

Oregon Board of Naturopathic Medicine
Public Board Meeting
February 8, 2016

Present: Dwight Adkins, Board Chair; Patrick Chapman, ND; Lissa McNiell, ND; Keivan Jinnah, ND; Jennifer Gibbons, ND; Charles Wiggins, Public Member; Katharine Lozano, AAG; and Anne Walsh, Executive Director.

The Board went into Public Session at 12:30pm.

Executive Session Motions: In case **N15-03-06**, L. McNiell made a motion to issue a notice of proposed discipline, J. Gibbons seconded the motion, all members agreed. In cases **N15-09-21, N15-10-25, N15-11-27, N15-11-29** and **N15-12-31**, L. McNiell made a motion to dismiss, J. Gibbons seconded the motion, all members agreed.

Meeting Minutes: C. Wiggins made a motion to approve the minutes from the December 14, 2015 with minor corrections, L. McNiell seconded and all members agreed.

Administrative Rules: A. Walsh opened the discussion on a rule that might make it easier for NDs, Pharmacists and consumers to understand what is within the prescribing authority of NDs. Currently the classification can be confusing; an exclusionary formulary drug list could resolve these questions. The board will review drafted language and bring comment to the next meeting. The Formulary Council will be asked for input before being put out for comment by the profession and interested parties. (The legislature must allow an exclusionary rule before both 850-060-0225 and -0226 can be deleted)

General Business:

Legislation 2016 Session – HB 4016 Impairment Program. Amendments would put the administrative control in the hands of the participating health boards. Currently the licensing board has to pay the administrative cost to the administrators of the program and the licensee has to pay the cost to participate. The administrative costs are very expensive and based on the total number of licensees, not those using the service. The new legislation would allow for the health boards to own the administration of these programs which would take care of the costs of administration. **HB 4095** Removes some disciplinary action on licensees from the Oregon Board of Dentistry (OBD) web site. This legislation would require, in some certain situations, OBD to remove previous disciplinary action from the website. However, the National Practitioner Database, a federally run database of health care professionals, posts and maintains as permanent records; state agencies will still be required to report discipline. **SB 1535** Athletic Concussion Treatment proposes the addition of DCs and NDs be included in this legislation. OANP is working on this with the DCs.

Legislation 2017 Session - The Board had a discussion on possible legislative concepts they would like to present. Minor Surgery (ORS 685.010(3)) needs more clarification and delineation of procedures. The best way to do this is to amend the statute as is to include language that says “as further defined by rule”. Work has already started on a rule with this intent. Defining “Physician” further in ORS 685 will help alleviate trouble in other statutes that do not clearly designate NDs as physicians. OANP is working on defining language for the 2017 session as well; OBNM and OANP will work together on this. Additionally, a concept would remove the Peer Review Committee (ORS 685.205) from statute; it does not serve a need for the Board and is confusing at times. The Board will discuss these possible concepts and others in more detail ongoing.

Independent Record Review – H. Snyder, the OBNM investigator, has been working on guidelines to provide to expert witnesses when reviewing records, to assure consistency. Part of the discussion led to a need for more qualified experts in area of practice. How is expertise determined? he The check list/guidelines were reviewed and with minor changes and approved by the board.

Strategic Planning Update – The Board approved a strategic planning retreat with a facilitator to be held in 2016.

Electronic Charting - Several inquiries have been submitted to the Board office regarding electronic charting; specifically how to make sure the paper records get properly converted. The responsibility lies with the doctor to make sure records/charts are kept and complete. In the next newsletter there will be a notice to be extra careful when converting paper to electronic.

Directors Report: Even with the slow start to the renewal cycle less than 2% had not completed their renewal online by the December 15 deadline.

Oregon Workforce Contract Update: This will be tabled until the April 2016 meeting.

Miscellaneous Inquiries:

Determining proprietary promotions ~ CE provider would like to allow a presenter to give attendees a copy of his book rather than accepting payment. After discussion the Board said this would be in conflict with the rule on proprietary presentation. If presenter wants to give away books, s/he can do so after the event outside the presentation classroom/area. The book should not be referenced during the presentation.

Request to allow CE to be accumulated over two years – Reporting CE will stay annually during renewals for the time being. Renewals are annual; it would make additional workload for the Board to track CE over a two year period. The rule will stay as it is for the time being.

Doctor/patient discussion on cannabis, what can a ND share or not share with a patient in the current legal climate of marijuana - Katharine Lozano, AAG for the board will look into this more and get back to the board.

The Board adjourned at 1:30pm.

The Board went back into public session at 1:35pm on the motion of C. Wiggins. P Chapman seconded and all members were in favor.

C. Wiggins would like to continue discussion on opioid prescribing and how to deal with this ongoing problem. Two things he suggested: First, a rule whereby a physician prescribing more than [300 MED] per day, must report this to the OBNM. Additionally if a ND is prescribing a combination of controlled substances to a patient, this too must be reported to the board. Secondly, education seems very lacking in the arena of opioid/controlled medication prescribing for all practitioners (ND and MD) and that rules setting policy or guidelines that can be utilized by anyone do the prescribing. C. Wiggins' would like this to remain a topic of discussion moving forward. This may be a good topic for the strategic retreat.

Public Comment: As no visitors were present there was no public comment at the meeting.

As there was no more business to discuss, the Board adjourned at 1:55pm.

Board members worked on CE after the close of the meeting.