



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

## Exciting Changes to Physician Assistant Practice

The Board is pleased to announce exciting changes to the licensure and practice of physician assistants (PAs) in our state. During the 2011 legislative session, Senate Bill 224 was passed, requiring changes to the Board's regulation of PAs. Effective January 1, 2012, licensure no longer requires a PA to have previously secured employment, and the Board no longer approves individual procedures in a practice description. However, with these exciting changes come new responsibilities for licensees.

Theresa Curran, PA, Physician Assistant Committee Chair, stated at the March 8 meeting, "The transition is going well and will continue to be an evolving process as all parties learn more about what is working well and what improvements can be made.

I encourage all physician assistants and supervising physicians, both current and prospective, to be proactive and become familiar

with the new process including the new supervising physician application, supervising physician course and the practice agreement."



### Supervising Physician Application

A supervising physician or a primary supervising physician of a supervising physician organization must be approved by the Board prior to employing a PA. The application is available on the Board's website and includes a supervising physician course and open-book exam. This is a one-time application for each supervising physician, even if the physician hires additional PAs. The physician must apply and be approved as a supervising physician before supervising a PA.

The purpose of the updated application and

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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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## FAQs from the OMB

**Q: I plan to hire a new physician assistant. When must I file a practice agreement with the Board?**

A: A supervising physician or supervising physician organization must provide the Board with a copy of the practice agreement within ten days of the physician assistant beginning practice.

**Q: When is a Supervising Physician Organization appropriate?**

A: A Supervising Physician Organization is appropriate when a group of physicians collectively supervise a physician assistant. One physician must be designated as the primary supervising physician and ensure that each physician in the Supervising Physician Organization understands the applicable statutes and rules.

**Q: When is an agent appropriate?**

A: An agent is appropriate when the supervising physician is unavailable for short periods of time, such as vacation or when the supervising physician is not immediately available by electronic means. Agents are not to be used by supervising physician organizations. Agents should not be used to allow physician assistants to practice any specialty at any given time.



**Q: I'm ending the relationship with my supervising physician/physician assistant. What do I need to do?**

A: Within 15 days of the end of the supervisory relationship, a "Physician Assistant/Supervising Physician Notification of Termination of Supervisory Relationship" form must be completed and submitted to the Board. Both parties must sign this form, which is available at [www.oregon.gov/OMB/forms.shtml](http://www.oregon.gov/OMB/forms.shtml). +

### Submit Your Question

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

E-mail your question to  
[OMBReport@state.or.us](mailto:OMBReport@state.or.us)

# Exciting Changes to Physician Assistant Practice

(Continued from front)

open-book exam is to inform supervising physicians of their new responsibilities under the revised laws. Therefore, it applies to physicians who were previously supervising a PA under the old laws but will now be supervising a PA under the *new* laws. However, this application will not apply to a supervising physician who does not intend to change an established supervisory relationship with a PA. Specifically:

- ◆ The supervising physician will not need to submit a supervising physician application if the physician already supervises a PA under a current practice description (old arrangement) and wishes to make no changes.
- ◆ The supervising physician must apply to be a supervising physician under the new rules, become approved, and submit a new practice agreement (new arrangement) if:
  - A supervising physician currently supervises a PA under a practice description (old arrangement) but wishes to make changes to the medical duties delegated or the supervisory relationship;
  - A supervising physician wishes to hire a new PA; or
  - A physician wishes to become a supervising physician for the first time.

## Practice Agreements

In addition to ensuring patient safety and compliance with all laws and regulations,

supervising physicians are now responsible for determining a PA's delegated medical duties. To be a proper delegation, the PA's medical duties must be (1) within the scope of practice of the supervising physician, (2) within the competency of the supervising physician, (3) within the competency of the individual PA, and (4) memorialized in the practice agreement.

Once approved as a supervisor, a physician may enter into a practice agreement with a PA. The original practice agreement must be kept on site at the primary practice location, and a copy must be submitted to the Board within 10 days of the PA

beginning practice. Any changes to the practice agreement must also be submitted to the Board within 10 days of the change. Upon license renewal, the physician must submit an updated practice agreement or attest that the practice agreement on file is current.

Although the practice agreement is not subject to Board approval, the Board may request a meeting with the supervising physician and the PA to discuss any concerns. The practice agreement form has been updated and is available online at [www.oregon.gov/OMB/PAApplicationPacket/PracticeAgreeFillin.pdf](http://www.oregon.gov/OMB/PAApplicationPacket/PracticeAgreeFillin.pdf). Board staff is working to make this an online submission in the near future.

Additional information on the changes to PA licensure and practice regulations is available at [www.oregon.gov/OMB/UmbrellaPA.shtml](http://www.oregon.gov/OMB/UmbrellaPA.shtml), which includes links to the applicable laws, the practice agreement, and the supervising physician course and application. +



# Reflecting Back, Moving Forward

## *Words from Ralph Yates, DO, Board Chair Emeritus*

*Dr. Yates is a family practitioner with 32 years of continuous clinical practice and branch medical director at The Portland Clinic. He is also an Associate Clinical Professor of Family Medicine at OHSU.*

The night was dark, bitterly cold and sea rough from a forty knot wind blowing off the frozen Antarctic headlands. A newly commissioned ensign out of the Academy, I had the midnight to 4 a.m. watch aboard the Coast Guard icebreaker, Staten Island. We were completing week two of a circumnavigation of that remote continent as we approached a critical ninety degree turn skirting treacherous rock shoals and ice formations.

At 2 a.m., I phoned the captain to inform him that our satellite navigation system put us at our turn. However, I had been carefully following radar and fathometer returns and informed him that I believed the satellite to be in error. Pausing, he replied, "Execute the turn when you feel it's right, Mr. Yates. Call me if you need me." Fifty minutes and ten miles later I gave the command. The satellite had been wrong, and the captain's sleep went undisturbed.

Experienced clinicians regularly "delay the turn," overruling errant labs and imaging. Yet we are undergoing revolutionary change in the teaching and practice of medicine. Pointing, clicking and "authenticating" through our patient "encounters," the emphasis has become documentation and order entry. While appropriate use of technology may assist with documentation it must also enhance our time spent with patients.



## *Words from Donald Girard, MD, Board Secretary*

*Dr. Girard is a general internist who has worked and practiced his entire career at OHSU.*

As a physician trained in the middle of last century, I too reflect on the past with great fondness and to the future with some angst but great hope. We are living in a very different time from the one in which I trained. Now is an era where the technology and the information, both massively excessive, have our professional lives harnessed. There is scant opportunity to learn from the bedside or office setting since the pace is dramatically faster, patients very much more fragile, and time is consumed with information distillation and technology interpretation. Indeed, now is a challenging and difficult time for our future physicians to learn as we did. And it is absolutely the case that our young professionals have little meaningful experience in good history taking or good basic examination skills, both of which are central to the patient-doctor relationship, and both of which are critical if the physician can make decisions without using the available, often excessive technology. Still, we are not going to rid the profession of the information overload or the available and emerging technology, but we need to learn to control them and at the same time return our learners to the patients.

Many of us hope that this incredible paradigm shift in health care will bring a better future than the past has allowed. Some of us believe that the young doctors have several advantages over those of my era. They are much

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# Reflecting Back, Moving Forward

## Words from Ralph Yates, DO, Board Chair Emeritus

(Continued from page 4)

Students I teach are comfortably grounded in EMR and other aspects of technology, far less in careful history and physical exams. For some physicians, a history and physical appear unnecessary as evidenced by the use of templates and electronic visits. Imaging and testing should be adjunct to the physician's observation and hands-on evaluation.

Tests should confirm a diagnosis, not initiate one, we were taught. Physicians ignore this at our patients' peril. Returning to our clinical roots is not only necessary but likely reinvigorating. My advice, get off the stool. You'll be glad you did. +

## Words from Donald Girard, MD, Board Secretary

(Continued from page 4)

more willing to be team members, not just team leaders, and much more willing to facilitate the care of a population; while at the same time being able to evaluate outcomes of that care and improve the delivery. The "horse and buggy" doctor days are gone. But that does not mean that the doctor and the patient in real time working together are gone as well. The current challenge is to utilize the information and technology to help with the care but not replace it -- the care provided by the doctor and the patient together in real time. +

# Worker's Compensation Rule Changes

Changes are coming to the Workers' Compensation rules related to Medical Fee and Payment Rules and to Managed Care Organizations. The full text of the rules can be found online, however, this list highlights some of the changes effective April 1, 2012:

### Revised OAR 436-009, "Oregon Medical Fee and Payment Rules":

- Updates the physician fee schedule.
- Increases payment for ambulance and dental services.
- Establishes new Oregon specific (billing) codes for closing examinations and for closing reports.
- Clarifies that there are daily rental rates in addition to monthly rentals of durable medical equipment, orthotics, prosthetics, and supplies.
- Reduces the minimum round trip mileage eligible for reimbursement from 60 to 15 miles.

- Clarifies payment amounts for surgical procedures and ancillary services for Ambulatory Surgical Centers.
- Clarifies that an insurer must *initiate* a dispute when challenging the reasonableness of a provider's billing.

### Revised OAR 436-015, "Managed Care Organizations" (MCOs):

- Modifies the MCO certification and plan development process by incorporating some of the "qualifying" steps into a single application process.
- Requires the MCO to inform the worker if a psychological evaluation is scheduled.

Contact the Workers' Compensation Division Medical Section with any questions at 503-947-7606, email

[wcd.medicalquestions@state.or.us](mailto:wcd.medicalquestions@state.or.us) or view the rules at [www.cbs.state.or.us/wcd/policy/rules/rules.html](http://www.cbs.state.or.us/wcd/policy/rules/rules.html). +

## Board Actions

October 8, 2011, to January 13, 2012

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

### Emergency Suspensions

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

**YANKEE, Joseph E., DO; DO19458**

**Milwaukie, OR**

On December 1, 2011, the Board issued an Order of Emergency Suspension to immediately suspend his license due to the Board's concern for the safety and welfare of Licensee's current and future patients. This Order is in effect pending the completion of the Board's investigation.

### Automatic Suspensions

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

**LHUNDUP, Karma J., LAC; AC00845**

**Portland, OR**

On January 12, 2012, the Board issued an Order of License Suspension to immediately suspend his license due to his 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 yet final orders, but are reportable to the national data banks.\**

**CALVERT, James F. Jr., MD; MD18000**

**Klamath Falls, OR**

On January 13, 2012, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the prescribing of Schedule II and narcotic medication to any new chronic

pain patient pending the completion of the Board's investigation into his ability to safely and competently prescribe these medications.

**MISRA, Sounak, MD; MD26161**

**Portland, OR**

On November 29, 2011, 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.

**O'GARA, Michael T., DO; DO08605**

**Gold Beach, OR**

On November 1, 2011, Licensee entered into an Amended Interim Stipulated Order to voluntarily withdraw from the practice of obstetrics, with the exception of emergent situations during emergency room shifts, pending the completion of the Board's investigation into his ability to safely and competently practice in this specialty.

**THEIN, Michael D., MD; MD20267**

**Klamath Falls, OR**

On December 15, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license at Administrative Medicine status until 4 p.m. December 23, 2011.

**THEIN, Michael D., MD; MD20267**

**Klamath Falls, OR**

On December 23, 2011, Licensee entered into an Amended Interim Stipulated Order to voluntarily withdraw from practice effective 4 p.m. on December 30, 2011, at which time his license was placed at Inactive status 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.\**

**CAHN, Paul J., MD; MD19037**

**Beaverton, OR**

On January 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; conviction of any offense punishable by incarceration; impairment; willfully violating any Board Order; violation of the federal Controlled Substance Act; and prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping. This Order surrenders his medical license, prohibits him from applying for a medical license for two years, and terminates his Stipulated Orders and Interim Stipulated Order.

**GOMEZ, Gregory R., MD; MD27099**

**Medford, OR**

On January 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating any provision of the Medical Practice Act or any rule adopted by the Board. This Order surrenders his medical license and prohibits him from applying for a medical license for two years.

**JONES, Nila G., MD; MD27428**

**Battleground, WA**

On January 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willfully violating any provision of the Medical Practice

Act, or any rule adopted by the Board or any Board Order. This Order surrenders her medical license while under investigation, prohibits her from applying for a medical license in Oregon in the future, and assesses a fine of \$10,000, which is stayed while Licensee is in compliance with the Order.

**MAUL, Casey J., PA; PA00970**

**Brush Prairie, OR**

On December 1, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine, and willfully violating a Board Order. This Order surrenders his license.

**PIERSON, Jeffrey S., MD; MD16138**

**Portland, OR**

On January 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; conviction of any offense punishable by incarceration; and making a fraudulent claim. This Order surrenders his medical license while under investigation and prohibits Licensee from applying for a medical license for two years.

**READ, Ralph L., MD; MD22066**

**Portland, OR**

On January 12, 2012, the Board issued a Final Order on Remand, which removed the assessment of a \$10,000 civil penalty included in Licensee's January 14, 2010, Final Order.

**RUBACK, Theodore J., PA; PA00577**

**Portland, OR**

On December 1, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and misrepresentation in applying for a license.

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# Board Actions

(Continued from page 7)

This Order reprimands Licensee and fines him \$2,500.

**STAGGENBORG, Richard K., MD; MD20053  
Roseburg, OR**

On November 3, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willful violation of any provision of the Medical Practice Act or any rule adopted by the Board. This Order surrenders his license while under investigation and stipulates that he may not reapply for licensure in Oregon for two years.

**TEPLICK, Stanely B., MD; MD19317  
Beaverton, OR**

On January 12, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated acts of negligence. This Order reprimands Licensee and requires him to complete specific documented steps prior to the beginning of each laser surgical procedure.

**WEINER, Marcus I., DO; DO29163  
Portland, OR**

On November 3, 2011, Licensee entered into a Stipulated Order with the Board for impairment. This Order stipulates that Licensee will surrender his Oregon medical license while under investigation.

## Prior Orders Modified or Terminated

**CAMPBELL, Robert P., MD; MD10884  
Portland, OR**

On November 3, 2011, the Board issued an

Order Terminating Board Orders. This Order replaces the October 6, 2011, Order Terminating Board Orders, which contained a scrivener's error. This Order terminates Licensee's April 12, 2006, Stipulated Order, his October 7, 2010, Stipulated Order, and his February 17, 2011, Interim Stipulated Order.

**CORIA-CAREW, Micaela R., LAc; AC00561  
Portland, OR**

On January 12, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 14, 2010, Stipulated Order.

**LHUNDUP, Karma J., LAc; AC00847  
Portland, OR**

On November 3, 2011, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's May 5, 2011, Order of License Suspension.

**McQUEEN, Robert J., MD; MD14655  
Beaverton, OR**

On January 12, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's September 4, 2008, Stipulated Order.

**NELSON, Howard A., MD; MD25230  
Vancouver, WA**

On January 12, 2012, the Board issued an Order Terminating Corrective Action Order. This Order terminates Licensee's April 11, 2008, Corrective Action Order.

**PRESS, Sky Freedom, PA; PA150638  
Portland, OR**

On January 12, 2012, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's October 7, 2010, Corrective Action Agreement. This Order outlines the chart review requirements of Licensee's supervising

physician and specifies supervision levels.

**THOMPSON, Melissa R., PA; PA00815  
Milwaulkie, OR**

On January 12, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's October 7, 2010, Corrective Action Agreement.

**THOMPSON, Vincent J., MD; MD24259  
Browns Mill, NJ**

On January 12, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 13, 2006, Stipulated Order.

**WAN, William K., LAc; AC00919  
Portland, OR**

On January 12, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 14, 2010, Stipulated Order.

## Non-Disciplinary Board Actions

October 8, 2011, to January 13, 2012

### 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 a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensee's individual practices.*

**MULLEN, John T., MD; MD20837  
Clackamas, OR**

On January 12, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to obtain

pre-approval for any healthcare work setting and meet with healthcare providers who will submit quarterly reports to the Board.

### Voluntary Limitations

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

**SCHWARTZ, Michael A., MD; MD156791  
Eugene, OR**

On January 12, 2012, Applicant entered into a Voluntary Limitation to limit his practice of medicine to refrain from the practice of obstetric or gynecologic surgery.

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/newsltr.shtml](http://www.oregon.gov/OMB/newsltr.shtml).

### Consent Agreements

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

**GRIESSER, Carl R., MD; MD155331  
Medford, OR**

On November 16, 2011, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to submit a re-entry plan.

**SHERGILL, Preet K., MD; MD27755  
Vancouver, WA**

On November 3, 2011, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to submit a re-entry plan to the Board.

*Current and past public Board Orders are available on the OMB website: [www.oregon.gov/OMB/bdactions.shtml](http://www.oregon.gov/OMB/bdactions.shtml). +*

*\*Data Bank (National Practitioner and Healthcare Integrity & Protection), and Federation of State Medical Boards (FSMB).*

# 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. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at: <http://arcweb.sos.state.or.us/banners/rules.htm>.

## Proposed Rules

*First Review*

### All Licensees

**847-001-0000 through 847-001-0030: Procedural Rules** – Incorporates the changes in the Attorney General's Model Rules of Procedure for the Office of Administrative Hearings, which became effective January 31, 2012. A late request for a hearing will be considered using a "good cause" standard; agency review of certain legal actions has been omitted; the agency may consider a request for a delay of hearing on emergency suspension; and discovery rules have been reorganized and now include requests for admission and written interrogatories and

provide a method of denying a discovery request.

**847-008-0010: Initial Registration** – Adds a fine for violating ORS 677.190(8), providing false, misleading or deceptive information on an application for licensure.

### Emergency Medical Technicians (EMT)

**847-035-0011: EMT Advisory Committee** – Corrects a statutory reference in the rule for compensation of committee members.

**847-035-0030: Scope of Practice** – Clarifies that an emergency medical services provider may administer medication, and the provider preparing the medication should also be the provider administering the medication whenever possible; revises the type of injuries a provider may treat to "musculoskeletal injuries," which is inclusive of both "soft tissue injuries" and "suspected fractures"; allows an EMT-Intermediate to prepare and administer tuberculosis skin testing as part of an EMS agency's occupational health program to the emergency medical services providers under the supervising physician's standing order.

## Temporary Rules

*First Review, Temporarily Adopted*

### All Licensees

**847-001-0000 through 847-001-0030: Procedural Rules** – Incorporates the changes in the Attorney General's Model Rules of Procedure for the Office of Administrative Hearings, which became effective January 31, 2012. A late request for a hearing will be considered using a "good cause" standard; agency review of certain legal actions has been omitted; the agency may consider a request for a delay of hearing on emergency suspension; and discovery rules have been

reorganized and now include requests for admission and written interrogatories and provide a method of denying a discovery request.

## Adopted Rules

### *Final Review*

#### **All Licensees**

**847-001-0007: Agency Representation at Hearings** – Authorizes an Oregon Medical Board employee to appear on behalf of the Board in civil penalty contested case hearings conducted for violations of 847-008-0065, 847-012-0000, and 847-015-0025.

**847-008-0040: Process of Registration** – Clarifies that a Supervising Physician must submit an update to the practice agreement or attest that the practice agreement is current at the time of biennial registration.

#### **Physician Assistants (PA)**

**847-050-0005 to 847-050-0065: Physician Assistants** – Clarifies the regulations for physician assistants and supervising physicians based on the statutory changes made by 2011 Senate Bill 224, which changed the licensing procedures and practice guidelines for physician assistants. The new law separates physician assistant licensure from employment, and the Medical Board no longer approves the individual procedures or duties in a physician assistant's practice agreement with a supervising physician. The rule amendments establish the process for licensure, practice, and supervision of physician assistants, including Board-approval of supervising physicians, supervision requirements, physician assistant methods and requirements of practice, physician assistant prescription privileges and requirements,

practice agreement contents and requirements, procedures for submitting, updating, and terminating practice agreements, and the role of the Oregon Medical Board's Physician Assistant Advisory Committee.

#### **Acupuncturists (AC)**

**847-070-0045: Inactive Registration and Re-Entry to Practice** – Establishes requirements for re-entry to practice for acupuncturists who have ceased practice for a period of 24 or more consecutive months immediately preceding the application for licensure or reactivation.

#### **Emergency Medical Technicians (EMT)**

**847-035-0020: Application and Qualifications for a Supervising Physician and Agent** – Adds initial requirements for qualification as an EMS supervising physician and adds requirements for ongoing education for an EMS supervising physician.

*For more information on OARs, visit the Oregon Medical Board website at [www.oregon.gov/OMB](http://www.oregon.gov/OMB), or call 971-673-2700. +*

### 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.

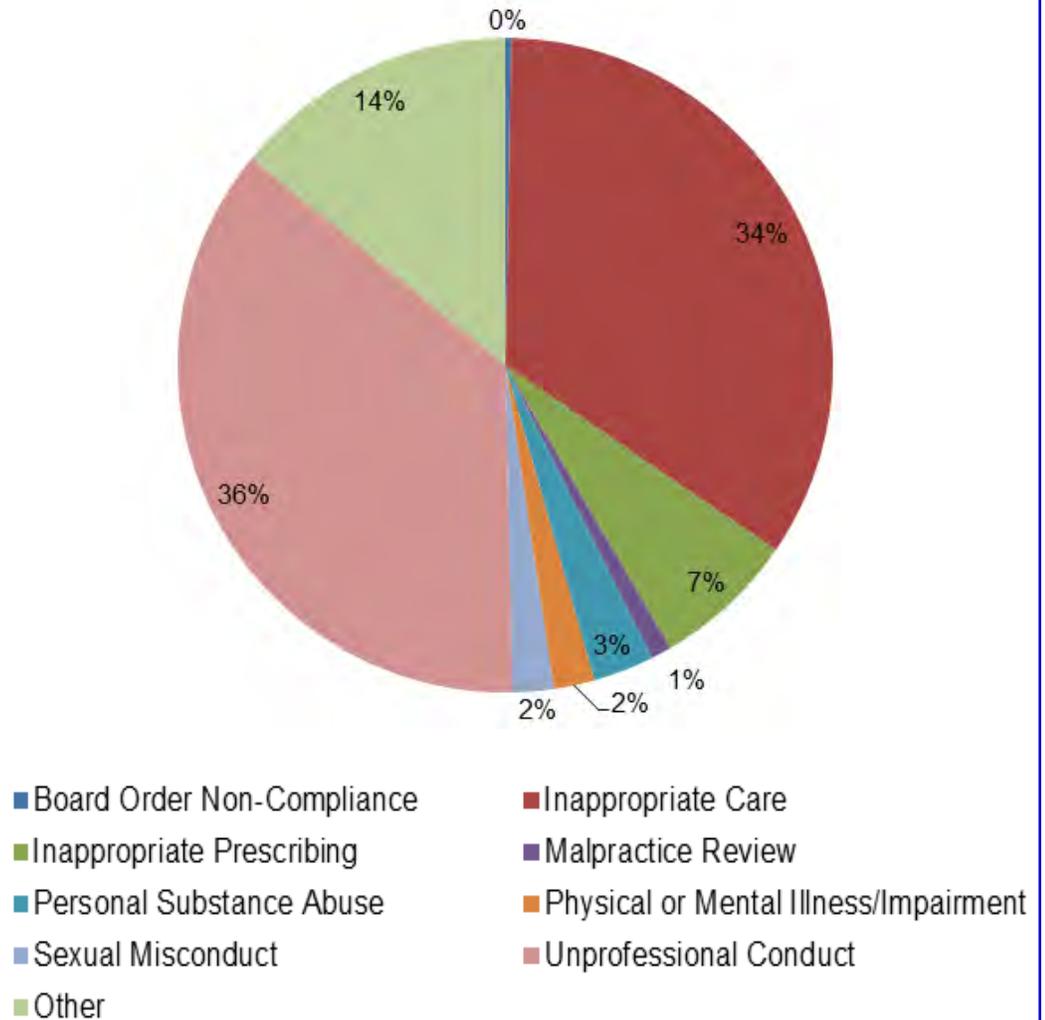
You can sign up for rule filing notifications by going to [www.oregon.gov/OMB/OMBListServes.shtml](http://www.oregon.gov/OMB/OMBListServes.shtml) and following the link to be e-mailed when new rules are filed.

# Annual Investigative Statistics

Oregon Medical Board staff is continually preparing for and wrapping up Board and committee meetings. For example, the Investigative Committee met eleven times last year, each meeting spanning ten hours. Three contested case hearings were held, each taking two to three days after months of preparation.

Investigations staff and the state Attorney General's Office prepared for an additional 18 hearings that settled before the scheduled date. Each Board meeting requires Board members to read, and staff to compile, over 5,000 pages of material. The following statistical report is a snapshot of the resulting work. +

### Categories of Complaints (Investigations)



Source of Investigations	2009	2010	2011
Oregon Medical Board	47	52	50
Board or HPSP Non-Compliance	0	20	2
Hospital or Other Health Care Institution	18	19	37
Insurance Company	3	4	3
Malpractice Review	11	20	19
Other	28	36	85
Other Boards	1	6	10
Other Health Care Providers	31	37	56
Patient or Patient Associate	123	165	442
Pharmacy	3	11	6
Self-reported	18	14	26

# Annual Statistics

Inquiries Received	2009	2010	2011
Preliminary Phone Calls	2,186	2,446	2,427
Preliminary E-mails	135	149	187
Written Complaints*	543	712	799

\*Only written complaints may result in an investigation.

Final Dispositions of Investigations		2009	2010	2011
No Violations	No Apparent Violation	40	80	327
	No Violation/Preliminary Investigation	N/A	N/A	133
	No Violation/Prior to Committee Appearance	152	107	78
	No Violation/Post Committee Appearance	18	11	10
	Letter of Concern/Prior to Committee Appearance	43	45	52
	Letter of Concern/Post Committee Appearance	16	15	28
	No Violation/App Withdrawal w/Report to Federation	1	5	7
	Temporarily Closed with Board Order	0	2	1
	Temporarily Closed without Board Order	1	0	1
Public Orders	Corrective Action Agreement	15	7	10
	Stipulated Order **	24	29	41
	Voluntary Limitation **	6	4	3
	Consent Agreement	N/A	N/A	2
	Final Order (includes Default Final Orders)**	3	9	13
Total	Investigations Opened	313	378	744
	Investigations Closed	319	314	709
	Contested Case Hearings	4	3	3
	Investigative Committee Interviews	58	76	65
	Investigations Closed with Public Orders	48	49	69
	**Reportable Orders (National Databases)	33	42	57

## 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/bdactions.shtml](http://www.oregon.gov/OMB/bdactions.shtml) and following the link.

## Did you know...

Grand Renewal lasted

**3** months.

In that time, staff worked

**840** hours of overtime

and processed **14,987** license renewals.



# Annual Licensing Statistics

## Number of Licensees as of December 31, 2011

Doctors of Medicine (MD)	2009	2010	2011
Active	10,389	10,546	10,389
Inactive	1,604	1,659	1,322
Emeritus	553	491	448
Locum Tenens	335	369	331
Limited (all types)	676	683	752
<b>Total</b>	<b>13,557</b>	<b>13,748</b>	<b>13,242</b>

Doctors of Osteopathy (DO)	2009	2010	2011
Active	673	706	734
Inactive	113	112	93
Emeritus	12	8	9
Locum Tenens	28	32	28
Limited (all types)	59	80	94
<b>Total</b>	<b>885</b>	<b>932</b>	<b>958</b>

Podiatric Physicians (DPM)	2009	2010	2011
Active	159	161	154
Inactive	17	18	17
Emeritus	1	0	0
Locum Tenens	2	1	1
Limited (all types)	9	9	9
<b>Total</b>	<b>188</b>	<b>189</b>	<b>181</b>



Physician Assistants	2009	2010	2011
Active	905	1,010	1,046
Inactive	68	74	53
Locum Tenens	1	0	0
Limited (all types)	1	2	1
<b>Total</b>	<b>975</b>	<b>1,086</b>	<b>1,100</b>

Acupuncturists (LAc)	2009	2010	2011
Active	1,031	1,032	1,140
Inactive	60	64	66
Locum Tenens	12	10	13
Limited (all types)	1	0	0
<b>Total</b>	<b>1,104</b>	<b>1,106</b>	<b>1,119</b>

# Annual Licensing Statistics

## Licensees by County as of December 31, 2011

County (Seat)	MDs	DOs	DPMs	PAs	LAcS	Total	Population
Baker (Baker City)	74	6	1	7	1	89	16,134
Benton (Corvallis)	385	47	4	50	30	516	85,579
Clackamas (Oregon City)	1,148	107	20	74	91	1,440	375,992
Clatsop (Astoria)	167	8	2	15	7	199	37,039
Columbia (St. Helens)	39	1	0	14	8	62	49,351
Coos (Coquille)	218	16	6	13	7	260	63,043
Crook (Prineville)	26	3	1	8	4	42	20,978
Curry (Gold Beach)	49	8	1	6	1	65	22,364
Deschutes (Bend)	599	40	10	110	57	816	157,733
Douglas (Roseburg)	325	49	7	30	7	418	107,667
Gilliam (Condon)	6	0	0	3	0	9	1,871
Grant (Canyon City)	17	0	0	1	2	20	7,445
Harney (Burns)	32	0	0	2	0	34	7,422
Hood River (Hood River)	112	8	3	12	14	149	22,346
Jackson (Medford)	738	76	14	61	56	945	203,206
Jefferson (Madras)	36	1	2	4	2	45	21,720
Josephine (Grants Pass)	208	30	4	26	18	286	82,713
Klamath (Klamath Falls)	252	18	3	16	5	294	66,380
Lake (Lakeview)	21	1	0	1	0	23	7,895
Lane (Eugene)	1,306	67	17	99	77	1,566	351,715
Lincoln (Newport)	134	19	3	17	11	184	46,034
Linn (Albany)	252	23	3	17	8	303	116,672
Malheur (Vale)	112	18	5	35	0	170	31,313
Marion (Salem)	1,055	67	15	103	36	1,276	315,335
Morrow (Heppner)	14	0	0	8	0	22	11,173
Multnomah (Portland)	5,946	307	44	381	675	7,353	735,334
Polk (Dallas)	112	23	3	19	4	161	75,403
Sherman (Moro)	5	0	0	0	0	5	1,765
Tillamook (Tillamook)	91	3	1	8	4	107	25,250
Umatilla (Pendleton)	220	27	5	17	0	269	75,889
Union (LaGrande)	113	9	0	1	3	126	25,748
Wallowa (Enterprise)	27	0	0	1	2	30	7,008
Wasco (The Dalles)	138	13	0	16	7	174	25,213
Washington (Hillsboro)	1,816	90	30	188	128	2,252	529,710
Wheeler (Fossil)	10	0	0	5	0	15	1,441
Yamhill (McMinnville)	268	17	7	16	11	319	99,193
None/Not Applicable	250	12	1	5	8	276	0
<b>Total</b>	<b>16,321</b>	<b>1,114</b>	<b>212</b>	<b>1,389</b>	<b>1,284</b>	<b>20,320</b>	<b>3,831,074</b>

**Oregon Medical Board**  
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## CONTACT THE OMB

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All meetings are held  
at the OMB office in  
Portland unless otherwise  
indicated. Schedules are  
subject to change.

Please check  
[www.oregon.gov/OMB/  
PDFforms/  
Meeting\\_Dates.pdf](http://www.oregon.gov/OMB/PDFforms/Meeting_Dates.pdf)  
for updates.

## Committee Opening - EMS Advisory Committee

The Board's **Emergency Medical Services (EMS) Committee** is seeking an EMS member. The Committee develops scopes of practice for EMS providers in Oregon. It is composed of three EMS providers, two physicians and one Board member liaison. The term of office is three years. Committee meetings occur quarterly, with additional meetings or conference calls if necessary.

Interested applicants may contact the Board at 971-673-2700 or log on to [www.oregon.gov/OMB/ccmvacancies.shtml](http://www.oregon.gov/OMB/ccmvacancies.shtml). +

## CALENDAR OF MEETINGS

April 5-6, 8 a.m.

**Medical Board**

May 3, 7:30 a.m.

**Investigative Committee**

May 18, 9 a.m.

**EMS Advisory Committee**

June 1, Noon

**Acupuncture Advisory  
Committee**

June 7, 7:30 a.m.

**Investigative Committee**

June 13, 5 p.m.

**Administrative Affairs  
Committee**

June 14, 9:30 a.m.

**Physician Assistant Committee**

June 28, 7:30 a.m.

**Investigative Committee**