



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.

Increasing Access to Quality Care: Physician-PA Teams

Physician and Physician Assistant (PA) health care teams are an essential component of health care in Oregon. The Oregon Medical Board carefully considers the impact of its regulations on these licensees while maintaining its focus on patient safety.

After a two-year rulemaking process, the Board is amending rules regarding PAs and supervising physicians. One important change allows supervising physicians and PAs to communicate by means other than telephone. This expansion in communication methods enables health care teams to use new technology for real-time conversations.

The changes also spotlight supervising physician organizations (SPOs). For the first time, the primary supervising physician's role is defined as providing administrative direction; the primary supervising physician *may* provide clinical supervision. This new

For a quick reference to the most important regulations on physician-PA teams, please contact the Board at omb.info@state.or.us for a free copy of our new booklet summarizing important topics.

definition provides greater flexibility for the team by allowing the other supervising physicians within the SPO to share the clinical supervision responsibilities. This shift will now require that all new supervising physicians in a SPO

apply to be Board-approved supervisors before supervising PAs. This is a one-time application. Please note that current SPO physician members do not need to apply unless they change SPO membership. +

The rule changes are effective September 1, 2016.
Additional details are on page 6; the full text is at
<http://omb.oregon.gov/rules>.

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Dr. Lyons joins the Board

*See page 3
for a full
bio*



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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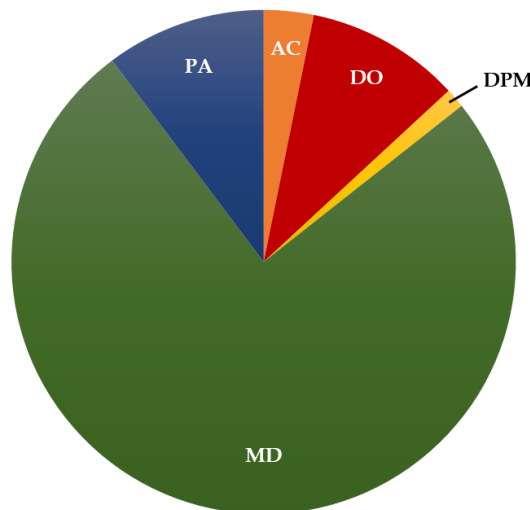
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The Board Welcomed 877 New Licensees During the First Six Months of 2016



January 1, 2016 -
June 30, 2016

License Type	Count
AC License	28
DO License	87
DPM License	11
MD License	661
PA License	90
Total	877

What's in a Name?

When baby Angialetta Stella was born on May 22, the Oregon Medical Board had a special reason to celebrate. Just three weeks earlier, her mom received a license to practice podiatric medicine in Oregon, and her name was chosen, in part, to express thanks to the Board staff member who assisted throughout the application process.

The new mom, Mia Horvath, DPM, said, "Stella in the Licensing Call Center went above and beyond her job description to help me. It seemed like every time I called, which I'm embarrassed to say was often, she was the one who picked up the phone. I kept telling her that she deserved a trophy."



Angialetta Stella Horvath

Stella is a family name for the Horvaths, but bonding with our Stella on the phone confirmed that the name was the right choice. Congratulations Dr. Horvath, DPM, and welcome to your new Oregon home! +

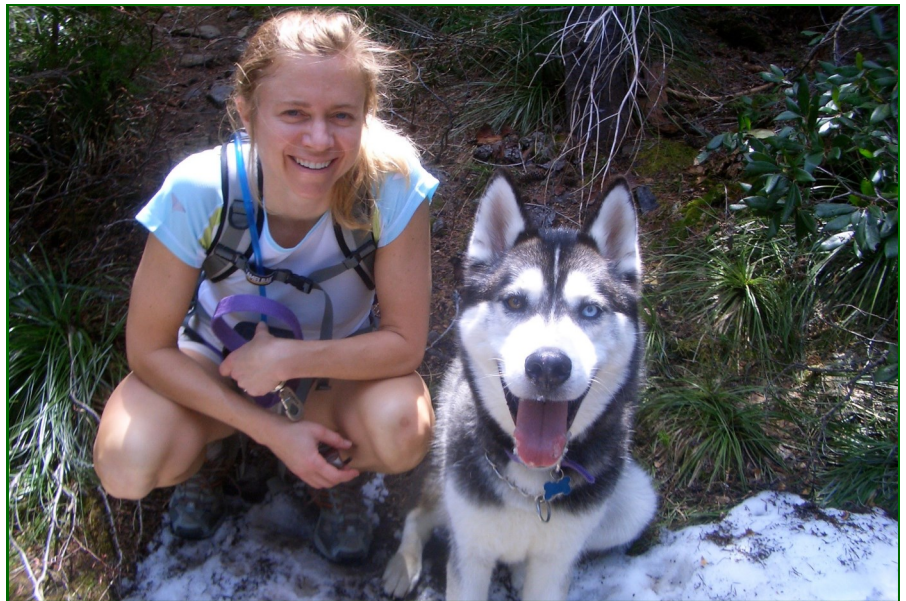
Ophthalmologist Joins the Board

At the July meeting, the Board swore in its newest physician member, Jennifer L. Lyons, MD. Dr. Lyons is a board certified ophthalmologist practicing in Portland, Gresham and Seaside. She has a special interest in cataract surgery. She also cares for patients with glaucoma and diabetic retinopathy and performs eyelid surgery at Oregon Eye Specialists where she has practiced since 1996. In addition, Dr. Lyons volunteers for Project Access, a Portland clinic for uninsured patients, and has worked with Medical Teams International.

Dr. Lyons earned her medical degree from Indiana University School of Medicine and completed her ophthalmology residency at Casey Eye Institute at OHSU. Since 1998, she has served on the Executive Committee of the Oregon Academy of Ophthalmology.

A devoted bicyclist, Dr. Lyons commutes to work by bike four days a week and regularly participates in cycling events such as Cycle Oregon and the Oregon Bike Ride. She also enjoys yoga, snowboarding, scuba diving, cross country skiing and hiking with her Siberian Huskies.

Dr. Lyons succeeds George Koval, MD, who completed two consecutive terms. Dr. Koval served as Board Secretary from 2014 - 2015. Dr. Koval also chaired the Administrative Affairs Committee from 2014 - 2015. The Board thanks Dr. Koval for his six years of dedicated service to the Board. +



Dr. Lyons with her Siberian Husky, Simba.

You Asked: Revise the MPA Exam and Materials

Each quarter, we review your survey comments and use them to improve our services. One effort in 2016 has been revising the Medical Practice Act (MPA) exam for new applicants. As part of that process, the separate DEA exam was eliminated. Instead, the most important prescribing questions are now incorporated into the MPA exam.

The open-book materials are also updated and streamlined, merging them into one handbook available to all applicants and licensees. You can download the full handbook at <http://omb.oregon.gov/handbook>.

Thank you for your comments submitted through our customer service surveys.

New Features Available with the PDMP

The Oregon Prescription Drug Monitoring Program (PDMP) is an excellent tool for prescription management. New features are making it more effective and efficient.

PRESCRIBER DASHBOARD

A new “prescriber dashboard” gives a report of patients the provider has prescribed Schedule II-IV medications to in the last six months and who meet one or more metrics for an increased risk of possible overdose or substance use disorder. The dashboard includes five thresholds:

- **Threshold 1** – Patient is receiving opioids at greater than 120 mg MED (Morphine Equivalent Dose) daily.
- **Threshold 2** – Patient is receiving methadone at greater than 40 mg dose daily.
- **Threshold 3** – Patient is receiving opioids for longer than 90 consecutive days.
- **Threshold 4** – Patient is concurrently receiving opioids and benzodiazepines.
- **Threshold 5** – Patient is being prescribed medications by four or more prescribers and being dispensed medications by four or more pharmacies.

Within this dashboard you can select a patient to view more detailed information. Information is presented in easy to use tables that correspond to each threshold with dates and information on the prescription, prescriber and pharmacy.

DELEGATE ACCESS

Prescribers can now save time by having office staff, medical assistants and other non-prescribing staff register for a delegate PDMP account. Office staff may visit PDMP’s website at www.orpdmp.com and follow the instructions to register for a new account. To link a delegate, sign into your account through the PDMP Provider Portal at <https://orpdmp-ph.hidinc.com> and select “User Management” from the option

menu at the top of the screen. Select “Delegate Accounts.” Select the name(s) of your delegate(s) and select “Link Account.” Once your delegates are linked to your provider account, the delegate will be able to create, print and save patient reports; they cannot query patients without being linked. Delegates may be linked to as many prescribers as needed, and prescribers may designate as many delegates as needed. +

Suggested Times to Use the PDMP

- When seeing a new patient
- When writing a new or renewal prescription for a controlled substance
- At annual exams
- Whenever a patient requests an early refill
- If a patient exhibits signs of substance abuse

Since 1999, the rate of overdose deaths involving opioids—including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people nationally have died from prescription opioid overdoses. Prescription pain medication deaths remain far too high, and in 2014, the most recent year on record, there was a sharp increase in heroin-related deaths and an increase in deaths involving synthetic opioids such as fentanyl.

ECONOMIC IMPACT OF THE OPIOID EPIDEMIC IN THE US:

\$55 billion in health and social costs related to prescription opioid abuse each year¹

\$20 billion in emergency department and inpatient care of opioid poisonings²

Source: Pain Med. 2011; 12(4):657-67.¹
2013;14(10):1534-47.²

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

All Licensees

OAR 847-001-0024; 847-001-0045; 847-008-0003; 847-020-0183; 847-050-0043; 847-070-0045; 847-080-0021: Consent Agreements for Re-entry to Practice

The proposed rule amendments memorialize the Board's decision to change the name of "Consent Agreements" to "Consent Agreements for Re-entry to Practice." The Board members voted to change the name at their April 2016 meeting in order to accurately reflect that these agreements between the Board and a licensee are used to establish a re-entry program for a licensee's return to clinical practice after two or more years. The name change is meant to eliminate

any confusion that these agreements are disciplinary actions.

OAR 847-005-0005: Fee Schedule

The proposed rule amendment reduces the one-time supervising physician application fee to \$50 for physicians volunteering in free clinics or non-profit organizations and reduces the workforce data fee from \$5 per licensing period to \$2 per year.

OAR 847-008-0055: Reactivation Requirements

The proposed rule amendment makes grammatical corrections to the sentence structure. There are no substantive changes.

OAR 847-008-0068: Criminal Records Checks for Applicants and Licensees

The proposed rule amendment references new statewide rules on criminal records checks recently adopted by the Department of Administrative Services (DAS) and includes language specific to the Oregon Medical Board that is consistent with ORS chapter 181A and the DAS rules. The rule specifies that applicants and licensees are subject to a criminal records check under this rule, refers to statewide rules on criminal records checks, provides the appeals process, and maintains the fee charged to the individual. This rulemaking is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave DAS authority to adopt statewide administrative rules for criminal records checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules. There is no change to the existing process.

Acupuncturists (LAc)

OAR 847-070-0005: Definitions

The proposed rule amendment adds a definition for Oriental massage and clarifies the definition for physician. *See page 7 for more details.*

(Continued on page 6)

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Board Administration

OAR 847-002-0000; 847-002-0005; 847-002-0010; 847-002-0015; 847-002-0020; 847-002-0025; 847-002-0030; 847-002-0035; 847-002-0040; 847-002-0045: Criminal Records Checks for Employees and Volunteers

The proposed rulemaking repeals existing procedural rules on criminal background checks of employees, volunteers, and applicants and amends one rule to refer to new statewide rules and specify the individuals subject to the rule. This rulemaking is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal records checks and required other agencies to repeal or amend existing rules. There is no change to the existing process.

ADOPTED RULES

Final Review

All Licensees

OAR 847-015-0005; 847-015-0010; 847-015-0030: Prescribers of Controlled Substances

The rule amendment replaces “physician” with “licensee” or “health care professional” to reflect that the rules apply to all Oregon Medical Board licensees who are authorized to prescribe controlled substances. Therefore, the rules apply to physicians (medical, osteopathic, and podiatric physicians) and physician assistants.

Physician Assistants (PA)

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

The new OAR 847-050-0036 is a collective rule for all requirements for establishing and maintaining a supervising physician organization. The rule amendments (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 a supervising physician must be able to be available for synchronous communication with the physician assistant; (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) remove the requirement for the primary supervising physician of a supervising physician organization to attest that all member supervising physicians have reviewed the statutes and rules on PAs because all member physicians will have done this through the supervising physician application process; (6) require the Board to reduce the supervising physician application fee for physicians who volunteer in free or non-profit clinics; (7) clarify that the rules on supervision apply equally to supervising physician organizations, not just individual supervising physician-physician assistant teams; (8) require practice settings rather than locations to be listed in the practice agreement; (9) allow the supervising physicians within a supervising physician organization to collectively provide the 8 hours of on-site supervision and chart review; (10) outline statutory requirements for appropriate delegation of medical services to a physician assistant; and (11) 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.

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. +

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>.

Another Successful CME Audit Completed

As part of the Board's commitment to protect patients by ensuring ongoing competence of our licensees, the Board conducts random continuing medical education (CME) audits in conjunction with license renewal. The most recent physician/physician assistant CME audit resulted in 98.7% of licensees successfully completing the audit before the first deadline. Of that number, 73% fulfilled the audit requirements through specialty board recertification or maintenance of certification. The acupuncturist continuing education audit is currently underway, with the first deadline coming up on September 1, 2016.

As a reminder, licensees should retain documentation of completed CME hours in a safe place so that the documentation can be easily produced if audited. More information on continuing education requirements can be found on our Topics of Interest webpage at <http://omb.oregon.gov/topics>. +

What is "Oriental Massage"?

The Oregon Association of Acupuncture and Oriental Massage (OAAOM) brought forward the issue of acupuncturists having difficulty clarifying the meaning of "Oriental massage" within the acupuncture scope of practice. This term has not yet been defined in Oregon and left ambiguity about what treatments are included within this category. The OAAOM consulted with other professional associations to reach a definition and brought it forward to the Acupuncture Advisory Committee and Board for consideration. The Committee and Board saw the need for defining this term and appreciate the collaborative work by the OAAOM and other professional associations.

The proposed definition in OAR 847-070-0005(6) is:

"Oriental massage" means methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of Oriental or Asian health care. Oriental massage as practiced in Oregon does not include high-velocity, short-amplitude, manipulative thrusting procedures to the articulations of the spine or extremities.

Full text of the rule is available at <http://omb.oregon.gov/rules>. Comments are due by August 22, 2016.

What Happens when my Malpractice Claim is Reported to the Board?

It is well known that insurers must report malpractice claims to the Oregon Medical Board within 30 days of receiving notice of the claim (see ORS 742.400). But what happens once the Board receives such a report? Is the licensee automatically subject to a Board investigation and discipline?

Surprising to some licensees, the answer is “no.”

While every malpractice claim report is reviewed by the Board, only a small percentage result in formal investigations and only a fraction result in discipline. During the review process, the Board’s Medical Director and key investigative staff look for any allegation of a violation of the Medical Practice Act. All of the circumstances of the claim are considered, including known complications, patient harm or death, amount paid to the patient or family, and the licensee’s prior history of malpractice or Board discipline.

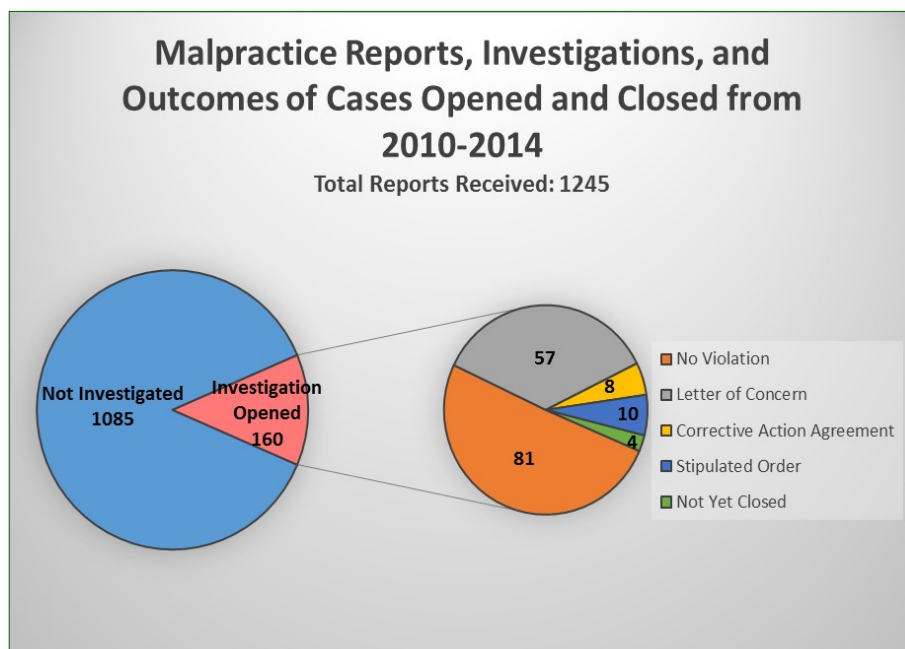
The Board recently studied the data on malpractice claim reports and any resulting investigations during a five-year period (2010-2014). Insurers and licensees reported 1245 malpractice claims; 334 resulted in a payment to the plaintiff. Approximately 13% of the total number of claims were opened for an investigation.

All but four of the Board’s 160 malpractice investigations during the five-year period closed by the time of the data analysis. Most investigations (89%) closed with a finding of “no violation” of the Medical Practice Act or with a confidential Letter of Concern sent to the licensee. The other 11% resulted in a public order, specifically either a Corrective Action Agreement or a Stipulated Order. Corrective Action Agreements are remedial in nature; they are not disciplinary.

Of the ten Stipulated Orders issued during the five-year period, four involved a patient death. Nine cases involved a payment to the plaintiff for more than \$250,000, and the remaining one involved sexual misconduct with a patient. Three licensees agreed to surrender or retire their license while

under investigation as part of the Stipulated Order.

Malpractice claim reporting is required by law and must be included on any license application or renewal submitted to the Board. Oregon statute also requires the Board to provide claim information on the Board’s website or upon public records request depending on the status of the claim. However, licensees should understand that not every report results in a formal investigation, and even fewer result in a Board action. +



BOARD ACTIONS

April 9, 2016 to July 8, 2016

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 final orders, but are reportable to the national data banks.**

BACKMAN, Jennifer L., DO; DO25595
Vancouver, WA

On July 7, 2016, Licensee entered into an Interim Stipulated Order to voluntarily taper the prescribing of opioids or transfer care for chronic pain patients with an MED over 120, pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

DOSSEY, Brian L., MD; MD153277
Medford, OR

On May 26, 2016, Licensee entered into an Interim Stipulated Order to voluntarily cease authorizing medical marijuana cards to patients under the age of 18 pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

DREW, Daniel E., MD; MD152952
Ashland, OR

On July 6, 2016, Licensee entered into an Interim Stipulated Order to voluntarily maintain current MED levels for chronic pain patients at 120 MED or less; taper the prescribing of opioids or transfer care for chronic pain patients with an MED over 120; cease initiating chronic pain treatment for new or existing patients; eliminate carisoprodol from chronic pain treatment regimens; and cease adding or increasing benzodiazepines to patients receiving opioids, pending the

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

ESTEVEZ, Miguel, MD; MD160337
Springfield, OR

On May 26, 2016, 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.

PARKER, Gregory J., MD; MD152156
Hood River, OR

On June 3, 2016, Licensee entered into an Interim Stipulated Order to voluntarily cease providing hospital care, participating in deliveries or C-sections, and taking call after regular office hours pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

REESE, Susan L., MD; MD163031
Fruitland, ID

On June 13, 2016, 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.

STERETT, Justin D., MD; MD175101
Klamath Falls, OR

On July 6, 2016, Licensee entered into an Interim Stipulated Order to voluntarily limit his practice of medicine to military practice only, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

YAMANE, Robert Y., MD; MD166301
Ashland, OR

On April 18, 2016, Licensee entered into an Interim Stipulated Order to voluntarily cease

(Continued on page 10)

(Continued from page 9)

the treatment of chronic pain with DEA scheduled medications within 120 days, with the exception of hospice patients, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

DISCIPLINARY ACTIONS

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

BUCKLER, Robert E., MD; MD13443

Woodburn, OR

On July 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order retires Licensee's medical license while under investigation.

CHEN, Poly, MD; MD29276

Corvallis, OR

On July 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willfully violating any rule adopted by the Board. This Order reprimands Licensee; assesses a civil penalty of \$6,000; places Licensee on probation for five years; requires Licensee to obtain a pre-approved practice consultant to review his

practice; requires Licensee to obtain a pre-approved proctor to review his pain management cases; and prohibits Licensee from acting as a supervising physician.

MCQUEEN, Robert J., MD; MD14655

Sherwood, OR

On July 7, 2016, 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 following accepted procedures for examination of patients or prescribing controlled substances without following accepted procedures for recordkeeping. This Order surrenders Licensee's medical license and assesses a \$2,500 civil penalty.

REDFERN, Craig C., DO; DO14108

Portland, OR

On July 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order prohibits Licensee from prescribing controlled substances; prohibits Licensee from reapplying for a DEA registration; and requires Licensee to facilitate the transfer of care for any patient leaving his practice.

RYSENGA, Juliet C., MD; MD18740

Ontario, OR

Only July 7, 2016, 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; prohibits Licensee from performing cataract surgery; requires Licensee to complete a course on professionalism; prohibits Licensee from prescribing for herself or family members; requires that Licensee maintain a relationship with a pre-approved healthcare provider; and

ATTENTION!

Dishonesty in 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.

prohibits Licensee from prescribing antipsychotic medications.

**WILBUR, Benjamin S., MD; MD161394
Portland, OR**

On July 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; failure to report official action within 10 days; and failure to report a felony arrest. This Order surrenders Licensee's medical license.

PRIOR ORDERS AND AGREEMENTS MODIFIED OR TERMINATED

**BATTEY, Richard R., MD; MD18143
Grants Pass, OR**

On July 7, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 11, 2013, Stipulated Order.

**MCWEENEY, Robert J., MD; MD16875
Tualatin, OR**

On July 7, 2016, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's January 7, 2016, Stipulated Order.

NON-DISCIPLINARY BOARD ACTIONS

April 9, 2016 to July 8, 2016

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.*

**TEGLASSY, Zoltan, MD; MD28738
Salem, OR**

On July 7, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on chronic pain prescribing and medical documentation.

**WEISENSE, Fredrick W., MD; MD15287
Albany, OR**

On July 7, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on professional boundaries.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

**BUSBY, Dean J., MD; MD23338
Bend, OR**

On May 26, 2016, Licensee entered into a Consent Agreement for Re-entry to Practice with the Board. In this Agreement, Licensee agreed to complete the terms of his CPEP re-entry plan to include a preceptorship monitored by CPEP.

**SKRZYNSKI, Mary C., MD; MD19014
Bend, OR**

On May 25, 2016, Licensee entered into a Consent Agreement for Re-entry to Practice with the Board. In this Agreement, Licensee agreed to practice in accordance with her re-entry plan to include practicing under the supervision of a Board-approved mentor.

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).*

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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

August 19, 9:30 a.m.
EMS Advisory Committee

September 1, 7:30 a.m.
Investigative Committee

September 7, 5 p.m.
**Administrative Affairs
Committee**

October 6-7, 8 a.m.
Board Meeting

November 3, 7:30 a.m.
Investigative Committee

OFFICE CLOSURES

Labor Day
Monday, September 5

Veterans Day
Friday, November 11

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>