Order.

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**CRIBBS, Randolph K., MD; MD168029
Clackamas, OR**

On June 4, 2015, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's November 6, 2014, Corrective Action Agreement.

**BARONE, Christopher M., MD; MD28251
Portland, OR**

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

**BLACKBURN, Roy M., MD; MD22132
Eugene, OR**

On July 9, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's 2014 Stipulated Order.

**CROSS, Lorne M., MD; MD27400
Portland, OR**

On July 9, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's 2014 Stipulated Order.

**JOHNSON, Kevin R., MD; MD16564
Portland, OR**

On July 9, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's 2014 Stipulated Order.

**MCCLUSKEY, Edward A., MD; MD18356
Redlands, CA**

On July 9, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's 2011 Stipulated Order.

Non-Disciplinary Board Actions

April 4, 2015 to July 10, 2015

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* **unless***

related 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.

**HASAN, Shagufta A, MD; MD20989
Portland, OR**

On July 9, 2015, Licensee entered into an Amended Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved education plan prior to resuming outpatient circumcisions and use a pre-approved informed consent form when performing circumcisions.

**MOORE, Gregory A., MD; MD28629
Eugene, OR**

On July 9, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to enroll in the Health Professionals' Services Program.

**WOODWORTH, Christopher S., MD; MD126154
La Grande, OR**

On July 9, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved education plan prior to resuming esophageal surgeries.

Consent Agreements

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

**DERREVERE, Kerri, MD; MD15842
Portland, OR**

On June 2, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to complete a mini-fellowship.

**HOKAWALA, Sobia, DPM; DP161197
Lake Oswego, OR**

On April 20, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement,

Licensee agreed to complete 93.5 CME hours and practice under the supervision of a Board-approved mentor for a minimum of 300 clinical hours, to include chart review and monthly reports to the Board by the mentor.

**MILLER, Blythe M., LAc; AC169738
Portland, OR**

On March 19, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to complete a 20-hour mentorship with a Board-approved clinical supervisor.

**SCHWANKE-KHILJI, Sara U., MD; MD172124
Portland, OR**

On April 27, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to complete 112.25 CME hours and practice under the supervision of a Board-approved mentor for a minimum of six months, to include chart review and monthly reports to the Board by the mentor. +

Current and past public Board Orders are available on the OMB website: www.oregon.gov/omb/pages/bdactions.aspx.

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

Attention!

Dishonesty of any form on an application for licensure 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 denial of licensure. See the full text of Oregon Administrative Rule 847-008-0010 on our website, www.oregon.gov/omb/statutesrules/Pages/Statutes-Rules-Overview.aspx.

Clean Needle Techniques

The Board is proposing a new rule requiring Oregon-licensed acupuncturists to follow clean needle technique standards and use only disposable, single-use acupuncture needles.

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.

Please provide comments on the proposed rule to Nicole Krishnaswami, Rules Coordinator, at Nicole.Krishnaswami@state.or.us by August 21, 2015.

The 7th edition of the Clean Needle Technique (CNT) Manual published by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) is now available. You may download the CCAOM's English language CNT Manual at www.ccaom.org/downloads/7thEditionManualEnglishPDFversion.pdf. A Chinese and Korean CNT manual will be forthcoming later this year. Please visit www.ccaom.org/cntmanual.asp for more information. +



Did you know...

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

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

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

847-026-0000: Qualifications for License by Endorsement

The proposed 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.

Acupuncturists (LAc)

847-070-0021: Acupuncture Needles

The proposed new rule requires Oregon-licensed

acupuncturists to follow clean needle technique standards and use only disposable, single-use acupuncture needles in the practice of acupuncture. *Please see full proposed rule on page 13.*

Emergency Medical Services Providers (EMS)

847-035-0030: Scope of Practice

The proposed 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.

Temporary & Proposed Rule

First Review, Temporarily Adopted

All Licensees

OAR 847-008-0058: Fraud or Misrepresentation

The proposed rule amendment, which has been temporarily adopted, 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.

Adopted Rules

Final Review

The Board did not adopt any permanent rules this quarter.

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

David Michael Jones, MPAS, PA-C, Remembered

On January 23rd, 2015, Dave Jones, a pioneer in the physician assistant community passed away. Mr. Jones will be remembered by thousands of patients as a trusted advisor and friend, by the medical community as a devoted educator and ambassador, by his physician assistant (PA) friends for his advocacy in support of the advancement of the physician assistant profession in Oregon, and by his family as a devoted husband, father, grandfather, and uncle.



David M. Jones, MPAS, PA-C

Mr. Jones served as a member of the U.S. Army Reserves from 1965 until 1971 and earned bachelor degrees in history and zoology. In 1975, he joined the ninth class of students at the MEDEX Northwest Physician Assistant Program at the University of Washington in the early days of the PA profession. He became certified as a PA in 1976 and earned a third bachelor's degree in primary health care in 1978. He also earned a master's degree in physician assistant studies from the University of Nebraska in 2000.

After graduation, Jones moved to Condon, Oregon, where he served as one of only two providers of medical care in Gilliam County. He was among the first PAs in Oregon to practice with remote supervision and receive independent prescription writing authority.

Active in the development of the PA profession, he served as a member of the Physician Assistant Committee of the Oregon Medical Board, President of the Oregon Society of Physician Assistants (OSPA), served on the OSPA Board of Directors, served as a member of the Legislative Committee of OSPA, and advocated on behalf of PAs in support of legislation to improve the practices of PAs.

Mr. Jones' service and commitment to delivery of health care in rural communities was recognized with

numerous awards including:

Rural Physician Assistant of the Year by the American Academy of Physician Assistants in 1988, award for Outstanding Contributions to Rural Health in 2008 from the Office of Rural Health, and the Karen Whitaker Knapp Service Award.

He was an emergency medical technician and volunteer firefighter from 1970 to 2014. Jones served on the Condon School Board, and was the Gilliam County Medical Examiner until his death.

Oregon House Concurrent Resolution 26 (HRC 26) honors David Michael "Dave" Jones for a lifetime of embodying exemplary character, upstanding citizenship and selfless service. +

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OFFICE HOURS

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

2015 – 16 Holidays

Labor Day

Monday, September 7

Veterans Day

Wednesday, November 11

Thanksgiving

Thursday, November 26

Christmas

Friday, December 25

New Year's Day

Friday, January 1

Martin Luther King, Jr. Day

Monday, January 18

PUBLIC NOTICE SUBSCRIBER'S LIST

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CALENDAR OF MEETINGS

August 6, 7:30 a.m.

Investigative Committee

August 21, 9 a.m.

EMS Advisory Committee

September 3, 7:30 a.m.

Investigative Committee

September 9, 5 p.m.

**Administrative Affairs
Committee**

September 10, 9:30 a.m.

Physician Assistant Committee

October 8 – 9, 8 a.m.

Board Meeting

November 5, 7:30 a.m.

Investigative Committee

November 20, 9 a.m.

EMS Advisory Committee