Oregon Medical Board
Report

Volume 129 No. 1 Winter 2017 www.oregon.gov/OMB

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.

Thank You

The Oregon Medical Board thanks you – our licensees – for providing health care to Oregonians.

The Board is thankful to our physicians, physician assistants, and acupuncturists for dedicating your career to the health and wellbeing of your patients.

Inside This Issue:

Whether you are just beginning your profession or are enjoying life as an emeritus licensee, the Board would like to thank you for all that you do in our state. Our licensees provide care in rural and underserved areas in an effort to increase access to quality care, volunteer their time to meet the needs of the community, and care for vulnerable populations such as children, the elderly, and those facing mental or chronic illnesses. You each play an important role in treating all Oregonians and keeping them well, and the Board appreciates your work.

As we begin 2017, we take this moment to thank you and to renew our commitment to providing education and resources that support our licensees in the safe practice of their professions. The work you perform is challenging, diverse, and critical, and we thank you for choosing to practice your health care profession in Oregon. ✚

Statement of Purpose: *The OMB Report is published to promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.*

Drug Take Back Programs

Some hospitals and retail pharmacies will dispose unwanted or unused medications.

Locate your nearest DEA-authorized collector at **https://apps.deadiversion.usdoj.gov/pubdispsearch** or by calling 1-800-882-9539.

Top Prescriptions October – December 2016

DRUG	#of Rx	% of all Rx	% Change*
Hydrocodone	361,436	20.1%	-15.3%
Oxycodone	296,968	17.1%	-11.2%

** Compared with October – December 2015*

Acupuncture Advisory Committee Openings

The Oregon Medical Board is seeking both an **acupuncturist** and a **physician** with acupuncture training to join the Acupuncture Advisory Committee.

The Committee makes recommendations to the Board on licensing, practice regulations, and other issues related to acupuncture in Oregon. It is composed of three acupuncturists, two physicians and one Board member. 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 as necessary.

Letters of interest and curricula vitae (CV) are due by May 15, 2017. Interested licensees may visit **www.oregon.gov/omb/board/Pages/Board-and-Committee-Vacancies.aspx** for more information.

Oregon Opioid Prescribing Guidelines:
Recommendations for the Safe Use of Opioid Medications

In response to the dramatic increase in overdose deaths and hospitalizations for prescription opioid use, the Centers for Disease Control and Prevention issued the CDC Guideline for Prescribing Opioids for Chronic Pain. The Oregon Opioid Prescribing Guidelines Task Force quickly convened and began to develop state-specific guidelines that would optimize care and improve patient safety in Oregon. The resulting *Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications* was published in November 2016 and endorsed by the Oregon Medical Board at the beginning of January 2017.

The Board thanks Joe Thaler, MD, OMB Medical Director, for his contribution to the Task Force along with many other health care professionals and experts. The abbreviated CDC recommendations and the Oregon-specific additions are provided here. Please see **http://omb.oregon.gov/pain-management** for more information.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP AND DISCONTINUATION

4. When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
5. When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day.

- Clinicians should strongly consider additional evaluation of the benefits and risks of higher dose opioid therapy, document clinical justification for the higher dose in the medical record, and obtain and document pain management consultation. Options for consultation could include: 1) having a colleague evaluate the patient, 2) presenting and discussing the case to a clinician peer group or multi-disciplinary pain consultation team, 3) referring the patient to a pain specialist who

(Continued on page 4)

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has experience tapering patients off of opioids, or 4) referring the patient to a pain/addictions mental health specialist. (See CDC narrative under recommendation 8.)

- Refer to Oregon Medical Board Material Risk Notice (required in Oregon when prescribing opioids for chronic pain.): **www.oregon.gov/omb/OMBForms1/material-risk-notice.pdf**
- Task Force members emphasized the need for compassionate and non-discriminatory treatment for established (including transferred) patients currently taking higher doses, echoing specific suggestions found in the CDC Guideline narrative supporting this recommendation.

6. Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
7. Clinicians should evaluate benefits and harms with patients within one to four weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every three months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

8. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.
9. Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every three months.

The Board encourages prescribing professionals to use the Oregon Prescription Drug Monitoring Program (PDMP). For more information about registration or to log in, visit **www.orpdmp.com/health-care-providers**.

- The Oregon Prescription Drug Monitoring Program (PDMP) is a tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions.
- Inappropriate behavior identified through the PDMP should lead to discussions about opioid use disorder, but not usually lead to dismissal from practice. While opioids may need to be discontinued, treatment of addiction and other medical comorbidities is still important.

10. When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

- If clinicians suspect their patient might be sharing or selling opioids and not taking them, or intentionally misusing opioids, clinicians should consider urine drug testing in order to consider whether opioids can be discontinued abruptly or tapered, and clinicians should consider referral to substance use disorder (SUD) treatment.
- Urine drug testing is a tool that can be used to assist providers in assessing whether patients are using opioids as prescribed, using other substances, or potentially diverting opioids.

11. Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

The task force emphasized two points included in the CDC narrative supporting this recommendation:

- Clinicians should check the PDMP for concurrent controlled medications prescribed by other clinicians (see Recommendation 9) and should consider involving pharmacists, pain specialists, and/or mental health specialists as part of the management team when opioids are co-prescribed with other central nervous system depressants.
- Clinicians should have an informed discussion with their patient about the serious risks associated with using these medications concurrently, including recently released FDA boxed warnings.

12. Clinicians should offer or arrange evidence-based treatment (usually with medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

ADDITIONAL CONSIDERATIONS: MARIJUANA AND SAFE STORAGE AND DISPOSAL

1. Marijuana

With Oregon's recent legislation of recreational use of marijuana, its use is relatively prevalent. Current data are limited on the interactions between opioids and marijuana.

- Clinicians should discuss and document the use of marijuana with their patients, including: whether they use, if so, amount, type, reason for use, etc.
- Clinicians and their organizations have an obligation to closely follow the emerging evidence on the use of marijuana for treatment of pain, and adopt consistent best practice (refer to the Oregon Health Authority (OHA) medical marijuana prescribing guidelines).
- As with all pain treatment, consideration of marijuana use concurrent with opioids should be focused on improving functional status and quality of life, and ensuring patient safety. Clinicians should assess for contraindications and precautions to the concurrent use of marijuana and opioids.

2. Safe Storage and Disposal

Clinicians should advise patients about safe storage and disposal of all controlled substances. ✚

Annual Licensing Statistics

The OMB had 21,541 licensees as of December 31, 2016. Of that number, 18,966 held active* licenses to practice in Oregon. Another 902 individuals held limited licenses of various kinds.

Total Number of Licensees as of December 31, 2016

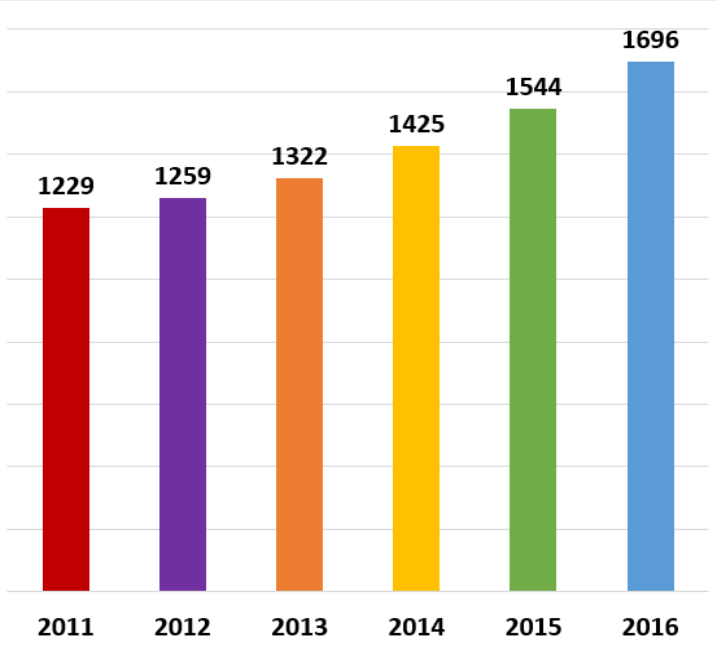
Status	Doctors of Medicine (MD)	Doctors of Osteopathy (DO)	Podiatric Physicians (DPM)	Physician Assistants (PA)	Acupuncturists (LAc)
Active	14,170	1,260	192	1,830	1,514
Inactive	1,371	113	13	89	87
Limited (all types)	725	164	12	0	1
Total	**16,266**	**1,537**	**217**	**1,919**	**1,602**

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

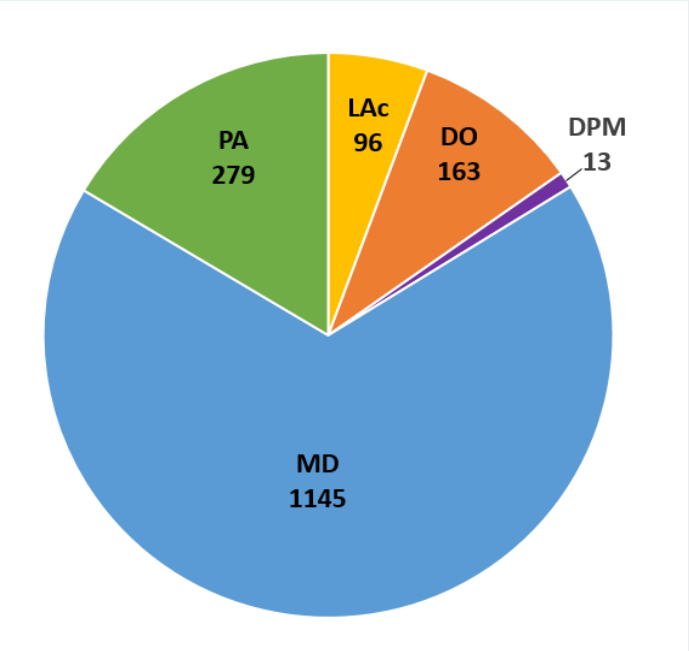
New Licensees in 2016

In 2016, the Board issued more new licenses than ever before. During the year, 1,696 new medical professionals were granted licensure in Oregon, further extending high quality care throughout our state.

New Licensees 2011 to 2016



2016 New Licensee Count by Profession



Licensees 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, 2016.*

County (Seat)	MDs	DOs	DPMs	PAs	LAc	Total	Population
Baker (Baker City)	70	10	1	10	1	92	16,059
Benton (Corvallis)	314	85	5	68	27	499	86,316
Clackamas (Oregon City)	1,102	114	19	151	102	1,488	394,972
Clatsop (Astoria)	109	8	2	15	8	142	37,474
Columbia (St. Helens)	25	6	0	17	7	55	49,459
Coos (Coquille)	153	15	5	17	8	198	62,475
Crook (Prineville)	21	6	0	10	1	38	20,998
Curry (Gold Beach)	42	14	1	7	3	67	22,335
Deschutes (Bend)	612	74	11	148	72	917	170,388
Douglas (Roseburg)	230	39	7	47	5	328	106,972
Gilliam (Condon)	1	0	0	2	0	3	1,932
Grant (Canyon City)	10	2	0	0	2	14	7,180
Harney (Burns)	15	2	0	5	0	22	7,126
Hood River (Hood River)	104	6	1	18	18	147	22,885
Jackson (Medford)	687	71	12	102	54	926	210,287
Jefferson (Madras)	30	2	1	7	1	41	22,192
Josephine (Grants Pass)	172	24	5	34	15	250	83,599
Klamath (Klamath Falls)	154	15	2	21	4	196	65,455
Lake (Lakeview)	9	1	0	2	0	12	7,838
Lane (Eugene)	994	78	12	174	77	1,335	358,337
Lincoln (Newport)	76	21	1	28	8	134	46,406
Linn (Albany)	185	32	4	38	8	267	119,356
Malheur (Vale)	112	12	2	36	0	162	30,359
Marion (Salem)	842	75	12	139	39	1,107	326,110
Morrow (Heppner)	6	0	0	6	0	12	11,187
Multnomah (Portland)	4,669	289	48	557	743	6,306	776,712
Polk (Dallas)	60	23	1	17	3	104	77,916
Sherman (Moro)	0	0	0	2	0	2	1,710
Tillamook (Tillamook)	64	3	1	8	4	80	25,342
Umatilla (Pendleton)	181	24	4	30	2	241	76,705
Union (La Grande)	73	13	1	2	4	93	25,691
Wallowa (Enterprise)	16	1	0	2	3	22	6,820
Wasco (The Dalles)	97	7	2	11	6	123	25,515
Washington (Hillsboro)	1,768	96	25	304	146	2,339	562,998
Wheeler (Fossil)	3	0	0	3	0	6	1,375
Yamhill (McMinnville)	164	22	7	25	14	262	101,758

Annual Investigative Statistics

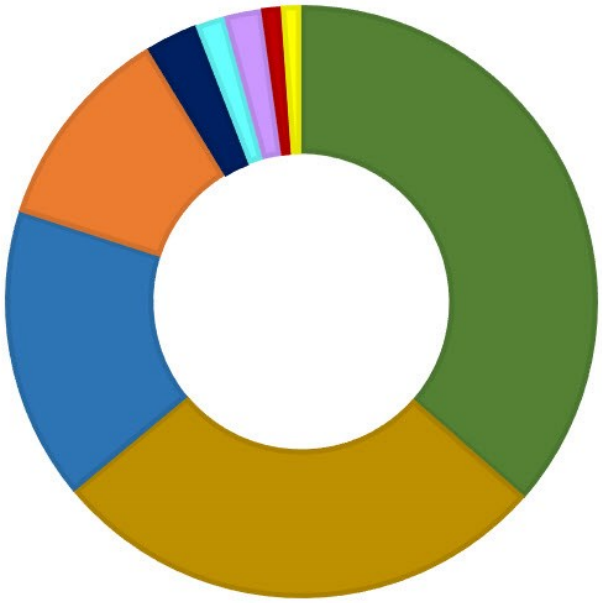
Investigations totals as of December 31, 2016

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, and held three abbreviated meetings. One contested case hearing was held, lasting four days after months of preparation. Investigations staff and the state Attorney General's Office prepared for an additional three 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 in 2016

1,987 **318** **711**

Categories of Complaints



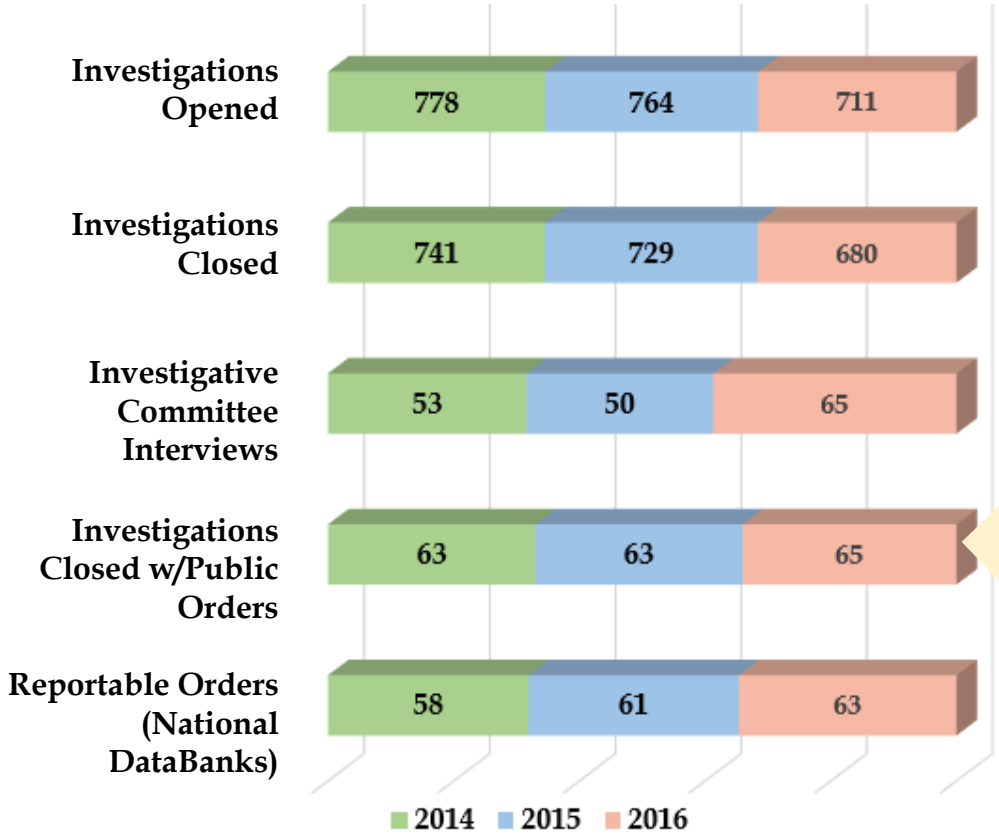
- Unprofessional Conduct—36%
- Inappropriate Care—28%
- Other—16%
- Inappropriate Prescribing—11%
- Malpractice Review—3%
- Sexual Misconduct—2%
- Personal Substance Abuse—2%
- Physical or Mental Illness/ Impairment—1%
- Board Order Non-Compliance—1%

Source of Investigations	2014	2015	2016
Oregon Medical Board	49	63	56
Board or HPSP Non-Compliance	18	17	38
Hospital or Other Health Care Institution	31	24	26
Insurance Company	7	5	8
Malpractice Review	44	37	37
Other	67	69	72
Other Boards	9	6	7
Other Health Care Providers	62	57	53
Patient or Patient Associate	479	473	396
Pharmacy	5	4	6
Self-Reported	30	21	33

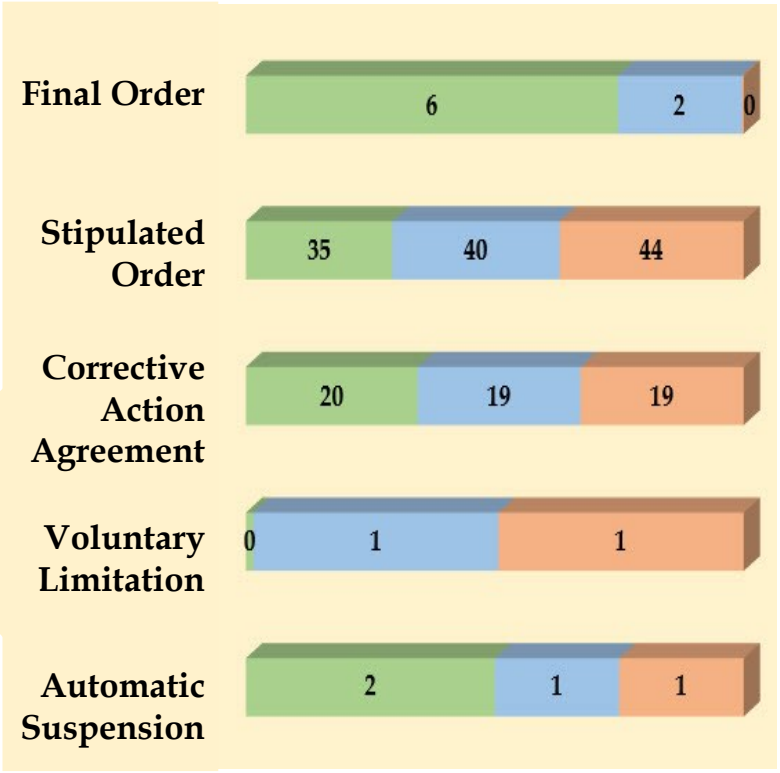
Some investigations result from multiple sources.

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
- 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

Board Actions

October 8, 2016 to January 6, 2017

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

Automatic Suspension Orders

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

QUEELEY, Philip W., LAc; AC00862
Portland, OR

On December 23, 2016, the Board issued an Order of License Suspension to immediately suspend his license for failure to pay child support. Automatic suspension is required by ORS 25.750.

Interim Stipulated Orders

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

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

On January 5, 2017, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

BAUER, Matthew R., DO; DO154162
Milwaukie, OR

On November 17, 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.

HATLESTAD, Christopher L., MD; MD24066
Portland, OR

On November 15, 2016, Licensee entered into an Interim Stipulated Order to voluntarily place his license in Administrative Medicine Active status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

RESENDIZ, Joseph E., DO; DO26421
Tigard, OR

On December 22, 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.

ROTH, Debra E., PA; PA130024
Eugene, OR

On October 28, 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.

SCHULTZ, George E., DO; DO21031
Medford, OR

On November 11, 2016, Licensee entered into an Interim Stipulated Order to voluntarily discontinue initiating chronic pain treatment for any patient; taper the MED to 90, or maintain the MED at 90 or less for existing chronic pain patients on opioid therapy; eliminate carisoprodol from the treatment regimen for chronic pain patients on opioid therapy; and adhere to other restrictions in prescribing controlled substances to chronic pain patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

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 **http://omb.oregon.gov/newsletter.**

Disciplinary Actions

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

CALCAGNO, John A., MD; MD14823
Gresham, OR

On January 5, 2017, 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 without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; assesses a $5,000 civil penalty; places Licensee on probation; requires Licensee to complete a pre-approved course on pediatric pharmacology; prohibits Licensee from conducting research for or speaking on behalf of a pharmaceutical company; subjects Licensee's practice to no-notice chart audits; prohibits Licensee from prescribing psychotropic medications to treat psychiatric conditions; and requires that Licensee complete the CPEP education plan recommendations.

GORDON, Matthew S., MD; MD21157
Salem, OR

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's medical license while under investigation.

GRUCELLA, Christina M., MD; MD173835
Oregon City, OR

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willful violation of a Board rule or order. With this Order, Licensee surrenders her medical license while under investigation.

HATLESTAD, Christopher L., MD; MD24066
Portland, OR

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's medical license while under investigation.

LAIRD, Ashley R., MD; MD173210
Medford, OR

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders her medical license while under investigation.

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

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee.

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

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's medical license while under investigation.

TINGSTAD, Edwin M., MD; MD24628
Gold Beach, OR

On January 5, 2017, Licensee entered into a Stipulated Order with the Board for Licensee's failure to report to the Board an adverse action taken by another licensing jurisdiction. This Order assesses a civil penalty of $1,000.

Prior Orders and Agreements Modified or Terminated

BASKERVILLE, Mark J., MD; MD23614
Portland, OR

On January 5, 2017, the Board issued an Order Terminating Stipulated Order. This Order

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terminates Licensee's April 9, 2009, Stipulated Order and July 12, 2013, Order Modifying Stipulated Order.

HATLESTAD, Christopher L., MD; MD24066
Portland, OR

On January 5, 2017, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 10, 2013, Stipulated Order.

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

On January 5, 2017, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's July 9, 2015, Corrective Action Agreement.

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

On January 5, 2017, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 5, 2017, Stipulated Order.

QUEELEY, Philip W., LAc; AC00862
Portland, OR

On January 3, 2017, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's December 23, 2016, Order of License Suspension.

TINGSTAD, Edwin M., MD; MD24628
Antelope, OR

On January 5, 2017, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 5, 2017, Stipulated Order.

For more information regarding complaints and investigations, visit **http://omb.oregon.gov/investigations**

Non-Disciplinary Board Actions

October 8, 2016 to January 6, 2017

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* **unless** they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

JAPPAY, Elisabeth L., MD; MD26489
Salem, OR

On January 5, 2017, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a CPEP evaluation; contract with CPEP for the development of any education plan; and complete the CPEP education plan.

Consent Agreements for Re-Entry to Practice

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

RUSSELL, James M., IV, MD; MD179941
Portland, OR

On November 23, 2016, Applicant entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved supervising physician; meet twice weekly for two months and once weekly for an additional four months with the supervising physician; and complete 62.25 hours of CME.

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).*

OMB Resources

All phone inquiries: 971-673-2700
Toll-free: 1-877-254-6263
Fax: 971-673-2670
Website: **www.oregon.gov/OMB**
E-mail: **omb.info@state.or.us**

Board Action Report:
http://omb.oregon.gov/boardactions

Licensee Search:
http://omb.oregon.gov/verify

Complaints and Investigations:
http://omb.oregon.gov/complaint
http://omb.oregon.gov/investigations
Email: complaint.OMB.officer@state.or.us

Statements of Philosophy
http://omb.oregon.gov/philosophy

Topics of Interest
http://omb.oregon.gov/topics

Applicant/Licensee Services (applications, 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

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 **http://omb.oregon.gov/subscribe-actions** and following the link to be e-mailed when a new report is posted.

Emergency Medical Services Advisory Committee Opening

The Oregon Medical Board and its EMS Advisory Committee are seeking letters of interest and curricula vitae (CV) from emergency medical services providers interested in serving on the Committee. The EMS provider must have two years of Oregon residency and be licensed for not less than two years. ***The EMS provider must be from rural or frontier Oregon.***

The Committee is composed of two physician members, three EMS members, and one public member. The term of office is three years, and members may serve no more than two terms. The Committee meets four times a year with additional meetings or conference calls as necessary.

The Committee's purpose and major objective is to help ensure the availability of safe, professional emergency medical services to the people of Oregon. The Committee makes recommendations to the Board on matters of scope of practice for all levels of emergency medical services providers and requirements and duties of supervising physicians. The Board then contemplates final action based on those recommendations.

Interested applicants may submit a CV and a letter of interest addressing the following areas:

- Educational/training/practice experience
- Any committee or team experience
- Why you are interested in serving as a member on the EMS Advisory Committee

Application materials must be submitted to the Board at 1500 SW First Ave., Ste. 620, Portland, OR 97201 or **Frank.Clore@state.or.us** by April 15, 2017. ✚

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

Medical and Osteopathic Physicians (MD/DO)

OAR 847-010-0066: Visiting Physician Approval

The proposed rule amendment allows out-of-state physicians acting as expert witnesses to apply for visiting physician approval (sometimes called "courtesy privileges"). The out-of-state physician must be licensed in good standing in another state or country and may only practice for this limited purpose for up to 30 days in the year under the supervision of an actively licensed Oregon physician in good standing.

Adopted Rules

Final Review

Board Administration

OAR 847-003-0200: Board Member Compensation

The rule amendment allows compensation to Board members for preparing for Board meetings and Investigative Committee meetings.

Emergency Medical Services (EMS)

OAR 847-035-0030: Scope of Practice

The rule amendment broadens the EMT scope of practice to allow blind insertion of supraglottic airway devices generally rather than limiting the scope to only cuffed pharyngeal airway devices and removes the limitation on performing tracheobronchial tube suctioning to only endotracheal intubated patients to allow EMTs to also perform this suctioning on tracheostomy patients. The rule amendment also adds a provision to allow Paramedics to initiate and maintain mechanical ventilation during transport if the Paramedic is formally trained on the specific device and is acting under specific written protocol.

Acupuncturists (LAc)

OAR 847-070-0005: Definitions

The rule amendment adds a definition for Oriental massage and clarifies the definition for physician. ✚

"Oriental Medicine" Hearing

The Board held a public hearing on the proposed rule amendment to define "Oriental Medicine" on December 2, 2016. The Oregon Association of Acupuncture and Oriental Medicine (OAAOM) and the Oregon Physical Therapy Association (OPTA) submitted comments along with acupuncturists and physicians interested in the proposed definition.

A summary of the public comments and the Board's response is available in a Hearing Officer's Report available at **http://omb.oregon.gov/rules**.

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**.

DEA Registration Renewal

Beginning January 1, 2017, the Drug Enforcement Administration (DEA) will mail only one renewal notification to the "mail to" address for each DEA registrant approximately 65 days prior to the expiration date. A second reminder will be sent to the email address associated with the DEA registration. **The DEA will no longer send a second renewal notice by mail.**

All other current policies and procedures for registration renewal will remain unchanged at this time.

- If a renewal is submitted prior to expiration, the registrant may continue authorized operations beyond the expiration date until final action is taken on the renewal.
- An expired registration may be reinstated for up to one calendar month after the expiration date. If not reinstated within the calendar month, the DEA requires a new registration application.
- Federal law prohibits handling of controlled substances for any period of time under an expired registration, even if the registration is reinstated within the calendar month.

*For more information or to renew your DEA registration, please visit **www.deadiversion.usdoj.gov/drugreg**.*

CDC Opioid Guideline Mobile App

The CDC's new Opioid Guideline App is designed to help providers apply the recommendations of the CDC's Guideline for Prescribing Opioids for Chronic Pain into clinical practice by putting the entire guideline, tools, and resources in the palm of their hand.

The application includes a Morphine Milligram Equivalent (MME) calculator*, summaries of key recommendations, a link to the full Guideline, and an interactive interviewing feature to help providers practice effective communication skills.

The new CDC Opioid Guideline App is now available for free download on Google Play and in the Apple Store. ✚

***MME Calculator Disclaimer**: This calculator is not intended to replace clinical judgment or to guide opioid dosing for patients receiving active cancer treatment, palliative care, end-of-life care, or for patients younger than 18. The application is not intended to provide guidance on dosing of opioids as part of medication-assisted treatment for opioid use disorder. The calculator does not account for incomplete cross-tolerance between opioids and should not be used to guide opioid rotation or conversion between different opioids. This is especially important for fentanyl and methadone conversions. Equianalgesic dose ratios are approximations and do not account for interactions between opioids and other drugs, patient weight, hepatic or renal insufficiency, genetic factors, and other factors affecting pharmacokinetics.*

The Oregon Medical Board's webpage on Pain Management provides information from the Board, state guidelines on prescribing opioids, and additional resources for health care professionals. Learn more at **http://omb.oregon.gov/pain-management**.

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Office Hours

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

2017 Holidays

Presidents' Day
Monday, February 20

Memorial Day
Monday, May 29

Independence Day
Tuesday, July 4

Labor Day
Monday, September 4

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 **http;//omb.oregon.gov/subscribe-meetings** and following the link to receive meeting notices.

Calendar of Meetings

February 10, 9:00 a.m.
EMS Advisory Committee

March 2, 7:30 a.m.
Investigative Committee

March 8, 5:00 p.m.
Administrative Affairs Committee

April 6-7, 8:00 a.m.
Board Meeting

May 4, 7:30 a.m.
Investigative Committee

May 19, 9:00 a.m.
EMS Advisory Committee

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

June 2, 12 noon
Acupuncture Advisory Committee