



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.

INSIDE THIS ISSUE:

Board Elects 2016-17 Officers	2
Practice Agreement Details Now Online	3
Employment Opportunities with the Board	3
Acupuncture Advisory Committee Opening	3
Reporting Requirements	4
Anatomy of an Investigation: Report of an Impaired Licensee	5
Oregon Pharmacists Prescribing Contraceptive Therapy	5
Statement of Philosophy: Social Media	6
Do I Need an Oregon License?	7
Annual Statistics	8
Tips to Avoid the Most Common Complaints	12
Discussing the Dangers of Potentially Impairing Drugs	13
Board Actions	14
Oregon Administrative Rules	18

A Time to Celebrate

2016 is well underway, and the Board is looking forward to new opportunities even as we face new challenges. But before leaving 2015 behind completely, the OMB pauses to celebrate the accomplishments of the past year. In addition to the statistics you will read throughout this newsletter, here are some of the items we are most proud of:

- More than 17,000 physicians and physician assistants successfully renewed licensure between October and December 2015.
- 10 Oregon health care professionals returned to clinical practice through re-entry plans established with the Board.
- Online applications and renewals are optimized for mobile devices.
- The online License Verification page now provides more information on licenses formerly held, in addition to a professional's current license.
- The Licensing Call Center answered nearly 18,000 phone calls.
- Visits to www.oregon.gov/OMB topped 1.6 million.
- Staff analyzed more than 100 legislative bills during the 2015 session.
- The Board strengthened partnerships in the medical community.
- Board staff gave over \$2,000 to the Oregon Employee's Charitable Fund.
- More than 26,000 people subscribed to the *OMB Report*.

Much more is planned for 2016 with exciting developments already in the works. We look forward to sharing those with you and celebrating your good work throughout this coming year. +

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.*

OREGON MEDICAL BOARD

Chair

Shirin R. Sukumar, MD
West Linn

Vice Chair

Donald E. Girard, MD
Portland

Secretary

Angelo Turner
Public Member
Portland

Paul A. Chavin, MD
Eugene

Katherine L. Fisher, DO
Happy Valley

K. Dean Gubler, DO
Portland

George Koval, MD
Lake Oswego

James K. Lace, MD
Salem

Lisa M. Lipe, DPM
Lake Oswego

Michael J. Mastrangelo, Jr., MD
Bend

Melissa Peng, PA-C
Portland

Terry Smith
Public Member
Portland

W. Kent Williamson, MD
Portland

STAFF

Executive Director
Kathleen Haley, JD

Medical Director
Joseph Thaler, MD

OMB Report Editor and Co-Writer
Nicole Krishnaswami, JD

OMB Report Designer and Co-Writer
Theresa Lee

www.oregon.gov/OMB

Board Elects 2016-17 Officers

At the Board's January meeting, Shirin R. Sukumar, MD, of West Linn, was elected to a one-year term as Chair of the Oregon Medical Board. Board members also elected Donald Girard, MD, as Vice Chair and public member Mr. Angelo Turner as Board Secretary.

Board certified in both Internal Medicine and Geriatrics, Dr. Sukumar is the Medical Director of Geriatrics for Legacy Health System. Prior to her current role, Dr. Sukumar was on staff at the Portland Veterans Affairs Medical Center where she worked with the Home Based Primary Care program providing care to homebound veterans. Her areas of interest include improving care of older patients, collaboration with multispecialty clinicians and interdisciplinary teams, geriatrics education, dementia, geriatric syndromes, safe prescribing practices, infection control and osteoporosis.

Dr. Sukumar received her medical degree from the Christian Medical College and Hospital in Vellore, India, where she was Valedictorian. She completed her internship and Internal Medicine Residency at Our Lady of Mercy Medical Center in New York and OHSU. She subspecialized in Geriatrics and completed her fellowship at OHSU in 2002.

The Board is grateful to outgoing Chair Michael Mastrangelo, Jr., MD, for his service. Dr. Mastrangelo will continue to serve on the Board until 2017 when his term limit expires. +



Shirin Sukumar, MD
Board Chair

OMA Annual Meeting

The Oregon Medical Association will hold its annual meeting on Saturday, April 23, 2016, at the OMEF Conference Center in Portland, Oregon.

The event will focus on Oregon's opioid crisis and feature keynote address by David O. Barbe, MD, MHA, Member, Board of Trustees, American Medical Association.

For more information, please visit
www.theOMA.org/annualmeeting2016.

Practice Agreement Details Now Online

A “practice agreement” is a written agreement between a physician assistant (PA) and a supervising physician or supervising physician organization. It describes what and how the PA will practice. PAs, supervising physicians, health care institutions and credentialing organizations rely on practice agreements to convey the medical duties delegated to the PA.

The Board is pleased to announce that practice agreements are now available online through the PA’s license verification, which can be accessed at <http://omb.oregon.gov/verify>. As a result of the new service, practice agreements are available in real time at no cost. Licensees and organizations no longer need to submit a public records request for a practice agreement.

Practice agreements may be submitted, modified or terminated by logging in to Licensee Services at <http://omb.oregon.gov/login>. +

Employment Opportunities with the Board

The Oregon Medical Board is located in downtown Portland. Board staff is composed of nearly 40 people in a wide variety of professional, administrative and technical positions. Employees are dedicated to the Board’s mission of patient safety and to serving as a resource to our licensees and the public.



If you are interested in a career with the Board, current job openings are posted on the Board’s website at

www.oregon.gov/omb/board/about/Pages/Employment-Opportunities.aspx. To explore additional employment opportunities with the state of Oregon, visit www.oregonjobs.org.

The Oregon Medical Board is an Equal Opportunity, Affirmative Action employer, committed to workforce diversity. +

Acupuncture Advisory Committee Opening



The Oregon Medical Board and its Acupuncture Advisory Committee are seeking letters of interest and curricula vitae (CV) from licensed acupuncturists interested in serving on the Committee. The Committee makes recommendations to the Board on licensing, investigations, education and issues related to acupuncture in Oregon. The term of office is three years, and members may be reappointed to serve a second term. Committee meetings occur twice a year, with additional meetings or conference calls if necessary.

Application materials must be submitted by May 16, 2016. Interested applicants may contact the Board at 971-673-2700 or visit www.oregon.gov/omb/board/Pages/Board-and-Committee-Vacancies.aspx. +

Reporting Requirements

Oregon Medical Board licensees are members of a professional community with an ethical obligation to regulate itself. Notifying the Board of concerns about other medical professionals upholds the profession's integrity and allows the Board to protect the public and offer remediation or resources to healthcare professionals whenever possible.

The following individuals, institutions and organizations are required by law to make reports to the Board:

- ♦ Board licensees and licensees of all health professional boards (including licensees with inactive status)
- ♦ Health care facilities (hospitals, clinics, nursing homes)
- ♦ The Oregon Medical Association
- ♦ The Osteopathic Physicians and Surgeons of Oregon
- ♦ The Oregon Podiatric Medical Association
- ♦ The Oregon Society of Physician Assistants
- ♦ The Oregon Association of Acupuncture and Oriental Medicine

In most cases, the law requires reports to be made **within 10 business days** of the event or learning about the conduct. Items that must be reported to the Board include:

- ♦ Criminal convictions or felony arrests;
- ♦ Adverse or official actions taken by other state licensing boards, health care institutions, or other agencies;
- ♦ Voluntary withdrawal, resignation, or limitation of practice; or
- ♦ Reasonable belief that another licensee has engaged in unprofessional or dishonorable conduct, is medically incompetent, or has a physical incapacity or impairment.

What is an "Adverse" or "Official" Action?

Adverse or official actions include any formal action based on a finding of medical incompetence, unprofessional conduct, physical incapacity or impairment. These formal actions may be taken by a health care facility, a health care system, or a government agency. Adverse or official actions include but are not limited to:

- Any restriction, limitation, loss or denial of privileges,
- Voluntary surrender or limitation of privileges while under, or to avoid, an investigation,
- Revocation of professional association membership,
- Revocation of specialty board certification,
- Disciplinary actions taken by another state licensing board,
- Denial, loss or restriction of DEA controlled substance registration,
- Exclusion from participation in Medicare or Medicaid.

A report to the Board is not a finding of wrongdoing. Instead, the Board will look into the matter and decide whether a violation has occurred. Only the Board can determine if discipline is warranted.

Information provided to the Board, including the reporter's identity, is confidential. A person who reports in good faith is not subject to civil liability.

To make a report, contact the Board's Complaint Resource officer at 971-673-2702 or complaint.OMB.officer@state.or.us. For more information and links to the mandatory reporting laws, please visit www.oregon.gov/omb/Investigations/Pages/Who-is-Required-to-Report.aspx. +

Anatomy of an Investigation: Report of an Impaired Licensee *By Joe Thaler, MD, Medical Director*

The Medical Board's responsibility for protecting the public requires the Board to investigate reports that a licensee is impaired while seeing patients or on call. The Board receives these reports from other health care professionals, patients, hospitals, law enforcement officers and family members. The complainant may note erratic behavior, lack of coordination, slurred speech or the smell of alcohol or marijuana on the licensee. A report of suspected impairment may generate a visit to the licensee's office by a Board investigator, interviews of office or hospital staff, a urine drug screen, a substance abuse evaluation and possibly

a referral to the state Health Professionals' Services Program or further disciplinary action.

Oregon Administrative Rule 847-010-0073 specifies that impairment includes the use of alcohol, drugs, prescribed medication or other substances while on or off-duty which causes impairment when on duty. "On duty" includes taking call, supervising other health care professionals or practicing telemedicine.

In addition, licensees should be aware of their professional contracts and any hospital and health care system rules or bylaws which may include zero tolerance for the use of alcohol and marijuana while on call or seeing patients. +

Oregon Pharmacists Prescribing Contraceptive Therapy

During the 2015 Legislative Session, House Bill (HB) 2879 passed into law and was signed by Oregon Governor Kate Brown on July 6, 2015. The law is intended to develop standard procedures for the prescribing of hormonal contraceptive patches and oral contraceptives by an Oregon licensed pharmacist, providing timely access to care. To ensure public safety and provide a consistent level of care, a pharmacist may participate upon completion of a Board of Pharmacy approved training program.



Under the rules, OAR 855-019-0400 through 855-019-0435, a qualified pharmacist may prescribe hormonal contraceptives to a patient pursuant to The Oregon Self-Screening Risk Assessment Questionnaire and Standard Procedures Algorithm.

The Oregon Board of Pharmacy convened a consultative workgroup consisting of representatives from the Oregon Medical Board, the Oregon State Board of Nursing, the Oregon Health Authority and subject matter experts. The workgroup's primary function is to provide advice to the Board of Pharmacy related to standard procedures for pharmacist prescribing of hormonal contraceptives, in consideration of guidelines established by the American Congress of Obstetricians and Gynecologists and other evidence-based practice standards. The Board of Pharmacy will prepare and provide the forms and materials related to the developed standards.

(Continued on page 7)

The Oregon Medical Board regulates the practice of medicine to protect the health, safety, and wellbeing of Oregon patients. As medical practice has evolved, so has the method of communication among practitioners, patients, and family. Colleagues, administrators, and patients increasingly expect healthcare professionals to stay connected, and online social networking has become a resource for healthcare professionals to share information and to form meaningful professional relationships.

The Board recognizes the benefits of social media and supports its responsible use. However, healthcare professionals are bound by ethical and professional obligations that extend beyond the exam room, and social media creates new challenges. Among the primary obligations to consider when engaging in social media are confidentiality, boundaries, and overall professionalism.



Healthcare professionals have an obligation to protect patient privacy and confidentiality in all environments. Identifiable patient information – even seemingly minor details of a case or patient interaction – must never be posted online. Healthcare professionals must never discuss a patient’s medical treatment or answer a patient’s health-related question through personal social media. E-mail must be secure if used to communicate medical information to patients. Healthcare professionals must use discretion and consider all information posted online to be public.

Healthcare professionals must maintain appropriate boundaries in the physician-patient relationship at all times. Electronic media may blur the boundaries of the physician-patient relationship and heighten the potential for boundary violations.¹ As a result, healthcare professionals should consider separating personal and professional social media accounts and exercise caution if considering interacting with patients or their families through personal social networking sites. Healthcare professionals should feel comfortable ignoring or declining requests to connect from current or past patients through a personal social media account. It is the professional's responsibility to maintain appropriate boundaries, not the patient's.

Online actions and content directly reflect on professionalism. Therefore, healthcare professionals must understand that their online activity may negatively impact their reputations and careers as well as undermine the public's overall trust in the profession. Healthcare professionals should not make negative statements about other healthcare providers and should use caution when

Statement of Philosophy on Social Media

(Continued from previous page)

responding to the negative comments of others on social media. When conflicted about posting online content, healthcare professionals should err on the side of caution and refrain. Further, if healthcare professionals write online about their professional experiences, they must be honest about their credentials and reveal any conflicts of interest.

Healthcare professionals are required at all times to follow the Medical Practice Act, rules established by the Board, and professional standards of care. These obligations apply regardless of the medium of communication. +

¹The definition of sexual misconduct in OAR 847-010-0073 (3)(b)(G) includes sexually explicit communication via electronic methods such as text message, e-mail, video, or social media.

~ Adopted January 8, 2016

Contraceptive Prescribing

(Continued from page 5)

On November 4, 2015, the Board of Pharmacy adopted temporary rules, in conjunction with the "Tool Kit" resources, to allow interested pharmacists and pharmacies to prepare for the January 1, 2016, operative date.

The Board of Pharmacy is accepting public comment and will hold a rulemaking hearing on March 23, 2016. The Board of Pharmacy will consider adoption of the permanent rules at its April 7, 2016, Board meeting.

You may find more information regarding HB 2879 and the temporary adopted rules at www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx. +

Do I Need an Oregon License?

I am a physician practicing in Oregon but I do not provide direct patient care. I only practice in an administrative capacity.

YES! *You need an Administrative Medicine license. This includes physicians administering health care organizations or performing utilization reviews for insurers.*

I practice in Oregon for no pay or any other type of compensation. I volunteer my medical skills and I write prescriptions.

YES! *You need an Emeritus license.*

I do not live in Oregon; however, I plan on practicing intermittently within Oregon for less than 8 months in a 2-year period.

YES! *You need a Locum Tenens license.*

I am a physician who practices outside of Oregon, but I provide medical treatment to patients in Oregon via electronic means.

YES! *You need a Telemedicine license.*

If you have questions regarding Oregon licensure, please call **971-673-2700** and speak with the Licensing Call Center. +

The Board encourages licensees experiencing stress and burnout to seek help through their colleagues, the Oregon Medical Association, their county medical society, hospital wellness committees, and health systems who can offer confidential counseling.

Annual Licensing Statistics

Number of Licensees as of December 31, 2015

The OMB had 21,187 licensees as of December 31, 2015. Of that number, 18,494 held unlimited licenses of various kinds to practice in Oregon. Another 864 individuals held limited licenses of various kinds.

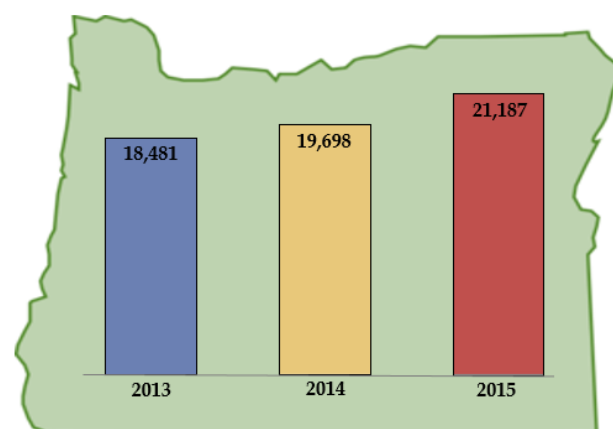
Doctors of Medicine (MD)	2013	2014	2015
Active	12,309	13,141	14,076
Inactive	1,253	1,441	1,498
Limited (all types)	687	706	692
Total	14,249	15,288	16,266

Doctors of Osteopathy (DO)	2013	2014	2015
Active	947	1,047	1,177
Inactive	88	109	118
Limited (all types)	133	139	161
Total	1,168	1,295	1,456

Podiatric Physicians (DPM)	2013	2014	2015
Active	171	180	187
Inactive	10	10	10
Limited (all types)	9	10	11
Total	190	200	208

Physician Assistants (PA)	2013	2014	2015
Active	1,294	1,469	1,655
Inactive	51	81	131
Limited (all types)	0	1	0
Total	1,345	1,551	1,786

Acupuncturists (LAc)	2013	2014	2015
Active	1,299	1,302	1,399
Inactive	74	61	72
Limited (all types)	1	1	0
Total	1,374	1,364	1,471



Total Licensees
(MD, DO, DPM, PA, and LAc)

Active	18,494
Inactive	1,829
Limited (all types)	864
TOTAL	21,187

Limited Licenses (MD/DO)

Status	MD	DO
Postgraduate	671	161
Fellow	15	0
Visiting Professor	1	0
Medical Faculty	5	0

*Active licenses include: Active, Emeritus, Locum Tenens, Military/
Public Health, Telemedicine, Telemonitoring, Teleradiology,
Administrative Medicine, and Volunteer Emeritus*

Licenses by County

The data below reflects current practice addresses reported by licensees who have full licenses at practicing statuses. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county. *Data as of December 31, 2015.*

County (Seat)	MDs	DOs	DPMs	PAs	LAc	Total	Population
Baker (Baker City)	70	8	1	10	1	90	16,059
Benton (Corvallis)	297	72	4	51	24	448	86,316
Clackamas (Oregon City)	1,016	108	18	116	107	1,365	394,972
Clatsop (Astoria)	108	8	2	13	8	139	37,474
Columbia (St. Helens)	24	6	0	17	5	52	49,459
Coos (Coquille)	140	13	4	15	5	177	62,475
Crook (Prineville)	21	6	0	10	3	40	20,998
Curry (Gold Beach)	41	15	1	7	3	67	22,335
Deschutes (Bend)	585	64	13	129	63	854	170,388
Douglas (Roseburg)	218	42	6	40	6	312	106,972
Gilliam (Condon)	1	0	0	2	0	3	1,932
Grant (Canyon City)	8	1	0	0	2	11	7,180
Harney (Burns)	17	1	0	3	0	21	7,126
Hood River (Hood River)	99	6	1	16	17	139	22,885
Jackson (Medford)	663	76	12	83	52	886	210,287
Jefferson (Madras)	27	2	0	5	2	36	22,192
Josephine (Grants Pass)	160	21	4	31	17	233	83,599
Klamath (Klamath Falls)	161	14	2	19	4	200	65,455
Lake (Lakeview)	8	2	0	3	0	13	7,838
Lane (Eugene)	942	65	12	150	72	1,241	358,337
Lincoln (Newport)	78	18	2	23	10	131	46,406
Linn (Albany)	172	25	3	34	6	240	119,356
Malheur (Vale)	108	11	2	31	0	152	30,359
Marion (Salem)	812	65	11	113	45	1,046	326,110
Morrow (Heppner)	6	0	0	5	0	11	11,187
Multnomah (Portland)	4,431	266	45	466	742	5,950	776,712
Polk (Dallas)	62	23	1	16	2	104	77,916
Sherman (Moro)	0	0	0	1	0	1	1,710
Tillamook (Tillamook)	61	3	1	9	4	78	25,342
Umatilla (Pendleton)	172	20	4	22	1	219	76,705
Union (La Grande)	76	12	1	2	6	97	25,691
Wallowa (Enterprise)	13	1	0	1	3	18	6,820
Wasco (The Dalles)	96	5	1	11	6	119	25,515
Washington (Hillsboro)	1,713	87	25	278	135	2,238	562,998
Wheeler (Fossil)	2	0	0	2	0	4	1,375
Yamhill (McMinnville)	200	21	6	24	12	263	101,758

Annual Investigative Statistics

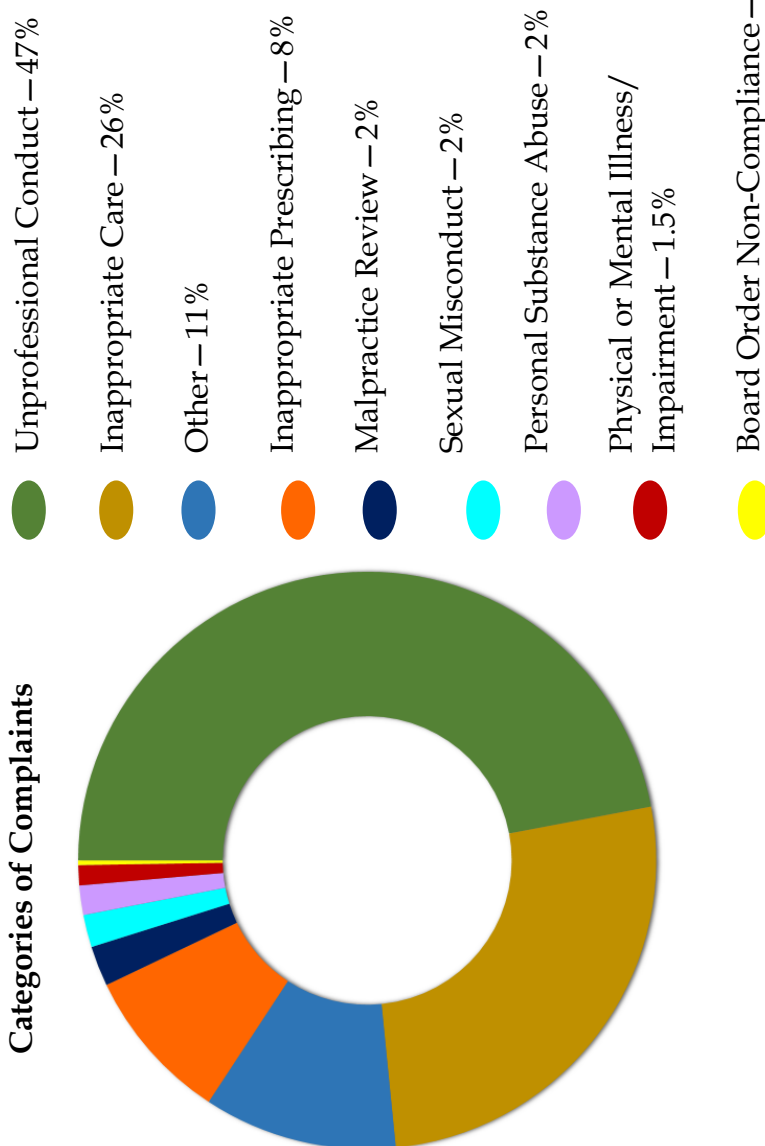
Investigations totals as of December 31, 2015

OMB Staff is continually preparing for and wrapping up Board and Committee meetings. For example, the Investigative Committee met eight times last year, each meeting spanning nine hours. Investigations staff and the state Attorney General's Office prepared for an additional four hearings that settled before the scheduled date. Each quarterly Board meeting requires Board members to read, and staff to compile, over 8,000 pages of material. The following statistical report is a snapshot of the resulting work.

Inquiries Received



Categories of Complaints

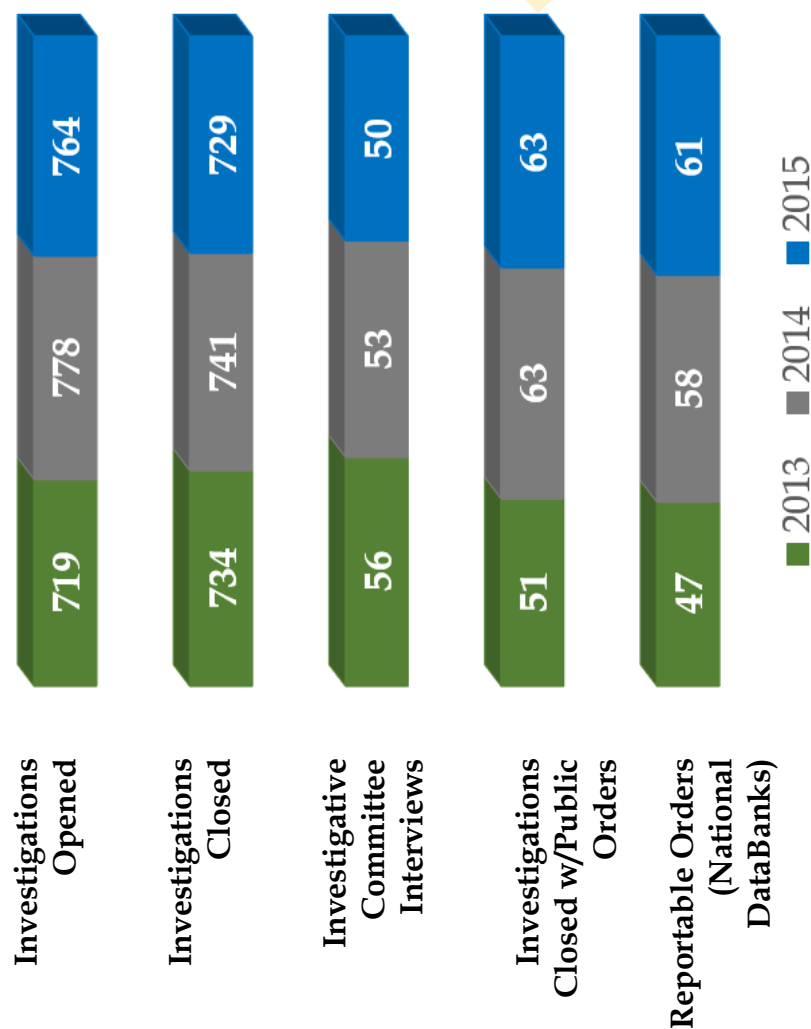


Source of Investigations	2013	2014	2015
Oregon Medical Board	86	49	63
Board or HPSP Non-Compliance	21	18	17
Hospital or Other Health Care Institution	25	31	24
Insurance Company	4	7	5
Malpractice Review	37	44	37
Other	55	67	69
Other Boards	5	9	6
Other Health Care Providers	66	62	57
Patient or Patient Associate	410	479	473
Pharmacy	10	5	4
Self-Reported	23	30	21

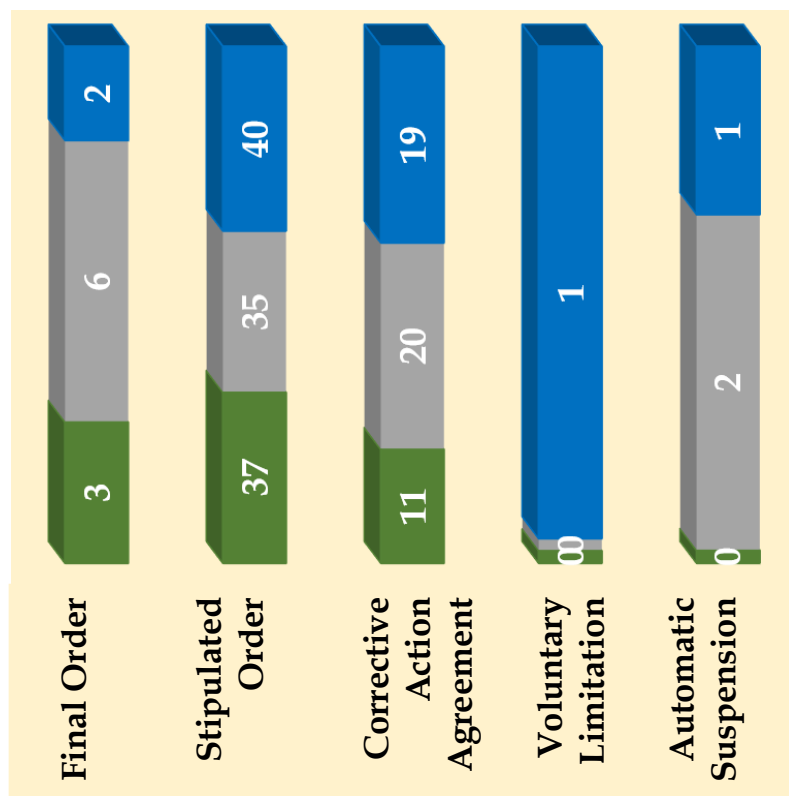
Some investigations result from multiple sources.

Final Dispositions of Investigations

Investigation Totals



Public Orders



Disciplinary sanctions imposed by the Board may include:

- Educational program or coursework
- Requirement for a practice mentor
- Chaperone requirement
- License limitation(s) (*activities restricted*)
- Referral to the Health Professionals' Services Program (HPSP)
- Fines (maximum of \$10,000)
- Assessment of costs associated with a hearing
- Probation
- Suspension of license for a period of time determined by the Board
- Denial of license renewal or reactivation
- Revocation of license

Tips to Avoid the Most Common Complaints

The Board's complaint phone line rings often. Each call is unique, but the majority fall into one of three categories:

communication, medical records, or prescribing practices. Although not all calls lead to an investigation, the following tips will help to minimize the possibility of your patient calling the Board.

Communication

Most calls to the Board are prompted by poor communication by licensees or their staff. Patients complain about dismissive or abrupt conversations and the licensee who "never looked up from the computer."

Tip: Engage your patients in their care and communicate well, especially when using electronic records during the visit.

Medical Records

You must provide medical records to a patient regardless of the form or medium. Even records you receive from another health care provider must be given to the

patient upon request. You may charge reasonable costs, but you may not refuse to provide records for inability to pay or an outstanding bill. You must provide records within 30 days. (See www.oregon.gov/omb/Topics-of-Interest/Pages/Patient-Records.aspx for exceptions and other details.)

Tip: Respond promptly and reasonably to medical records requests.

Prescribing Practices

When patients report frustration with not receiving medication, the Board may request patient records to determine whether the physician appropriately refused or limited prescriptions due to drug seeking behavior, diversion, or contraindications. If the Board finds adequate documentation at this early review stage, it is possible to avoid an investigation and reports to credentialing entities.

Tip: Thoroughly document medical decision making, particularly with prescribing. +

Did You Know?

The Oregon Medical Board's website has a Topics of Interest page on Pain Management. It provides information from the Board as well as a variety of free continuing education opportunities and additional resources for health care professionals. Learn more at www.oregon.gov/OMB/Topics-of-Interest/Pages/Pain-Management.aspx.

Discussing the Dangers of Potentially Impairing Drugs



The National Transportation Safety Board (NTSB) recently analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation

accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

The study found significantly increasing trends in pilots' use of all drugs, potentially impairing drugs (those with a US Food and Drug Administration warning about sedation or behavior changes in routine use), controlled substances, and illicit drugs (those defined as Schedule I by the US Drug Enforcement Administration). The final report, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, is available at www.nts.gov/safety/safety-studies/Documents/SS1401.pdf.

In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

Overall, 98% of the study pilots were male and 96% were flying privately rather than for commercial purposes. The average age of study pilots increased from 46 to 57 years over the study period.

Over the course of the study, for fatally injured pilots, the following was found:

- The proportion of pilots testing positive for at least one drug increased from 10% to 40%.
- More than 20% of all pilots from 2008 - 2012 were positive for a potentially impairing drug, and 6% of all pilots were positive for

more than one potentially impairing drug.

- Overall, the most common potentially impairing drug pilots had used was diphenhydramine, a sedating antihistamine (the active ingredient in many Benadryl and Unisom products).
- During the most recent 5 years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.
- The percentage of pilots testing positive for marijuana use increased to about 3% during the study period, mostly in the last 10 years.

The large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. Aviation is the only transportation mode in which a fatally injured operator (pilot) routinely undergoes extensive toxicology testing; no similar testing is routinely performed for fatally injured operators of boats, trains, trucks, or cars. Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across all modes of transportation.

These results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation. +

The Board is currently working toward amending its Statement of Philosophy on Pain Management to include this recommendation. Look for the amended Statement of Philosophy in a future OMB Report.

Board Actions

October 10, 2015 to January 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.

Emergency Suspension Orders

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

MCQUEEN, Robert J., MD; MD14655
Sherwood, OR

On November 23, 2015, the Board issued an Order of Emergency Suspension to immediately suspend Licensee's medical 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.

Interim Stipulated Orders

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

BOOHER, Benjamin W., DO; DO22832
Hermiston, OR

On November 30, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease treating all patients except those currently being treated for addiction, and to not treat any friend or family member. Additionally, Licensee agreed to voluntarily withdraw from practice and place his license in inactive status effective December 31, 2015, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

SARVER, Patrick J., MD; MD25942
Springfield, OR

On November 15, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing of all scheduled controlled substances for the treatment of chronic pain pending the completion of the

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

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

On November 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.

Disciplinary Actions

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

ARAKAKI, Charles M., MD; Applicant
Honolulu, HI

On January 8, 2016, Applicant entered into a Stipulated Order with the Board for willfully violating any provision of the Medical Practice Act and representing in any manner that he is authorized to practice medicine in this state. This Order reprimands Applicant and fines Applicant \$5,000.

ASHAYE, Olurotimi A., MD; MD24024
Meridian, ID

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; disciplinary action by another state; and failure to report an adverse action taken by another licensing jurisdiction. This Order prohibits Licensee from treating chronic pain with DEA scheduled medications and places other limitations on Licensee's ability to prescribe.

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

**MCWEENEY, Thomas P., MD; MD16875
Tualatin, OR**

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order reprimands Licensee; fines Licensee \$5,000; prohibits Licensee from performing total hip arthroplasty surgical procedures; requires Licensee to be proctored and observed by a preapproved, board-certified orthopedic surgeon for 15 orthopedic surgical cases; requires Licensee to obtain a pre-approved mentor to review Licensee's surgical cases and provide reports to the Board for at least six months; requires Licensee to maintain his board certification in orthopedic surgery; and requires Licensee to complete pre-approved courses in documentation and behavior management.

**NELSON, Stephen L., MD; MD18996
Medford, OR**

On January 8, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willfully violating any Board rule, order or request; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or without following accepted procedures for record keeping. This Order reprimands Licensee; fines Licensee \$2,500; places Licensee on probation; prohibits Licensee from treating chronic pain with any DEA scheduled medications; restricts Licensee's treatment of acute or intermittent pain; prohibits Licensee from prescribing methadone for acute pain or methadone maintenance therapy; prohibits Licensee from prescribing benzodiazepines or muscle relaxants in combination with any opioid

medications with specific exceptions; restricts Licensee's treatment of substance use disorder; and requires Licensee to complete 150 hours of pre-approved continuing medical education.

**PARK, Jae Ok, MD; MD13752
Beaverton, OR**

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence; and prescribing a controlled substance without a legitimate medical purpose or without following accepted procedures for examination of patients without following accepted procedures for record keeping. This Order reprimands Licensee; fines Licensee \$5,000; places Licensee on probation; limits Licensee's prescribing for pain; prohibits Licensee from prescribing any Schedule II or III medication in combination with any benzodiazepine or muscle relaxant; requires Licensee to complete a pre-approved CPEP education plan; and requires Licensee to comply with DEA regulations.

(Continued on page 16)



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.

(Continued from page 15)

RYSENGA, Juliet C., MD; MD18740
Ontario, OR

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence in the practice of medicine. This Order reprimands Licensee; requires Licensee to have surgical cases monitored by a pre-approved, board-certified ophthalmologist; requires Licensee to complete a pre-approved charting course and a pre-approved boundary course; prohibits Licensee from prescribing for her family or herself; requires Licensee to maintain a relationship with a pre-approved healthcare provider who will provide reports to the Board; and prohibits Licensee from prescribing antipsychotic medications.

For more information regarding complaints and investigations, visit
www.oregon.gov/OMB/Investigations/Pages/Investigations-Overview.aspx.

STRINGHAM, Charles H., MD; MD09749
Salem, OR

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; and prescribing a controlled substance without a legitimate medical purpose or without following accepted procedures for examination of patients or without following accepted procedures for record keeping. This Order retires Licensee's medical license while under investigation.

WRIGHT, John C., MD; MD28914
Gold Beach, OR

On January 7, 2016, Licensee entered into a Stipulated Order with the Board for unprofessional conduct and repeated negligence in the practice of medicine. This Order retires Licensee's medical license while under investigation.

Prior Orders and Agreements
Modified or Terminated

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

On January 7, 2016, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 11, 2014, Stipulated Order.

BOST, Dawn E., MD; MD16820
Salem, OR

On January 7, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 10, 2014, Stipulated Order.

HARRIE, Robert R., MD; MD22886
Bradford, PA

On January 7, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 9, 2014, Stipulated Order.

HEEN, Kimo K., PA; PA00808
Portland, OR

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

MAURAS, Kessa, DPM; DP153769
Hood River, OR

On January 7, 2016, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's October 2, 2014, Stipulated Order.

**WATKINS, Robert C., MD; MD12030
Clackamas, OR**

On January 7, 2016, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's August 10, 1998, Stipulated Order and Licensee's April 18, 2002, Order Modifying Terms of Stipulated Order.

Non-Disciplinary Board Actions

October 10, 2015 to January 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.*

**IZENBERG, Seth D., MD; MD21051
Portland, OR**

On January 7, 2016, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on anger management and report any complaints in regards to his professional or personal conduct to the Board.

Consent Agreements

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

**CARLIN, John D., PA; PA173118
Salem, OR**

On January 8, 2016, Applicant entered into a Consent Agreement with the Board. In this Agreement, Applicant agreed to specific requirements regarding supervision and chart review from his supervising physician, and that his supervising physician would

submit reports to the Board regarding his return to the practice of medicine.

**CLEARY, Kathryn E., LAc; AC00729
Portland, OR**

On November 12, 2015, Applicant entered into a Consent Agreement with the Board. In this Agreement, Applicant agreed to complete a 20-hour mentorship with a Board-approved clinical supervisor for her return to the practice of acupuncture.

**MITCHELL, Jennifer K., MD; MD173972
Bend, OR**

On November 10, 2015, Applicant entered into a Consent Agreement with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved mentor for six months, to include chart review and reports to the Board by the mentor for her return to the practice of medicine.

**SINNOTT, Robert C., MD; MD13902
MEDFORD, OR**

On January 8, 2016, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a Board-approved mentor for six months and complete 50 hours of pain management CME for his return to the practice of medicine

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

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

Board Action Subscriber's List

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

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/statutesrules/Pages/RulesProposedAndAdoptedByTheOMB.aspx.

Proposed Rules

First Review

Medical and Osteopathic Physicians (MD/DO)

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

The proposed rule amendment clarifies that applicants for a Volunteer Emeritus license must be able to demonstrate competency to qualify for licensure like any other Oregon Medical Board applicant. Volunteer Emeritus applicants are required to demonstrate competency if they have not completed postgraduate training or been certified or

recertified by an accepted specialty board within the past ten years or if the applicant has ceased the practice of medicine for 12 or more months. If the applicant has ceased the practice of medicine for 24 or more months, the applicant is required to complete a re-entry plan approved by the Board.

Podiatric Physicians (DPM)

OAR 847-008-0070; 847-017-0003; 847-017-0015; 847-017-0020; 847-080-0010; 847-080-0018; 847-080-0021; 847-080-0022; 847-080-0035: American Board of Foot and Ankle Surgery and the Council on Podiatric Medical Education

The proposed rule amendments update the name of the American Board of Podiatric Surgery (ABPS) to its current name, American Board of Foot and Ankle Surgery (ABFAS). The amendments also update the name of the American Podiatric Medical Association Council on Podiatry Education to the Council on Podiatric Medical Education.

Adopted Rules

Final Review

All Licensees

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

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

OAR 847-005-0005: Fees

The rule amendment removes the reference to the Physician Assistant Surcharge assessed for the 2014-2015 licensing period because it is no longer needed and corrects the citation to the statutory authority for assessing a criminal records check fee. The rule amendment also makes a housekeeping correction to update "Doctor of Osteopathy" to "Doctor of Osteopathic Medicine."

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

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

OAR 847-010-0073: Reporting Requirements

The rule amendment revises the definition of “sexual misconduct” to include electronic forms of communication such as text message and e-mail under the “sexual impropriety” heading and clarifies that sexual misconduct results from inappropriate behavior with a patient or a patient’s immediate family. The amendment also clarifies that the use of alcohol or other substances, including the legal use of recreational marijuana, must not be used while a licensee is working in any capacity or used while off duty if it may cause impairment while on duty. The rule amendment also removes section (8), which allows a civil penalty to be issued through an administrative process to licensees who fail to report as required by statute and this rule.

Physician Assistants (PA)

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

The rule amendment and rule repeals, which were temporarily adopted on 10/9/15 and effective on 1/1/16, permanently abolish the Physician Assistant Committee pursuant to

Senate Bill 905 (2015), effective 1/1/16.

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

Did You Know?



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

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

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

Remember!

An Oregon practice address is required for a full Active license. Failure to provide an Oregon practice address will result in a change to Inactive license status.

For more information, visit www.oregon.gov/omb/licensing/Pages/Change-of-Address.aspx.



Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201
971-673-2700
www.oregon.gov/OMB

Presorted
Standard Mail
US POSTAGE
PAID
SALEM, OR
PERMIT No.

OFFICE HOURS

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

2016 Holidays

Memorial Day
Monday, May 30

Independence Day
Monday, July 4

Labor Day
Monday, September 5

PUBLIC NOTICE SUBSCRIBER'S LIST

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

CALENDAR OF MEETINGS

March 9, 5:00 p.m.

**Administrative Affairs
Committee**

April 7-8, 8:00 a.m.

Board Meeting

May 5, 7:30 a.m.

Investigative Committee

May 20, 9:00 a.m.

EMS Advisory Committee

June 2, 7:30 a.m.

Investigative Committee

June 3, 12 noon

**Acupuncture Advisory
Committee**

June 8, 5:00 p.m.

**Administrative Affairs
Committee**

July 7-8, 8:00 a.m.

Board Meeting