Oregon
Tina Kotek, Governor

Medical Board
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ADMINISTRATIVE AFFAIRS COMMITTEE
MEETING AGENDA
VIDEOCONFERENCE

December 13, 2023, 5:00 p.m.

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.

Committee Members:
Ali Mageehon, PhD, Public Member, Chair
Erin Cramer, PA-C
Niknam Eshraghi, MD
Paula Lee-Valkov, MD
Christoffer Poulsen, DO

	Present	Absent		Present	Absent
CRAMER			**POULSEN**		
ESHRAGHI			**MAGEEGON**		
LEE-VALKOV					

Pursuant to ORS 192.660(2)(f) and ORS 192.660(2)(L), the Administrative Affairs Committee of the Oregon Medical Board (OMB) may convene in Executive Session to consider information or records that are exempt by law from public inspection or information obtained as part of an investigation, including information received in confidence by the Board and Administrative Affairs Committee, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

The Administrative Affairs Committee will reconvene in Public Session prior to taking any final action.

Members of the news media may remain in the room during the Executive Session but are directed not to report on the specific information discussed during the Executive Session.

EXECUTIVE SESSION

APPLICANT REVIEW

	[redacted], MD	Entity ID 1065558	MAGEEHON
	[redacted], PA	Entity ID 1065038	CRAMER
	[redacted], MD	Entity ID 1019359	POULSEN
	[redacted], MD	Entity ID 1041456	ESHRAGHI
	[redacted], MD	Entity ID 1064944	LEE- VALKOV

PUBLIC SESSION

	Annual Board's Best Practices Survey Introduction	MAGEEHON
	Quarterly CORE Business Suite Replacement Project Status Report Update	MAGEEHON

OREGON ADMINISTRATIVE RULES (OAR)

	OAR 847-001-0005 Rules for Contested Cases	FIRST REVIEW	POULSEN

	OAR 847-008-0055 Reactivation Requirements OAR 847-020-0110 Application for Licensure OAR 847-025-0050 Application OAR 847-050-0015 Application OAR 847-070-0015 Application OAR 847-080-0002 Application for Licensure	FIRST REVIEW	ESHRAGHI

	OAR 847-015-0040 Collaborative Drug Therapy Management	FIRST REVIEW	CRAMER

Committee Recommendations regarding First Review Rules	MAGEEHON

- *Division 1, rule 5*
- *Division 15, rule 40*
- *Division 8, rule 55*
- *Division 20, rule 110*
- *Division 25, rule 50*
- *Division 50, 15*
- *Division 70, rule 1*
- *Division 80, rule 2*

	OAR 847-008-0010 Initial Registration; OAR 847-020-0185 License Application Withdrawals; OAR 847-020-0190 Denial of Licensure; OAR 847-050-0070 License Application Withdrawals and Denials; OAR 847-070-0060 License Application Withdrawals and Denials; OAR 847-080-0028 License Application Withdrawals; OAR 847-080-0030 Denial of License	FINAL REVIEW	LEE-VALKOV

	OAR 847-015-0025 Dispensing, Distribution and Administration	FINAL REVIEW	CRAMER

	OAR 847-025-0020 [Telemedicine] Exemptions	FINAL REVIEW	ESHRAGHI

	OAR 847-050-0010 Definitions; OAR 847-050-0027 Approval of Supervising Physician; OAR 847-050-0029 Locum Tenens Assignments; OAR 847-050-0035 Grounds for Discipline; OAR 847-050-0036 Supervising Physician Organization; OAR 847-050-0037 Supervision; OAR 847-050-0038 Agents; OAR 847-050-0040 Method of Performance under a Practice Agreement or Practice Description; OAR 847-050-0041 Prescribing and Dispensing Privileges; OAR 847-050-0046 Emeritus Status; OAR 847-050-0050 Termination of Supervision; OAR 847-050-0080 Collaborative Practice Model; OAR 847-050-0082 Collaboration Agreements	FINAL REVIEW	CRAMER

	OAR 847-080-0001 Definitions; OAR 847-080-0042 Practice of Podiatry	FINAL REVIEW	ESHRAGHI

	Public Comment	MAGEEHON

When called upon, please state your name and organization for the record. We ask that you each limit your remarks to **3** minutes. The Committee will not respond to questions or engage in discussion.
Written comments may also be submitted if you have additional remarks beyond the allotted time.

DISCUSSION ITEMS

	Statement of Philosophy Review: Pain Management	POULSEN

	Statement of Philosophy Review: Telemedicine	ESHRAGHI

INFORMATIONAL ITEMS

	Five-year Rule Review: OAR 847-005-0008 Public Record Fees	MAGEEHON

	Secretary of State Audit Update	CRAMER

	15th International Association of Medical Regulatory Authorities (IAMRA) Conference Update	CRAMER

	New Licensure Count	MAGEEHON

ADJOURN

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Discussion Item

Member Assigned: **Mageehon**

Subject: **Annual Board's Best Practices Survey Introduction**

Oregon
Tina Kotek, Governor

Medical Board
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December 13, 2023

TO: Members of the Board

FROM: Carol Brandt, Business Manager

RE: **Best Practices Self-Assessment**

Background:

The Oregon Legislature has mandated that members of boards and commissions complete an annual self-evaluation to review Board adherence to recognized governance best practices. The purpose of the self-evaluation is to assist boards and commissions in developing governance oversight. The self-evaluation contains 15 yes or no survey questions about Executive Director selection, expectations, and feedback; strategic management; strategic policy development; fiscal oversight; and Board management.

The self-evaluation survey will be provided to OMB Board members via SurveyMonkey in advance of the January 2024 Board meeting. Completion of this self-evaluation survey is mandatory for all Board members. The results of the survey are included in the OMB's *Annual Performance Progress Report* to the Legislature. OMB survey results will likely be compared to the results from other health regulatory boards.

Agency staff have developed a Best Practices Self-Assessment Guide to assist you in evaluating and responding to the survey. The Self-Assessment Guide provides information to demonstrate our adherence to best practices; it will be provided with the survey.

Action Requested:

Prior to the January Board meeting, please complete the self-evaluation survey. Consult with Nicole, myself, or Mr. Cramer if you need assistance or have any concerns about the OMB's governance practices.

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Discussion Item

Member Assigned: **Mageehon**

Subject: **Quarterly CORE Business Suite Replacement Project Status Report Update**

Oregon Medical Board
Core Business Suite Replacement Project
Project Status Report
As of November 13, 2023

Project High Level Status

OMB contracted with our systems integration vendor Coastal Cloud Holdings, LLC in December 2022. Throughout 2023, OMB business experts and Coastal Cloud have engaged in discovery sessions to explore the workflows, processes, and business rules that support OMB services. In August and September, OMB began producing user stories and acceptance criteria for the licensing functional area. During October, Coastal Cloud began demonstrating the configuration for the Board and committee solution and we have begun iterating on this functionality. Coastal Cloud and OMB have continued to refine the agile process and our partnership as we actively pursue opportunities to produce quality deliverables at a faster pace. We are working with the vendor on an updated project plan that will help determine a time frame for project completion.

Milestones & Accomplishments (August through November 13th, 2023):

- Initiated Licensing solution configuration
- Initiated Board and Committee solution configuration
- Configured and deployed user story tracking tool

Next Steps:

- Update project plan and schedule
- Continue:
    - Producing user stories
    - Project sprints and solution iteration
    - System demonstrations
    - Data migration activities
    - UAT planning and preparation
    - Training planning and preparation

Schedule Status:

- Schedule is currently being revised
- Project Schedule incorporates Grand Renewal Cycle
- Project Roadmap and schedule of discovery sessions is flexible to accommodate business cycles and OMB resource availability

Budget Status:

- Budget through FY2024: $3,776,742
- Total costs to date: $1,423,720
- Budget remaining: $2,353,022 (62%)

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Poulsen**

First Review: **847-001-0005**
Subject: **Rules for Contested Case Hearings**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 001 – OREGON MEDICAL BOARD

First Review – January 2024

The proposed rule amendment updates the timeframe by which a party who requests a hearing must file a written answer. The amended timeframe would allow filling within 30 days of a timely hearing request, or 30 days after production, whichever is later.

847-001-0005
Rules for Contested Cases

(1) The Oregon Medical Board adopts the Attorney General's Uniform and Model Rules for Contested Cases of the Attorney General in effect on January 1, (2008), and all amendments thereto are hereby adopted by reference as rules of the Oregon Medical Board.

(2) The board must accept a properly addressed hearing request that was not timely filed if it was postmarked within the time specified for timely filing unless the board receives the request after the entry of the final order by default.

(3) The board may accept a late hearing request other than one described in section (2) above only if:

(a) The failure to timely request a hearing was due to the serious illness of a party lasting 30 days or more, the terminal illness of a member of the party's immediate family, destruction of the party's home or practice site, reasonable reliance on a statement of the agency relating to procedural requirements, or from fraud, misrepresentation, or other misconduct of the agency; and

(b) The board receives the request before the entry of a final order by default.

(4) Due to the complexity of the ~~B~~board's cases, ~~except for orders of emergency license suspension,~~ a party who requests a hearing must file a written answer within 30 days of a timely hearing request **or, if the party requests discovery, 30 days after production is provided, whichever is later**. **However, in no case shall a party's initial written answer be accepted less than 10 days prior to the first day of any hearing scheduled on the matter.** ~~The written answer must include a statement of each defense the party is raising.~~

~~(5) Regarding an answer filed by a party:~~

(a) **The written answer must include a statement of each defense, including any affirmative defenses, the party is raising**. Failure to raise a particular defense in the answer will be considered a waiver of such defense.

(b) New matters alleged in the answer are presumed to be denied by the Board.

(c) The answer may be amended, but no later than **30 days after the answer response was due**~~60 days after the deadline provided in the notice to request a hearing~~.

(~~6~~d)(A) If the Board amends its notice **without basing its amendment on one or more additional alleged violations**, then a party that requested a hearing may amend its answer up to 30 days after the agency issues the amended notice or **10 days** prior to hearing, whichever is earlier.

(B) If the Board amends its notice based on one or more additional alleged violations, then a party that requested a hearing may amend its answer up to 30 days after the Board issues the amended notice, 30 days after any additional production is provided, or 10 days prior to hearing, whichever is earliest.

(5) Section (4) of this rule does not apply to requests for hearing on orders of emergency license suspension.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Medical Board.]

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 183.335, 183.341 & 677.275

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Eshraghi**

First Review: **847-008-0055; 847-020-0110; 847-025-0050; 847-050-0015; 847-070-0015; 847-080-0002**

Subject: **Reactivation Requirements; Application for Licensure; Application, Application, Application for Licensure**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 8, 20, 25, 50, 70, 80 – OREGON MEDICAL BOARD

First Review – January 2024

The proposed rule amendments add payment of any civil penalties and costs due to the Oregon Medical Board as an application requirement. This would apply to applicants with a surrendered, retired, or revoked license seeking to be relicensed. Applicants would have to pay in full any civil penalties and costs due to the Oregon Medical Board before being relicensed.

847-008-0055
Reactivation Requirements (all OMB licensees)

(1) A licensee of the Board who wishes to reactivate must provide the Board with the following:

(a) Completed reactivation application;

(b) Appropriate fees as listed in 847-005-0005 **and any civil penalties or hearing costs that may be due**;

(c) An evaluation of overall performance and specific beginning and ending dates of training, practice, or employment sent directly to the Board from the director, administrator, dean, or other official of each hospital, clinic, office, or training institute where the licensee was employed, practiced, had hospital privileges, or trained in any state, country, or territory since the time of licensee's last renewal or as directed by the Board.

(2) The Board may require the licensee applying for reactivation to:

(a) Provide other documentation or explanatory statements;

(b) Personally appear before the Board;

(c) Demonstrate clinical competency per 847-020-0182, 847-020-0183, 847-050-0043, 847-070-0045, or 847-080-0021.

(3) The Board may deny reactivation based on grounds for denial of licensure provided in Oregon Revised Statutes chapter 677 or Oregon Administrative Rules chapter 847.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.172, ORS 677.190, ORS 677.265, ORS 677.512, ORS 677.759, ORS 677.825 & ORS 677.830

847-020-0110
Application for Licensure (MD/DO)

(1) Any person who wishes to practice medicine in this state beyond the first post-graduate training year must apply for an Oregon license to practice medicine.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, ~~and~~ letters**, and any civil penalties or hearing costs that may be due**.

(3) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(4) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.100 & 677.190

847-025-0050
Application (Telemedicine Status License)

(1) When applying for a license to practice medicine across state lines, the applicant must submit to the Board:

(a) The completed application, fees, documents, letters, **any civil penalties or hearing costs that may be due**, and any other information required by the Board for physician licensure as stated in OAR 847, division ~~0~~20 or physician assistant licensure as stated in OAR 847, division 50; and

(b) A description of the applicant's intended practice of medicine across state lines in the state of Oregon.

(2) An applicant applying for a license to practice medicine across state lines is subject to the requirements in OAR 847-008-0010.

Statutory/Other Authority: ORS 677.265 & 677.139
Statutes/Other Implemented: ORS 677.100, 677.139 & 677.265

847-050-0015 (PA)
Application

(1) Each application for the licensure of a physician assistant must meet the licensing requirements as set forth in ORS 677.512.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(~~2~~3) No applicant is entitled to licensure who:

(a) Has failed an examination for licensure in the State of Oregon;

(b) Has had a license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(c) Has been refused a license or certificate in any other state on any grounds other than failure in a medical licensure examination; or

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

(~~3~~4) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period from date of receipt of the application must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265 & 677.512

847-070-0015
Application (Acupuncture)

(1) Every applicant must satisfactorily complete an application and document evidence of qualifications listed in OAR 847-070-0016 to the satisfaction of the Board. Such application and documentation must be complete before an applicant may be considered eligible for licensure.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(~~2~~3) False documentation is grounds for denial of licensure or disciplinary action by the Board.

(~~3~~4) An applicant applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(~~4~~5) No applicant is entitled to licensure who:

(a) Has had his/her license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(b) Has been refused a license or certificate in any other state on any grounds other than failure in an acupuncture licensure examination; or

(c) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

Statutory/Other Authority: ORS 677.265 & 677.759
Statutes/Other Implemented: ORS 677.759

847-080-0002
Application for Licensure (DPM)

(1) When applying for licensure the applicant must submit to the Board the completed application, fees, documents, ~~and~~ letters**, and any civil penalties or hearing costs that may be due**.

(2) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(3) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.100, 677.190, 677.265, 677.810 & 677.840

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Cramer**

First Review: **847-015-0040**
Subject: **Collaborative Drug Therapy Management**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 015 – OREGON MEDICAL BOARD

First Review – January 2024

This proposed rulemaking would add Clinical Pharmacy Agreements to the existing rule regarding Collaborative Drug Therapy Management, aligning the Oregon Medical Board's rule with the Oregon Board of Pharmacy's current rulemaking.

Background: **Collaborative Drug Therapy Management** (CDTM) is the participation by a pharmacist in the management of drug therapy as authorized by a prescribing provider (physician or PA acting within their scope), initiated upon a prescription order for an individual patient, and pursuant to a written protocol that includes information specific to the dosage, frequency, duration, and route of administration of the drug. The protocol-based arrangement allows the pharmacist to adjust or manage a drug regimen for a specific disease or disease state with the goal of improving patient care outcomes, medication adherence, and decrease health care costs. CDTM protocols are used mostly in hospitals but are increasingly common in ambulatory care clinics and community pharmacies. CDTM protocols allow the pharmacist to manage the details of drug therapy for an individual patient and may be as simple as dosing acetaminophen per patient age/weight or as complex as warfarin anticoagulation for treatment or prevention of thrombosis. CDTM protocols may include laboratory and clinical monitoring to facilitate dose adjustments and monitor for adverse effects. CDTM protocols must include communication and referral criteria for patient safety as well as provisions for quality assurance and periodic review/update of the protocols.

As defined in ORS 689.005, **Clinical Pharmacy Agreement** (CPA) is between a pharmacist or pharmacy and a health care organization, a physician, or a naturopathic physician that permits the pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization, physician, or naturopathic physician. This protocol-based agreement allows the pharmacist to manage patients within a cohort (provider's practice, clinic, CCO, health plan) for specific diagnoses pursuant to an agreed upon protocol or guideline, such as Type 2 Diabetes management under the American Association of Clinical Endocrinology (AACE) Comprehensive Type 2 Diabetes Management Algorithm. CPA protocols may include laboratory and clinical monitoring to facilitate medication adjustments and monitor for adverse effects. CPA protocols must include communication and referral criteria for patient safety as well as provisions for quality assurance and periodic review/update of the protocols.

The Oregon Board of Pharmacy (OBOP) in 1998 and the Oregon Medical Board (OMB) in 1999 adopted rules setting the requirements for Collaborative Drug Therapy Management in Oregon. In subsequent years, the OBOP amended their rule, and in 2021 the OMB updated its rule. Over the last year, the OBOP hosted a workgroup to update their Collaborative Drug Therapy Management rule and add Clinical Pharmacy Agreements. From this workgroup, the OBOP has initiated a rulemaking that will be final reviewed by the OBOP on December 13-15, 2023. See attached notice for the OBOP's OAR 855-115-0315.

If the OBOP makes any changes to their proposed rule, OMB staff will provide an update at the January 4, 2024, Board meeting.

847-015-0040

Clinical Pharmacy Agreement & Collaborative Drug Therapy Management

(1) **For the purpose of this rule:**

(a) "Clinical Pharmacy Agreement" means an agreement between a pharmacist or pharmacy and a health care organization or a physician that permits the pharmacist to engage in the practice of clinical pharmacy as defined in ORS 689.005 for the benefit of the patients of the health care organization or physician.

(b) "Collaborative Drug Therapy Management" **means the process in which a pharmacist or pharmacy and a health care provider or group of health care providers agree to a pre-specified drug therapy management protocol that is initiated for an individual patient on the prescription or prescription drug order of a participating provider.** ~~as used in this section means the participation by a physician and a pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration and route of administration of the drug, authorized by a physician and initiated upon a prescription order for an individual patient and:~~

~~(a) Is agreed to by one physician and one pharmacist; or~~

~~(b) Is agreed to by one or more physicians in a single organized medical group, such as a hospital medical staff, clinic or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee, and one or more pharmacists at a single pharmacy registered by the Board of Pharmacy.~~

(2) A physician may engage in a Clinical Pharmacy Agreement with a pharmacist or pharmacy under a written arrangement that includes:

(a) The name of the principal pharmacist and principal physician who is responsible for:

(A) Initial training and ongoing competency assessment for participating pharmacists, if necessary; and

(B) Development, quality assurance and updating or discontinuing each protocol;

(b) The identification, either by name or by description, of each participating pharmacist;

(c) The identification, either by name or description, of each participating physician;

(d) The disease state or patient panel for which the pharmacist may provide clinical pharmacy services;

(e) Types of clinical pharmacy services provided;

(f) Circumstances that require communication from the participating pharmacist to the patient's physician, such as:

(A) Information collected;

(B) Patient assessment;

(C) Plan of care including follow-up;

(D) Services provided; and

(E) Circumstances requiring urgent communication with the patient's health care provider; and

(g) Training requirements for pharmacist participation and ongoing assessment of competency, if necessary.

(~~2~~3) A physician **or physician assistant acting within their scope** ~~shall~~ **may** engage in collaborative drug therapy management with a pharmacist only under a written arrangement that includes:

(a) The name of the principal pharmacist and health care provider who are responsible for:

(A) Initial training and ongoing competency assessment for participating pharmacists, if necessary; and

(B) Development, quality assurance and updating or discontinuance of each protocol;

(~~a~~b) The identification, either by name or by description, of ~~the~~ **each** participating pharmacist~~(s)~~;

(~~b~~c) The identification, by name, of ~~the~~ **each** participating **health care provider or group of health care providers**~~physician(s)~~;

~~(c) The name of the physician and principal pharmacist who are responsible for development, training, administration, and quality assurance of the arrangement;~~

(d) A detailed description of ~~the collaborative role the pharmacist(s) shall play, including but not limited to~~:

~~(A) Written protocol for specific drugs pursuant to which the pharmacist will base drug therapy management decisions for an individual patient;~~
(A) Indications;

(B) Drugs including dosage, frequency, duration and route of administration;

(C) Methods;

(D) Procedures;

(E) Decision criteria; and

(F) Plan the pharmacist is to follow;

(~~B~~e) **Documentation the pharmacist is to complete concerning actions taken and a plan or appropriate mechanism for communication, feedback, and reporting to the health care provider concerning specific actions taken;**

(f) Circumstances which will cause the pharmacist to initiate communication with the ~~physician~~**health care provider**~~, including but not limited to the need for new prescription orders and reports of patients' therapeutic responses or adverse effects~~; and

(~~C~~g) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary~~;~~.

~~(D) Quality assurance and periodic review by a panel of the participating physicians(s) and pharmacist(s).~~

~~(e) Authorization by the physician(s) for the pharmacist(s) to participate in the collaborative drug therapy;~~

~~(f) A provision for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years; and~~

~~(g) A description of the mechanism for the pharmacist(s) to communicate to the physician(s) and for documentation of the implementation of the collaborative drug therapy.~~

~~(3) Collaborative drug therapy management is valid only when initiated upon the prescription order of a participating physician for each individual patient.~~

~~(4) Nothing in this rule shall be construed to allow therapeutic substitution.~~

(~~5~~4) The ~~collaborative drug therapy~~ protocol must be ~~filed with the Board of Pharmacy,~~ kept on file in the pharmacy and made available to the **Oregon** Board of Pharmacy and the Oregon Medical Board upon request.

(5) Each protocol developed under this rule must be reviewed and updated or discontinued at least every two years.

(6) Each protocol developed under this rule must have a mechanism for the pharmacist to document the protocol version and all clinical pharmacy activities in the prescription record, patient profile, electronic health record or in some other appropriate system.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 689.005~~(30)~~, ORS 689.151, ORS 689.155

OFFICE OF THE SECRETARY OF STATE
LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 855
BOARD OF PHARMACY

FILED
10/19/2023 5:00 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Pharmacists; Applicability, Definitions, Supervision, Counseling, PIC Qualifications & Limitations, CPA & CDTM

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2023 4:30 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Rachel Melvin
971-673-0001
pharmacy.rulemaking@bop.oregon.gov

800 NE Oregon St., Suite 150
Portland,OR 97232

Filed By:
Rachel Melvin
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/21/2023
TIME: 9:30 AM
OFFICER: Rachel Melvin

HEARING LOCATION
ADDRESS: Oregon Board of Pharmacy - Virtual Meeting , 800 NE Oregon St., Suite 150, Portland, OR 97232

REMOTE MEETING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 503-446-4951
CONFERENCE ID: 343868791
SPECIAL INSTRUCTIONS:
This hearing meeting will be held virtually via Microsoft Teams.
If you wish to present oral testimony virtually during this hearing, sign up on our website at www.oregon.gov/pharmacy/pages/rulemaking-information or email your first and last name, email address and phone number to pharmacy.rulemaking@bop.oregon.gov to receive a calendar invitation to join the virtual hearing. Please indicate which rule(s) you would like to comment on.
You must submit written comments before 4:30PM on November 21, 2023. Email written comments to pharmacy.rulemaking@bop.oregon.gov.

NEED FOR THE RULE(S)

855-115-0001 Applicability - Proposed rule adds new language related to applicability. Relocates and revises OAR 855-019-0001 related to applicability. Removes waiver authority and reference to Interns.

855-115-0005 Definitions - Relocates and reorganizes existing rules from Division 006 and 019 related to definitions of CPA, CDTM, Counseling and DUR. Board staff are reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

855-115-0122 - Adds proposed new rule to clarify required ratios for supervision of Interns, Certified Oregon Pharmacy Technicians and Pharmacy Technicians. For direct patient care activities, rule allows a pharmacist to supervise up to 4 interns regardless of learning setting (e.g., school rotation or paid experience). For non-direct patient care activities, rule allows a pharmacist to supervise as many Interns they believe in their reasonable professional judgment is appropriate to promote and protect patient health, safety and welfare.

855-115-0145 Counseling - Relocates and reorganizes existing pharmacist rules from Division 019 related to counseling. Board staff are reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

855-115-0205 PIC: Qualifications and Limitations - In August 2023, the board adopted OAR 855-115-0200 effective 3/1/2024. The new rule that was adopted in August 2023 does not currently include requirements for a PIC between the effective date of the rule, 3/1/2024, and 7/1/2025. The current rule adopted also does not include limitations for a PIC. Proposed rule amendments add PIC qualification and limitation requirements. Having these requirements for a PIC will ensure public protection.

855-115-0315 Services: Clinical Pharmacy Agreement & Collaborative Drug Therapy Management - Relocates and revises existing CDTM rules from Division 019 into Division 115. Adds rules for CPA to Division 115.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

855-115-0001 Applicability- OBOP 2022-2026 Strategic Plan
https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf
855-115-0005 Definitions - OBOP 2022-2026 Strategic Plan
https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf
855-115-0122 Responsibilities: Supervision - OAR 855-120-1122 Responsibilities: Supervision - Preceptor, effective 3/1/2024 https://www.oregon.gov/pharmacy/Documents/Div_115_Pharmacists_BP_16-2023TrackedChanges.pdf OBOP 2022-2026 Strategic Plan https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf
855-115-0145 Counseling - OBOP 2022-2026 Strategic Plan
https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf
855-115-0205 PIC: Qualifications and Limitations - OAR 855-115-0200, effective 3/1/2024 (pg. 21)
https://www.oregon.gov/pharmacy/Documents/Div_115_Pharmacists_BP_16-2023TrackedChanges.pdf OBOP 2022-2026 Strategic Plan https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf
855-115-0315 Services: CPA & CDTM – 5/4/2023 CDTM - CPA Workgroup Meeting Minutes
https://www.oregon.gov/pharmacy/Documents/May_CDTM_CPA_Workgroup_Meeting_Minutes.pdf OBOP 2022-2026 Strategic Plan https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf

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STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

855-115-0001 Applicability, 855-115-0005 Definitions , 855-115-0122 Responsibilities: Supervision, 855-115-0145

Counseling, 855-115-0205 PIC: Qualifications and Limitations and 855-115-0315 Services: CPA & CDTM - The proposed rules are not expected to affect racial equity in this state.

FISCAL AND ECONOMIC IMPACT:

855-115-0001 Applicability – Pharmacists who are not working for a drug outlet and not included in the exemption would be required to obtain licensure in Oregon which depending on the method of licensure (e.g., reciprocity, score transfer, examination) costs between $346.25 – $396.25 (including fees) initially. In addition, pharmacists may need to pay an application fee to apply to transfer the North American Pharmacist Licensure Examination ($85-$185 per exam) score and/or pay an application fee ($100 per exam) and take the Oregon Multistate Pharmacy Jurisprudence Examination ($200). If the pharmacist chooses to renew their license, the biannual fee costs between $324-374.

855-115-0005 Definitions - No anticipated fiscal and economic impact.

855-115-0122 Responsibilities: Supervision - Rule clarifies number of pharmacy Interns, Certified Oregon Pharmacy Technicians and Pharmacy Technicians that can safely be supervised by a pharmacist. These licensees may increase the efficiency of a pharmacist by allowing them to direct their efforts to professional activities, therefore may positively impact an organizations bottom line.

855-115-0145 Counseling – An offer for the pharmacist to counsel must be made by a licensee. Pharmacies that utilize non-licensed personnel (i.e., clerks) may experience an increase in labor costs to ensure compliance with the rule. Per indeed.com, on average an Oregon Pharmacy clerk base salary is $18.39/hr, Pharmacy Technician $24.97/hr and Certified Pharmacy Technician $29.96/hr. Acceptance of declination of counseling by a non-Pharmacist licensee may result in a decrease in labor costs. Per indeed.com, on average an Oregon Pharmacist base salary is $63.07/hr.

855-115-0205 PIC: Qualifications and Limitations – Rule requires PIC to be an employee of the Drug Outlet. There may be an additional cost or savings to the Drug Outlet when employing a PIC instead of contracting with a PIC who is not an employee. These costs or savings are uncertain as this information is not currently available.

855-115-0315 Services: CPA & CDTM - No anticipated fiscal and economic impact.

Licensees, registrants and stakeholders may provide fiscal and economic impact statements during the open comment period.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

855-115-0001 Applicability, 855-115-0005 Definitions, 855-115-0122 Responsibilities, 855-115-0145 Counseling, 855-115-0205 PIC: Qualifications and Limitations, and 855-115-0315 Services: CPA and CDTM:

(1) The proposed new rule has no additional economic impact on state agencies, units of local government, or the public.
(2)(a) The proposed rule amendments applies to licensees and registrants of the Oregon Board of Pharmacy. Approximately 30% of Drug Outlet Pharmacy (RP &IP) registrants identify as a small business.
(b) The rulemaking imposes no additional mandatory reporting, recordkeeping or other administrative requirements on small businesses.

(c) The rulemaking imposes no additional requirements regarding equipment, supplies, labor or administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Licensees and registrants who identify as a small business will receive an email notice of proposed rulemaking via GovDelivery and will have an opportunity to provide public comment on the proposed rules for the board's consideration.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

855-115-0001 Applicability, 855-115-0005 Definitions, 855-115-0122 Responsibilities: Supervision, 855-115-0145 Counseling, and 855-1115-0205 PIC:Qualifications and Limitations - No. The board did not direct staff to convene a RAC or Workgroup to advise on the proposed rules. Board members represent the interests of persons and communities likely to be affected by the proposed rules and were able to provide expertise when drafting the proposed rules.

855-115-0315 Services: CPA & CDTM - No. The board directed staff to convene a CDTM – CPA Workgroup consisting of Subject Matter Experts with expertise related to CDTMs/CPAs to assist with the development of proposed rules/amendments. The CDTM/CPA workgroup held a meeting on 5/4/2023 and reviewed and provided input on all proposed rules/amendments related to CDTM and CPAs. The board reviewed and discussed the proposed rules at the October 2023 board meeting. Board members represent the interests of persons and communities likely to be affected by a proposed rule. Overall, board members are licensees of the Oregon Board of Pharmacy or public members who represent Oregon.

RULES PROPOSED:
855-115-0001, 855-115-0005, 855-115-0122, 855-115-0145, 855-115-0205, 855-115-0315

ADOPT: 855-115-0001

RULE SUMMARY: Proposed new rule relocates and revises existing rule language from OAR 855-019-0100 to OAR 855-115-0001 related to applicability. Removes provision for Interns that is now included in OAR 855-120-0135 and removes board waiver of rule. Clarifies which pharmacists working for out-of-state must be licensed by the board.

CHANGES TO RULE:

855-115-0001
Applicability
(1) This Division applies to any Pharmacist who engages in the practice of pharmacy.¶
(2) Only persons licensed with the board as a Pharmacist may practice pharmacy and must act in compliance with statutes and rules unless exempt under ORS 689.225. ¶
(3) A Pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the board in accordance with the following rules, except that a pharmacist located in another state who is working for an out-of-state registered Drug Outlet Pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification is not required to be licensed by the board unless they are the Pharmacist-in-charge (PIC). This exception applies only when a pharmacist is dispensing, delivering or distributing drugs into Oregon from a registered drug outlet. A pharmacist who is providing other pharmacy services into Oregon must be licensed in Oregon.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.255

ADOPT: 855-115-0005

RULE SUMMARY: Rule relocates and revises existing definitions from OAR 855-006-0005, OAR 855-019-0110, OAR 855-019-0260 to OAR 855-115-0005 related to definitions.

CHANGES TO RULE:

855-115-0005
Definitions
(1) "Clinical Pharmacy Agreement" means an agreement between a Pharmacist or pharmacy and a health care organization, or a Physician as defined in ORS 677.010 or a Naturopathic Physician as defined in ORS 685.010 that permits the Pharmacist to engage in the practice of clinical pharmacy as defined in ORS 689.005 for the benefit of the patients of the health care organization, or Physician or Naturopathic Physician.¶
(2) "Collaborative Drug Therapy Management" means the process in which a Pharmacist or pharmacy and a health care provider or group of health care providers agree to a pre-specified drug therapy management protocol that is initiated for an individual patient on the prescription or prescription drug order of a participating provider. ¶
(3) "Counseling" or "Counsel" means an oral, electronic or written communication between a pharmacist and a patient or a patient's agent in which the pharmacist provides the patient or patient's agent with advice regarding the safe and effective use of a drug or device.¶
(4) "Drug utilization review" or "DUR" means evaluation of a prescription to identify and resolve potential problems through the review of information provided to the Pharmacist by the patient, patient's agent, prescriber and the patient's record.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0122

RULE SUMMARY: New rule that applies to all Pharmacists and aligns with previously adopted rule in OAR 855-120-1122 Responsibilities: Supervision- Preceptor. Permits a Pharmacist to supervise up to four Interns for direct patient care activities and supervise a suitable number for non-direct care activities. Clarifies in rule that the limit for supervision, direction and control of a COPT/PT is as determined by Pharmacist.

CHANGES TO RULE:

855-115-0122
Responsibilities: Supervision
(1) When supervising a Certified Oregon Pharmacy Technician or Pharmacy Technician, each Pharmacist may supervise as many Certified Oregon Pharmacy Technicians or Pharmacy Technicians as they believe in their reasonable professional judgment is appropriate to promote and protect patient health, safety and welfare.¶
(2) When supervising an Intern, each Pharmacist may supervise:¶
(a) No more than four Interns participating in direct patient care activities.¶
(b) As many Interns as they believe in their reasonable professional judgment is appropriate to promote and protect patient health, safety and welfare for Interns participating in non-direct patient care activities such as informational health fairs that provide general information, but not patient-specific information.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

ADOPT: 855-115-0145

RULE SUMMARY: Proposed rule relocates and revises existing rule from OAR 855-019-0230 to OAR 855-115-0145 related to counseling. Clarifies circumstances that require a Pharmacist to provide counseling, removes reference to Intern provided counseling that is now included in OAR 855-120-0135, introduces provisions for written counseling, requires supplemental information when required by federal law, permits any board licensee to offer for a pharmacist to provide counseling or accept declination of offer for pharmacist counseling and adds requirements for documentation of the licensees identity for counseling, attempts to counsel or declination of counseling.

CHANGES TO RULE:

855-115-0145
Counseling
(1) For each prescription, the pharmacist must determine the manner and amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective use or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that patient.¶
(2) Counseling must be provided or offered to be provided to the patient or patient's agent on the use of a drug or device:¶
(a) When the drug or device has not been previously dispensed to the patient by the Drug Outlet pharmacy;¶
(b) When there has been a change in the dose, formulation, or directions;¶
(c) When the prescription has been transferred to the Drug Outlet pharmacy by oral, written or electronic means; or¶
(d) For any refill that the pharmacist deems counseling is necessary. ¶
(3) An offer for the pharmacist to counsel under (1) and (2) must be made by a licensee.¶
(4) The pharmacist must counsel the patient or patient's agent on the use of a drug or device upon request.¶
(5) When communicating (e.g., counseling, patient care services, billing) with a patient who prefers to communicate in a language other than English or who communicates in signed language, the pharmacist must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 unless the pharmacist is proficient in the patient's preferred language.¶
(6) For a prescription where counseling has only been provided in writing, the pharmacist must provide drug information in a format accessible by the patient, including information on when the pharmacist is available and how the patient or patient's agent may contact the pharmacist.¶
(7) A pharmacist is not required to counsel a patient or patient's agent when the patient or patient's agent refuses such consultation. If refused:¶
(a) Only a licensee can accept a patient's or patient's agent's request not to be counseled, when counseling is required.¶
(b) The pharmacist may choose not to release the prescription until counseling has been completed.¶
(8) Counseling must be provided under conditions that maintain patient privacy and confidentiality.¶
(9) Counseling, offers to counsel or declinations of counseling regarding prescriptions must be documented with the licensee's identity.¶
(10) Additional forms of drug information (e.g., Medication Guide, Patient Package Inserts, Instructions for Use) must be used to supplement counseling when required by federal law or rule.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0205

RULE SUMMARY: Proposed new rule adds PIC qualifications and limitations currently in rule from OAR 855-019-0300 to be effective 3/1/2024 to 6/30/2025. Utilizes PIC qualifications adopted by the board in OAR 855-115-0200 and adds limitations currently in rule from OAR 855-019-0300 effective 7/1/2025. Adds additional requirement that PIC must be employed by the outlet.

CHANGES TO RULE:

855-115-0205
Pharmacist-in-Charge: Qualifications and Limitations
(1) Effective March 1, 2024, in order to be a Pharmacist-in-Charge (PIC), a Pharmacist must have:¶
(a) Completed at least one year of pharmacy practice; or¶
(b) Completed a board provided PIC training course either before the appointment or within 90 days after the appointment; and¶
(c) Be employed by the outlet. ¶
¶
(2) A Pharmacist must not be designated PIC of more than three pharmacies. The following drug outlet types do not count towards this limit:¶
(a) Pharmacy Prescription Kiosks in OAR 855-141; and ¶
(b) Pharmacy Prescription Lockers in OAR 855-143.¶
(3) Effective July 1, 2025, in order to be a Pharmacist-in-Charge (PIC), a Pharmacist must:¶
(a) Complete a board-provided PIC training course as described below:¶
(A) A Pharmacist with 1500 hours or more of pharmacy practice as a Pharmacist within the last three years in a US state or jurisdiction must complete the board-provided PIC training course within two years prior to appointment as PIC or within 90 days after appointment.¶
(B) A Pharmacist with less than 1500 hours of pharmacy practice as a Pharmacist within the last three years in a US state or jurisdiction must complete the board-provided PIC training prior to the appointment.¶
(b) Complete a board provided PIC training course at least every five years. ¶
(c) Be employed by the outlet. ¶
(d) Not be designated PIC of more than three pharmacies. The following drug outlet types do not count towards this limit:¶
(A) Pharmacy Prescription Kiosk in OAR 855-141; and ¶
(B) Pharmacy Prescription Locker in OAR 855-143.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0315

RULE SUMMARY: Adds requirements for Pharmacists who provide Clinical Pharmacy Agreement services under a written protocol and modifies requirements from OAR 855-019-0260 for Pharmacists who provide Collaborative Drug Therapy Management services under a written protocol; relocates and revises existing language from OAR 855-019-0260. Requires protocol version to be documented.

CHANGES TO RULE:

855-115-0315
Services: Clinical Pharmacy Agreement & Collaborative Drug Therapy Management
(1) A Pharmacist or pharmacy may engage in the practice of clinical pharmacy under a written Clinical Pharmacy Agreement with health care organization, Physician or Naturopathic Physician.¶
(2) If the agreement in (1) is made with a health care organization, the organization is responsible for ensuring that each protocol utilized by a Pharmacist or pharmacy to provide clinical pharmacy services:¶
(a) Is developed and overseen by a Physician or Naturopathic Physician acting within their scope.¶
(b) Is reviewed by each participating health care provider.¶
(c) Does not allow any act that is prohibited by ORS 475, ORS 689 and OAR 855.¶
(3) Each protocol developed under the agreement in (1) must include:¶
(a) The name of the principal Pharmacist and principal Physician or Naturopathic Physician who is responsible for:¶
(A) Initial training and ongoing competency assessment for participating Pharmacists; if necessary;¶
(B) Development, quality assurance and updating or discontinuing each protocol;¶
(b) The identification, either by name or by description, of each participating Pharmacist;¶
(c) The identification, either by name or description, of each participating Physician, Naturopathic Physician or health care provider within a health care organization. These persons must have scope to independently treat patients.¶
(d) The disease state or patient panel for which the Pharmacist may provide clinical pharmacy services;¶
(e) Types of clinical pharmacy services provided;¶
(f) Circumstances that require communication from the participating Pharmacist to the patient's Physician, Naturopathic Physician or health care provider within the health care organization such as:¶
(A) Information collected;¶
(B) Patient assessment;¶
(C) Plan of care including follow-up;¶
(D) Services provided; and¶
(E) Circumstances requiring urgent communication with the patient's health care provider; and¶
(g) Training requirement for Pharmacist participation and ongoing assessment of competency, if necessary.¶
(4) A Pharmacist may engage in Collaborative Drug Therapy Management under a written protocol with a health care provider who is acting within their scope. ¶
(5) Each protocol developed under the agreement in (4) must include:¶
(a) The name of the principal Pharmacist and health care provider who are responsible for:¶
(A) Initial training and ongoing competency assessment for participating Pharmacists, if necessary; and¶
(B) Development, quality assurance and updating or discontinuance of each protocol; ¶
(b) The identification, either by name or by description, of each participating Pharmacist;¶
(c) The identification, by name or description, of each participating health care provider or group of health care providers;¶
(d) A detailed description of the: ¶
(A) Indications;¶
(B) Drugs including dosage, frequency, duration and route of administration;¶
(C) Methods; ¶
(D) Procedures;¶
(E) Decision criteria; and ¶
(F) Plan the Pharmacist is to follow;¶
(e) Documentation the Pharmacist is to complete concerning actions taken and a plan or appropriate mechanism for communication, feedback, and reporting to the health care provider concerning specific actions taken.¶
(f) Circumstances which will cause the Pharmacist to initiate communication with the health care provider;¶
(g) Training requirement for Pharmacist participation and ongoing assessment of competency, if necessary;¶
(6) Each protocol developed in (1) and (4) must be reviewed and updated, or discontinued at least every two years;¶

(7) The Pharmacist must document the protocol version and all clinical pharmacy activities in the prescription record, patient profile, electronic health record or in some other appropriate system.¶
(8) Records and documents must be retained according to OAR 855-104-0055.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADMINSTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Member Assigned: **Mageehon**

Subject: **Committee Recommendations Regarding First Review Rules**

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Lee-Valkov**

Final Review: **847-008-0010; 847-020-0185; 847-020-0190; 847-050-0070; 847-070-0060; 847-080-0028; 847-080-0030**

Subject: **Initial Registration; License Application Withdrawals; Denial of Licensure, License Application Withdrawals and Denials; License Application Withdrawals and Denials, License Application Withdrawals, Denial of License**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 008, 020, 050, 070, 080 – OREGON MEDICAL BOARD

Final Review – January 2024

The amendment to 847-008-0010 clarifies that an application for licensure expires after 12 months if it is not completed or if the registration fee is unpaid. The proposed rule amendment states that an application cannot expire if it is under review by the Board or a Committee of the Board. In those circumstances, the application must be withdrawn, or the Board may issue an order.

The amendment to 847-020-0185 clarifies the withdrawal process for applicants. This amendment replaces a temporary rule that was adopted on July 11, 2023, and will expire after 180 days unless it is permanently adopted or repealed before the expiration. **The rule language further clarifies that "ineligible" (for purposes of allowing an applicant to withdraw after the Board votes to deny licensure) means failing to meet the technical qualifications in statute and rule (e.g., completing an educational program, training program, exam requirements, etc.). An applicant whose denial is based on a failure to demonstrate good moral character is not eligible to withdraw the application after the Board's vote to deny licensure.**

The remaining rule amendments align the process for applicant withdrawals across all OMB licensed professions.

847-008-0010
Initial Registration (All OMB Licensees)

(1) An applicant for licensure as a physician, physician assistant, or acupuncturist, whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a license by the Board.

(2) A person applying for licensure must ensure the license application is complete and accurate throughout the application process. A person applying for licensure must update the Board within 10 business days regarding any changes in information previously provided or any new information that becomes available during the application process.

(3) An application expires if not completed within a 12-month consecutive period.

(~~3~~**4**) **Once an application expires and** ~~P~~per OAR 847-020-0110(3), a person applying for licensure ~~who has not completed the licensure process within a 12 month consecutive period~~ must file a new application, documents, letters, and pay a full filing fee as if filing for the first time.

(5) The application is not subject to section (3) once the application is reviewed by the Board or a Committee of the Board.

(46)(a) An individual who initially becomes licensed, certified or registered by the Board at any time during the first 12 months of a biennial registration period must pay the entire biennial registration fee for that period, except as provided in OAR 847-008-0015 and 847-008-0025.

(b) An individual who initially becomes licensed, certified, or registered by the Board at any time during the second 12 months of the biennial registration period must pay the registration fee for one year.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.172, ORS 677.190, ORS 677.205 & ORS 677.415

847-020-0185
License Application Withdrawals (MD/DO)

(1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the Federation of State Medical Boards. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.

~~**(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, a Stipulated Order will be issued, allowing the applicant to withdraw while under investigation. The order will be reported to the Federation of State Medical Boards and the National Practitioner Databank. The applicant may submit a new application as stated in the Stipulated Order, but no sooner than two years after the date of Stipulated Order.**~~

(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the Federation of State Medical Boards and the National Practitioner Databank.

~~(1) The Board will consider a request by an applicant to withdraw an application for licensure under the following circumstances:~~

~~(a) The applicant is eligible for licensure and the file contains no evidence of violation of any provision of ORS 677.010 – 677.855; or~~

~~(b) The applicant is not eligible for licensure, the file contains no evidence of violation of any provision of ORS 677.010 – 677.855, and no more than 30 days have passed since the Board has voted to deny the application.~~

~~(2) An applicant may request to withdraw an application for licensure, and the withdrawal will be reported to the Federation of State Medical Boards under the following circumstances:~~

~~(a) The applicant is eligible for licensure; and~~

~~(b) The file contains evidence that the applicant may have violated any provision of ORS 677.010 – 677.855, but the Board has decided that there is an insufficient basis to proceed to formal discipline, or a licensing body in another state has imposed formal discipline or entered into a consent agreement for the same conduct, and that action has been reported to the National Practitioner Data Bank.~~

~~(3) An applicant who withdraws an application for licensure under section (2) of this rule may submit a new application for licensure two years after the date of withdrawal.~~

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.220, ORS 677.265, ORS 677.100 & ORS 677.190

847-020-0190
Denial of Licensure (MD/DO)

(1) An applicant may not be entitled to a license who:

(a) Has failed to pass a medical licensure examination for licensure in the State of Oregon;

(b) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated and the applicant's license is in good standing in the state or country which had revoked the same;

(c) Has been refused a license or certificate in any other state or country on any grounds other than failure in a medical licensure examination;

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(e) Has been guilty of cheating or subverting the medical licensing examination process. Medical licensing examination means any examination given by the Board to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(A) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(B) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by board staff, which could facilitate the applicant in completing the examination;

(C) Communicating with any other examinee during the administration of the examination;

(D) Removing from the examining room any examination materials;

(E) Photographing or otherwise reproducing examination materials.

(2) An applicant whose application has been denied may submit a new application for licensure **as stated in the Board's Order, but no sooner than** two years after the date of denial.

847-050-0070
License Application Withdrawals and Denials (PA)

(1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the Federation of State Medical Boards. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.

~~**(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, a Stipulated Order will be issued, allowing the applicant to withdraw while under investigation. The order will be**~~

~~reported to the Federation of State Medical Boards and the National Practitioner Databank. The applicant may submit a new application as stated in the Stipulated Order, but no sooner than two years after the date of Stipulated Order.~~

(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the Federation of State Medical Boards and the National Practitioner Databank.

~~(1) An applicant who withdraws an application for licensure that may contain evidence of a violation of any provision of ORS 677.010-677.855 may submit a new application for licensure two years after the date of withdrawal.~~

(~~2~~5) An applicant whose application has been denied may submit a new application for licensure **as stated in the Board's Order, but no sooner than** two years after the date of denial.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.100, ORS 677.190, ORS 677.220 & ORS 677.512

847-070-0060
License Application Withdrawals and Denials (Acupuncture)

(1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee or Acupuncture Advisory Committee. The Board will not report the withdrawal to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the NCCAOM. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the NCCAOM. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.

~~**(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, a Stipulated Order will**~~

~~be issued, allowing the applicant to withdraw while under investigation. The order will be reported to the NCCAOM and the National Practitioner Databank. The applicant may submit a new application as stated in the Stipulated Order, but no sooner than two years after the date of Stipulated Order.~~

(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the NCCAOM and the National Practitioner Databank.

~~(1) An applicant who withdraws an application for licensure that may contain evidence of a violation of any provision of ORS 677.010-677.855 may submit a new application for licensure two years after the date of withdrawal.~~

(~~2~~5) An applicant whose application has been denied may submit a new application for licensure **as stated in the Board's Order, but no sooner than** two years after the date of denial.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.100, ORS 677.190, ORS 677.220 & ORS 677.759

847-080-0028
License Application Withdrawals (DPM)

(1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee. The Board will not report the withdrawal to the Federation of Podiatric Medical Boards. The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the Federation of Podiatric Medical Boards. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the Federation of Podiatric Medical Boards. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.

~~(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, a Stipulated Order will~~

~~be issued, allowing the applicant to withdraw while under investigation. The order will be reported to the Federation of Podiatric Medical Boards and the National Practitioner Databank. The applicant may submit a new application as stated in the Stipulated Order, but no sooner than two years after the date of Stipulated Order.~~

(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the Federation of Podiatric Medical Boards and the National Practitioner Databank.

~~(1) The Board will consider a request by an applicant to withdraw an application for licensure under the following circumstances:~~

~~(a) The applicant is eligible for licensure; and~~

~~(b) The file contains no evidence of violation of any provision of ORS 677.010–677.855.~~

~~(2) An applicant may request to withdraw an application for licensure, and the withdrawal will be reported to the Federation of Podiatric Medical Boards under the following circumstances:~~

~~(a) The applicant is eligible for licensure; and~~

~~(b) The file contains evidence that the applicant may have violated any provision of ORS 677.010–677.855, but the Board has decided that there is an insufficient basis to proceed to formal discipline, or a licensing body in another state has imposed formal discipline or entered into a consent agreement for the same conduct, and that action has been reported to the National Practitioner Data Bank.~~

~~(3) An applicant who withdraws an application for licensure under section (2) of this rule may submit a new application for licensure two years after the date of withdrawal.~~

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.190, ORS 677.220 & ORS 677.820

847-080-0030
Denial of License (DPM)

(1) No applicant is entitled to a podiatry license who:

(a) Has failed an examination for licensure in the State of Oregon;

(b) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated and the applicant's license is in good standing in the state or country which had revoked the same;

(c) Has been refused a license or certificate in any other state or country on any grounds other than failure in a podiatric licensure examination;

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(e) Has been guilty of cheating or subverting the podiatric licensing examination process. Podiatric licensing examination means any examination given by the Board, other states, or national testing organization, to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(A) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(B) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by Board staff, which could facilitate the applicant in completing the examination;

(C) Communicating with any other examinee during the administration of the examination;

(D) Removing from the examining room any examination materials;

(E) Photographing or otherwise reproducing examination materials.

(2) An applicant whose application has been denied may submit a new application for licensure **as stated in the Board's Order, but no sooner than** two years after the date of denial.

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Cramer**

Final Review: **847-015-0025**
Subject: **Dispensing, Distribution, and Administration**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 015 – OREGON MEDICAL BOARD

Final Review – January 2024

The rule amendments align with the PA collaborative practice model and clarifies the rule is applicable to podiatric physicians also. The corresponding rule specific to physician assistant (PA) dispensing is OAR 847-050-0041.

847-015-0025
Dispensing, Distribution and Administration

(1) Any actively licensed physician or podiatric physician who dispenses drugs must register with the Board as a dispensing physician before beginning to dispense drugs.

~~(2) A physician must register with the Board as a dispensing physician before supervising a physician assistant or any other health care provider with dispensing privileges.~~

(~~3~~2) At the time of license registration renewal, all dispensing physicians **and podiatric physicians** must indicate their status as a dispensing physician on the registration renewal form.

(~~4~~3) Dispensing of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity dispensed, the directions for use and the name of the physician or **podiatric physician** ~~physician assistant~~ dispensing the drugs. The physician or **podiatric physician** ~~physician assistant~~ must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.

(~~5~~4) Distribution of samples, without charge, is not dispensing under this rule. Distribution of samples must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed and the directions for use. The physician or **podiatric physician** ~~physician assistant~~ must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.

(~~6~~5) Administering drugs in the physician's or podiatric physician's office is not dispensing under this rule. Administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose and the quantity administered.

(~~7~~6) **Failure to comply with any section of this rule is a violation of the ORS Chapter 677 and is grounds for a $195 fine. The licensee may be subject to further disciplinary action by the Board.** ~~Any physician or podiatric physician who dispenses drugs or who supervises a physician assistant with drug dispensing authority without first registering with the Board will be fined $195 and may be subject to further disciplinary action by the Board.~~

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.010, 677.089, 677.510 & 677.515

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Eshraghi**

Final Review: **847-025-0020**
Subject: **Exemptions**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 025 – OREGON MEDICAL BOARD

Final Review – January 2024

Oregon Legislature passed SB 232 (2023) to better define "temporarily" to include patients in Oregon for business, vacation, or education and add an allowance for an out-of-state physician or PA with an established relationship to provide continuity of care via telemedicine on a periodic or intermittent basis when the patient is located in Oregon. The rule amendments align with these updates.

847-025-0020
Exemptions

(1) A license to practice across state lines is not required of a physician or physician assistant:

(~~1~~a) Engaging in the practice of medicine across state lines in an emergency; or

(~~2~~b) Located outside this state who consults with another physician or physician assistant licensed to practice medicine in this state, and who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient in Oregon;

(~~3~~c) Located outside the state and **who** has an established provider-patient relationship with a ~~person~~ **patient** who is in Oregon temporarily **for the purpose of business, education, vacation, or work** and who requires the direct medical treatment by that physician or physician assistant.

(d) Located outside the state and who has an established provider-patient relationship with a patient located in Oregon who requires temporary or intermittent follow-up care.

(2) A physician or physician assistant who is located outside this state and practices medicine as described in section (1) of this rule is subject to ORS chapter 677 and rules adopted pursuant to ORS chapter 677, including but not limited to the disciplinary authority of the Board, while or as a result of practicing medicine as described in section (1) of this rule.

Statutory/Other Authority: ORS 677.265 & 677.137
Statutes/Other Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Enrolled
Senate Bill 232

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Kate Brown for Oregon Medical Board)

CHAPTER .....

AN ACT

Relating to the practice of medicine via remote means; creating new provisions; amending ORS 677.080 and 677.137 and section 14, chapter 45, Oregon Laws 2022; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.080, as amended by section 2, chapter 62, Oregon Laws 2022, is amended to read:

677.080. A person may not:

(1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this chapter.

(2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.

(3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

(4) Except as provided in ORS 677.060 **and 677.137** and section 1, chapter 62, Oregon Laws 2022, practice medicine in this state without a license required by this chapter.

SECTION 2. ORS 677.137 is amended to read:

677.137. (1) A person may not engage in the practice of medicine across state lines, claim qualification to engage in the practice of medicine across state lines or use any title, word or abbreviation to indicate or to induce another to believe that the person is licensed to engage in the practice of medicine across state lines unless the person is licensed in accordance with ORS 677.139.

(2) ORS 677.135 to 677.141 do not apply to a physician or physician assistant engaging in the practice of medicine across state lines in an emergency, as defined by rule of the Oregon Medical Board.

(3) ORS 677.135 to 677.141 do not apply to a licensed physician or physician assistant located outside this state who:

(a)**(A)** Consults with another physician or physician assistant licensed to practice medicine in this state; and

[*(b)*] **(B)** Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state[.]**;**

[*(4) ORS 677.135 to 677.141 do not apply to a licensed physician or physician assistant located outside this state who*]

(b) Has an established [*physician-patient*] **provider-patient** relationship with a [*person*] **patient** who is in Oregon temporarily **for the purpose of business, education, vacation or work** and who requires the direct medical treatment by that physician or physician assistant[.]**; or**

(c) Has, with a patient located in Oregon, an established provider-patient relationship to provide temporary or intermittent follow-up care.

(4) A physician or physician assistant who is located outside this state and practices medicine as described in subsection (3) of this section is subject to this chapter and rules adopted pursuant to this chapter, including but not limited to the disciplinary authority of the board, while or as a result of practicing medicine as described in subsection (3) of this section.

(5) The board may adopt rules to carry out this section.

SECTION 3. Section 14, chapter 45, Oregon Laws 2022, is amended to read:

Sec. 14. (1) As used in this section, "telemedicine" means the **practice of medicine and** provision of health care services to a patient by a physician or physician assistant from a distance using electronic communications, including synchronous technologies to facilitate an exchange of information between a patient and physician or physician assistant in real time or asynchronous technologies to facilitate an exchange of information between a patient and a physician or physician assistant in other than real time.

(2) A physician licensed under ORS 677.100 to 677.228, a physician assistant licensed under ORS 677.505 to 677.525 or a physician or physician assistant licensed under ORS 677.139 may use telemedicine to **engage in the practice of medicine and** provide health care services, including the establishment of a [*patient-provider*] **provider-patient** relationship, the diagnosis or treatment of a medical condition or the prescription of drugs, to a patient physically located in this state. The physician or physician assistant is not required to be physically located in this state when **engaging in the practice of medicine and** providing health care services through telemedicine.

(3) The practice of medicine using telemedicine occurs where the patient is physically located.

SECTION 4. (1) The amendments to ORS 677.080 and 677.137 and section 14, chapter 45, Oregon Laws 2022, by sections 1 to 3 of this 2023 Act become operative on January 1, 2024.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by the amendments to ORS 677.080 and 677.137 and section 14, chapter 45, Oregon Laws 2022, by sections 1 to 3 of this 2023 Act.

SECTION 5. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by Senate February 7, 2023

.....
Lori L. Brocker, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House May 23, 2023

.....
Dan Rayfield, Speaker of House

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Cramer**

Final Review: **847-050-0010; 847-050-0027; 847-050-0029; 847-050-0035; 847-050-0036; 847-050-0037; 847-050-0040; 847-050-0041; 847-050-0046; 847-050-0050; 847-050-0080; 847-050-0082**

Subject: **Definitions; Approval of Supervising Physician; Locum Tenens Assignments; Grounds for Discipline; Supervising Physician Organization; Agents; Method of Performance Under a Practice Agreement or Practice Description; Prescribing and Dispensing Privileges; Emeritus Status; Termination of Supervision; Collaborative Practice Model; Collaboration Agreements**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 050 – OREGON MEDICAL BOARD

Final Review – January 2024

The Oregon Legislator passed HB 2584 (2023) to fully implement physician assistant (PA) collaborative practice created in HB 3036 (2021). The bill clarifies that PAs practice medicine; outlines a PA's duty of care; defines a PA's scope of practice is based on their education, training, and experience; updates the employer definition for collaboration agreements; and removes the requirement that a PA's collaboration agreement include the PA's performance assessment. The bill becomes operative on January 1, 2024. The rule amendments align with these updates.

Additionally, all PAs are required to enter into a collaboration agreement by December 31, 2023. Practice agreements and practice descriptions will no longer be valid on January 1, 2024. The rules amendments and repeals remove aspects of the PA supervision practice model. If the Board receives a complaint about a PA's practice under a practice agreement or practice description, the rules in effect at the time the care was provided would apply.

847-050-0010
Definitions

As used in OAR 847-050-~~0005~~ 0010 to 847-050-~~0065~~0082:

~~(1) "Agent" means a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of a physician assistant, under a practice agreement or practice description, when the supervising physician is unavailable for short periods of time, such as but not limited to when the supervising physician is on vacation.~~

(~~2~~1) "Board" means the Oregon Medical Board for the State of Oregon.

(~~3~~2) "Collaboration" has the meaning given in ORS 677.495, as indicated by the patient's condition, community standards of care and a physician assistant's education, training and experience:

(a) Consultation between the physician assistant and a physician; or

(b) Referral by the physician assistant to a physician.

(~~4~~3) "Collaboration agreement" has the meaning given in ORS 677.495, a written agreement that describes the manner in which the physician assistant collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a

physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant's employer.

(~~5~~4) "Community standards of care" has the meaning given in ORS 677.095~~ and 677.265~~, which is that degree of care, skill, and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.

(~~6~~5) "Employer" has the meaning given in ORS 677.495:

(a) An entity that **employs a physician or podiatric physician and** is organized to deliver health care services in this state~~ in accordance with ORS 58.375 or 58.376 and that employs a physician;~~:

(A) In accordance with ORS 58.375 or 58.376,

(B) In accordance with ORS chapter 63 as a limited liability company, or

(C) In accordance with ORS chapter 67 as a limited liability partnership.

(b) A group medical practice that is part of a health system; or

(c) A physician who employs a physician assistant.

(~~7~~6) "Physician" means a physician licensed under ORS 677.100 to 677.228 and includes a podiatric physician licensed under ORS 677.805 to 677.840.

(~~8~~7) "Physician assistant" has the meaning given in ORS 677.495, a person who is licensed as such in accordance with ORS 677.265 and 677.495 through 677.535.

~~(9) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used, submitted to the Board prior to July 15, 2022.~~

~~(10) "Practice description" means a written description of the duties and functions of the physician assistant in relation to the physician's practice, submitted by the supervising physician and the physician assistant to the Board and approved prior to January 1, 2012.~~

~~(11) "Primary supervising physician" means a supervising physician within a supervising physician organization who is designated to provide the administrative direction for the supervising physician organization, under a practice agreement or practice description.~~

~~(12) "Supervising physician organization" means a group of supervising physicians who collectively supervises a physician assistant, under a practice agreement or practice description.~~

~~(13) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant, under a practice agreement or practice description.~~

~~(14) "Supervision" means the routine review by the supervising physician or designated agent, as described in the practice agreement or Board-approved practice description of the medical services provided by the physician assistant, under a practice agreement or practice description. There are three categories of supervision:~~

~~(a) "General Supervision" means the supervising physician or designated agent is not on-site with the physician assistant, but must be available for direct communication, either in person, by telephone, or other synchronous electronic means.~~

~~(b) "Direct Supervision" means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.~~

~~(c) "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.~~

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495, 677.510, 677.511, 677.512 & 677.515

~~847-050-0027~~
~~Approval of Supervising Physician~~

~~Prior to July 15, 2022:~~

~~(1) Prior to using the services of a physician assistant under a practice agreement, a supervising physician, including the primary supervising physician and each supervising physician within a supervising physician organization, must be approved as a supervising physician by the Board.~~

~~(2) Physicians applying to be a supervising physician must:~~

~~(a) Submit a supervising physician application and application fee; and~~

~~(b) Take an online course and pass an open-book exam on the supervising physician requirements and responsibilities given by the Board. A passing score on the exam is 75%. If the supervising physician applicant fails the exam three times, the physician's application will be reviewed by the Board. A supervising physician applicant who has failed the exam three times~~

~~must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the exam, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the exam on the fourth attempt, the physician's application may be denied.~~

~~(3) The Board will reduce the supervising physician application fee for physicians volunteering in free clinics or non-profit organizations.~~

~~(4) The physician may be subject to Board investigation prior to approval or may be limited or denied approval as a supervising physician for the following:~~

~~(a) There are restrictions upon or actions against the physician's license; or~~

~~(b) Fraud or misrepresentation in applying to use the services of a physician assistant.~~

~~(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010–990.~~

~~(6) Failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement is a violation of ORS 677.510 and is grounds for a $195 fine. The licensee may be subject to further disciplinary action by the Board.~~

~~Statutory/Other Authority: ORS 677.265~~
~~Statutes/Other Implemented: ORS 677.205 & 677.510~~

847-050-0029
Locum Tenens Assignments

(1) Locum tenens means a temporary absence by the physician assistant which is filled by a substitute physician assistant.

~~(2) For assignments starting prior to July 15, 2022, the following is required for a locum tenens assignment:~~

~~(a) Within ten days of the start of the locum tenens assignment, the supervising physician of the practice which desires the substitute must submit a notification of locum tenens assignment to the Board.~~

~~(b) The notification of locum tenens assignment must include the name of the substitute physician assistant or supervising physician who is filling the locum tenens assignment, duration of the locum tenens assignment, a description of how supervision of the physician assistant will be maintained, and any changes in the practice agreement or Board-approved practice description for the practice during the locum tenens assignment.~~

~~(c) The substitute physician assistant or supervising physician who is filling the locum tenens assignment must be currently licensed in Oregon, with practicing registration status, and be in good standing with the Board.~~

~~(d) The physician assistant must be qualified to provide the same type of service as described in the current practice agreement or Board-approved practice description for the locum tenens.~~

~~(e) The supervising physician who is filling the locum tenens assignment must be approved as a supervising physician by the Board in accordance with OAR 847-050-0027 (Approval of Supervising Physician).~~

(~~3~~2) ~~For assignments starting on or after July 15, 2022, t~~The substitute physician assistant who is filling the locum tenens assignment must be currently licensed in Oregon with practicing registration status and enter into a collaboration agreement.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265 & 677.510

847-050-0035
Grounds for Discipline

(1) The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. The physician assistant is subject to disciplinary action for violations. Proceedings under these rules are conducted in the manner specified in ORS 677.200.

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:

(a) The physician assistant has held themselves out, or permitted another to represent the physician assistant to be a licensed physician.

~~(b) Prior to July 15, 2022 or under a practice agreement or practice description as provided in Oregon Laws 2021, chapter 349, section 20, the physician assistant has in fact performed medical services without the direction or under the supervision of a Board-approved supervising physician or agent.~~

(~~c~~b) ~~On or after July 15, 2022, t~~The physician assistant has in fact performed medical services without entering into a collaboration agreement~~, except as provided in Oregon Laws 2021, chapter 349, section 20~~.

(~~d~~c) The physician assistant has performed medical services beyond the physician assistant's competence, education, training, experience, or outside the ~~practice agreement as stated in OAR~~

~~847-050-0040 or~~ collaboration agreement as stated in OAR 847-050-0082. This is not intended to limit the ability of a physician assistant to learn new procedures.

Statutory/Other Authority: ORS 677.190, 677.205 & 677.265
Statutes/Other Implemented: ORS 677.190, 677.205, 677.265 & 677.505

~~**847-050-0036**~~
~~**Supervising Physician Organization**~~

~~A group of supervising physicians may collectively supervise a physician assistant under a practice agreement or practice description by forming a Supervising Physician Organization subject to the following conditions:~~

~~(1) A supervising physician organization must designate one physician within the supervising physician organization to also serve as the primary supervising physician of the supervising physician organization.~~

~~(2) Prior to July 15, 2022, each supervising physician in a supervising physician organization, including the primary supervising physician, must be approved by the Board as a supervising physician.~~

~~(3) Prior to July 15, 2022, the supervising physician organization must provide the Board with a letter containing:~~

~~(a) The name of the supervising physician organization;~~

~~(b) The address and phone number for the supervising physician organization;~~

~~(c) The name of the primary supervising physician; and~~

~~(d) The names of the supervising physicians in the supervising physician organization.~~

~~(4) The supervising physician organization must notify the Board in writing within 10 days of any change in the name, address, phone number, or supervising physicians in the supervising physician organization.~~

~~(5) A supervising physician organization may include any number of supervising physicians.~~

~~(6) A supervising physician organization may supervise any number of physician assistants.~~

~~(7) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.~~

(8) The Board may request a meeting with a supervising physician organization and a physician assistant to discuss a practice agreement.

(9) Supervising physician organizations, as defined in this rule and OAR 847-050-0010, may not enter into collaboration agreements.

Statutory/Other Authority: ORS 677.265 & 677.510
Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0037
Supervision

Under a practice agreement or practice description:

(1) A physician may not use the services of a physician assistant without first obtaining Board approval as a supervising physician.

(2) The supervising physician, agent, or in the case of a supervising physician organization, the primary supervising physician and the supervising physician who is providing supervision for the physician assistant, are personally responsible for the direction, supervision and regular review of the medical services provided by the physician assistant, in keeping with the practice agreement or Board-approved practice description.

(3) The type of supervision and maintenance of supervision provided for each physician assistant must be described in the practice agreement or Board-approved practice description.

(4) The supervising physician, agent or, in the case of a supervising physician organization, the supervising physician who is providing supervision for the physician assistant must be available for direct communication with the physician assistant at all times in person, by telephone, or through other synchronous electronic means, whether the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other.

(5)(a) Each setting and licensed facility in which the physician assistant will provide services must be listed in the practice agreement or Board-approved practice description.

(b) Additional, intermittent practice settings such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice agreement or Board-approved practice description if the duties are the same as those listed in the practice agreement or Board-approved practice description. The medical records for the patients seen at these additional practice settings must be held either at the supervising physician's primary practice setting or the additional practice settings. The supervision of the physician assistant must be the same as that described in the practice agreement or Board-approved practice description.

(6) The supervising physician, agent or the supervising physicians in the supervising physician organization must provide regular and routine oversight and chart review.

(7) Prior to January 15, 2022, the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or Board-approved practice description.

(8) On or after January 15, 2022, the degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0038
Agents

Under a practice agreement or practice description:

(1) The supervising physician who is not a member of a supervising physician organization may designate an agent or agents to direct and supervise the physician assistant when the supervising physician is unavailable for short periods of time. The agents must meet the following requirements:

(a) Be a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board;

(b) Practice in the same city or practice area as the supervising physician or physician assistant.

(c) Be qualified to supervise as designated in the practice agreement.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the supervising physician must determine that the agent understands and accepts supervisory responsibility. The agent must sign an acknowledgement of all practice agreements between the supervising physician and the physician assistant(s) the agent will supervise, and a copy must be kept at the primary practice location. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495 & ORS 677.510

847-050-0040
Method of Performance under a Practice Agreement or Practice Description

Under a practice agreement or practice description:

(1) The physician assistant may perform at the direction of the supervising physician, agent or, in the case of a supervising physician organization, the primary supervising physician or the supervising physician who is providing supervision for the physician assistant only those medical services as included in the practice agreement or Board-approved practice description.

(2) A medical service may be performed by a physician assistant if:

(a) The services are provided under the methods of supervision described in and in compliance with the practice agreement or Board-approved practice description;

(b) The services are within the scope of practice and the competency of the physician assistant;

(c) The services are generally described in and in compliance with the practice agreement or Board-approved practice description; and

(d) The physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(3) The supervising physician shall ensure that the physician assistant is competent to perform all duties. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(4) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or “PA” thereon and clearly identify as a “physician assistant” or “PA” in oral communications with patients and other professionals.

(5) The supervising physician must furnish reports, as required by the Board, on the performance of the physician assistant or student.

(6) The practice agreement must be submitted to the Board within ten days after the physician assistant begins practice with the supervising physician or supervising physician organization.

(7) The supervising physician must notify the Board of any changes to the practice agreement within ten days of the effective date of the change.

~~(8) Supervising physicians must update the practice agreement biennially during the supervising physician's license renewal process.~~

~~(9) Effective July 15, 2022, a supervising physician and physician assistant who have a Board-approved practice description that was approved prior to January 1, 2012, and who wish to make changes to the practice description must enter into a collaboration agreement in accordance with ORS 677.510(3)(a).~~

~~(10) Effective July 15, 2022, a supervising physician and physician assistant who wish to make changes to an existing practice agreement must enter into a collaboration agreement in accordance with ORS 677.510(3)(a).~~

~~(11) If the physician assistant has met the requirements of OAR 847-050-0041(3), Schedule II controlled substances prescription privileges may be included in and are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.~~

~~(12)(a) A supervising physician and/or agent is responsible for the acts of the physician assistant practicing under a practice agreement or practice description and may be subject to disciplinary action for such violations by the physician assistant.~~

~~(b) Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician.~~

~~(13) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.~~

~~Statutory/Other Authority: ORS 677.265~~
~~Statutes/Other Implemented: ORS 677.205, 677.510 & 677.515~~

847-050-0041
Prescribing and Dispensing Privileges

(1) A physician assistant registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020 may retain all practice privileges which have been granted prior to July 12, 1984. Under these conditions, a physician assistant may issue written, electronic

or oral prescriptions for Schedule III-V medications, **based on the physician assistant's education, training, experience, and commensurate with the collaboration agreement**~~which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description~~, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and

(b) The physician assistant has documented adequate education or experience in pharmacology commensurate with the **collaboration agreement**~~practice agreement or Board-approved practice description~~.

(2) A physician assistant may issue written, electronic, or oral prescriptions for Schedule III-V medications, based on the physician assistant's education, training, experience, and commensurate with the collaboration agreement~~, practice agreement, or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1)~~.

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in section (1) or (2) of this rule are fulfilled and if the physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA)~~ and must complete all required continuing medical education coursework~~.

(4) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written, except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease. The physician assistant must sign the prescription and the signature must be followed by the letters "PA" Also the physician assistant's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(5) A physician assistant may register with the Board to dispense drugs commensurate with the collaboration agreement~~, practice agreement, or Board-approved practice description~~ and the physician assistant’s prescriptive authority.

(a) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:

(A) Location of the practice site;

(B) Accessibility to the nearest pharmacy; and

(C) Medical necessity for dispensing.

(b) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (5)(a) of this rule, the physician assistant may not dispense Schedule I through II controlled substances.

(6) A physician assistant with dispensing authority must:

(a) Dispense medications personally, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant;

(b) Maintain records of the receipt and distribution of prescription drugs and the records must be readily accessible for inspection by the Board upon request;

(c) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689;

(d) Label dispensed prescription drugs in compliance with the requirements of ORS 677.089(3);

(e) Dispense prescription drugs in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container; and

(f) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.

(7) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(8) Failure to comply with any ~~sub~~section of this rule is a violation of the ORS Chapter 677 and is grounds for a $195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265 & ORS 677.511
Statutes/Other Implemented: ORS 677.190, ORS 677.205, ORS 677.265, ORS 677.470, ORS 677.511, ORS 677.515 & ORS 677.545

847-050-0046
Emeritus Status

A physician assistant with Emeritus status pursuant OAR 847-008-0030 must ~~have~~ enter into a collaboration agreement, ~~practice agreement, or Board-approved practice description~~ prior to starting any temporary or volunteer assignments.

Statutory/Other Authority: ORS 677.265 & 677.545
Statutes/Other Implemented: ORS 677.265, 677.510 & 677.515

~~**847-050-0050**~~
~~**Termination of Supervision**~~

~~(1) Under a practice agreement or practice description, upon termination of a supervisory relationship both the supervising physician and the physician assistant must submit to the Board a written report concerning the reason(s) for termination of the relationship. Such report must be submitted to the Board within 15 days following termination of supervision.~~

~~(2) All practice agreements and practice descriptions must be terminated no later than December 31, 2023.~~

~~Statutory/Other Authority: ORS 677.265~~
~~Statutes/Other Implemented: ORS 677.510~~

847-050-0080
Collaborative Practice Model

~~On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:~~

(1) A physician assistant may ~~provide medical services~~practice medicine:

(a) Within the scope of practice of the physician assistant, based on the physician assistant's education, training, and experience; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) A physician assistant is responsible for the care provided by the physician assistant.

(3) A physician assistant must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the community standards of care, and the physician assistant's education, experience, and competence. The degree of collaboration must be

determined at the physician assistant's primary location of practice. The determination may include decisions made by:

(a) A physician or employer with whom the physician assistant has entered into a collaboration agreement, or

(b) The group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

(4) The degree of- autonomous judgment that a physician assistant may exercise will be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training, and experience.

(5) If a physician assistant changes their specialty or emphasis of practice, the physician assistant must obtain applicable education, training, or experience required to meet the community standards of care.

(6) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(7) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.510, ORS 677.515~~ & Oregon Laws 2021, chapter 349, section 20~~

847-050-0082
Collaboration Agreements

~~On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:~~

(1) A physician assistant may not ~~provide care~~practice medicine unless the physician assistant has entered into a written collaboration agreement signed by a physician or employer as defined in OAR 847-050-0010(4) and as described in this rule.

(2) The collaboration agreement must include, but is not limited to:

(a) The physician assistant's name, license number, and primary location of practice;

(b) The name of the physician or employer with whom the physician assistant is entering the collaboration agreement;

(c) A general description of the physician assistant's process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location; and

~~(d) The performance assessment and review process; and~~

(~~e~~d) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for consistent and quality collaboration with a specified physician on a regular basis. If this plan is required:

(A) "Post-graduate clinical experience" means the professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

(B) The physician assistant must provide evidence of at least 2,000 hours of post-graduate clinical experience to the physician or employer with whom the physician assistant is entering the collaboration agreement. The physician or employer is responsible for determining the physician assistant does not require a plan.

(C) Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

(D) The physician assistant, or physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the 2,000 hours of post-graduate clinical experience to determine when the plan is no longer required.

(E) A collaboration agreement must be amended in writing to remove or modify the plan.

(3) A collaboration agreement may include additional requirements specific to the physician assistant's practice as required by the physician or employer entering the collaboration agreement, including additional levels of oversight, limitations on autonomous judgment, and designating a primary contact for collaboration.

(4) As part of the performance assessment in **ORS 677.510(4)**~~subsection (2)(d) of this rule~~, a collaboration agreement must be reviewed and, if applicable, updated.

(5) A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements.

(6) A physician assistant may enter multiple collaboration agreements for each employer or practice.

(7) The collaboration agreement must be available at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.

(8) The physician or employer with whom the physician assistant enters a collaboration agreement must provide a copy of the collaboration agreement and any amendments to the physician assistant.

(9) The physician assistant and the physician or employer with whom the physician assistant has entered into the collaboration agreement ~~is~~are responsible for upholding the terms of the collaboration agreement and ensuring availability of collaboration.

(10) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.510, ORS 677.515 ~~& Oregon Laws 2021, chapter 349, section 20~~

Enrolled
House Bill 2584

Sponsored by Representative DIEHL; Representative PHAM H, Senator MANNING JR (at the request of Nick Haskins, former Representative Raquel Moore-Green) (Presession filed.)

CHAPTER .....

AN ACT

Relating to physician assistants; creating new provisions; amending ORS 677.085, 677.095, 677.495, 677.510, 677.511 and 677.515; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.085 is amended to read:

677.085. A person is practicing medicine if the person does one or more of the following:

(1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.

(2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.

(3) Offer or undertake to perform any surgical operation upon any person.

(4) Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.

(5) Except as provided in ORS 677.060, append the letters "M.D.," [*or*] "D.O." **or "P.A."** to the **person's** name [*of the person*], or use the words "Doctor," "Physician," "Surgeon," **"Physician Assistant,"** or any abbreviation or combination thereof, or any letters or words of similar import in connection with the **person's** name [*of the person*], or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section.

SECTION 2. ORS 677.095 is amended to read:

677.095. (1) A physician licensed to practice medicine or podiatry by the Oregon Medical Board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) A physician assistant licensed to practice medicine by the board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physician assistants in the same or similar circumstances in the community of the physician assistant or a similar community.

[*(2)*] **(3)** In any suit, action or arbitration seeking damages for professional liability from a health care provider, [*no issue shall*] **an issue may not** be precluded on the basis of a default, stipulation, agreement or any other outcome at any stage of an investigation or an administrative proceeding, including but not limited to a final order.

SECTION 3. ORS 677.495, as amended by section 10, chapter 349, Oregon Laws 2021, is amended to read:

677.495. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

(1) "Collaboration" means, as indicated by the patient's condition, community standards of care and a physician assistant's education, training and experience:

(a) Consultation between the physician assistant and a physician or podiatric physician; or

(b) Referral by the physician assistant to a physician or podiatric physician.

(2) "Collaboration agreement" means a written agreement that describes the manner in which the physician assistant collaborates with physicians or podiatric physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician or podiatric physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician, podiatric physician or physician assistant's employer.

(3) "Employer" means:

(a) An entity that **employs a physician or podiatric physician and** is organized to deliver health care services in this state [*in accordance with ORS 58.375 or 58.376 and that employs a physician or podiatric physician;*]**:**

(A) In accordance with ORS 58.375 or 58.376; or

(B) As defined by the Oregon Medical Board by rule;

(b) A group medical practice that is part of a health system; or

(c) A physician or podiatric physician who employs a physician assistant.

(4) "Physician" means a physician licensed under ORS 677.100 to 677.228.

(5) "Physician assistant" means a person who is licensed in accordance with ORS 677.505 to 677.525.

(6) "Podiatric physician" means a podiatric physician and surgeon licensed under ORS 677.805 to 677.840.

SECTION 4. ORS 677.510, as amended by section 11a, chapter 349, Oregon Laws 2021, is amended to read:

677.510. [*(1) A physician assistant is responsible for the care provided by the physician assistant if the physician assistant is acting as an employee.*]

[*(2)*] **(1)** A physician assistant shall engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care and the physician assistant's education, experience and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by a physician, podiatric physician or employer with whom the physician assistant has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

[*(3)(a)*] **(2)(a)** A physician assistant may not [*provide care*] **practice medicine** unless the physician assistant has entered into a collaboration agreement signed by a physician, podiatric physician or employer. The collaboration agreement must include:

(A) The physician assistant's name, license number and primary location of practice;

(B) A general description of the physician assistant's process for collaboration with physicians or podiatric physicians; **and**

(C) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician or podiatric physician[*; and*]

[*(D) The performance assessment and review process, as described in subsection (5) of this section*].

(b) The physician assistant, or physician, podiatric physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the hours described in paragraph (a) of this subsection.

[*(4)*] **(3)** The collaboration agreement must be kept on file at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.

[*(5)*] **(4)** Performance assessments and reviews of a physician assistant may be completed by the physician assistant's employer in accordance with a performance assessment and review process established by the employer.

[*(6)*] **(5)** A physician assistant shall submit to the board every 36 months documentation of completion of:

(a) A one-hour pain management education program approved by the board and developed based on recommendations of the Pain Management Commission; or

(b) An equivalent pain management education program, as determined by the board.

SECTION 5. ORS 677.511 is amended to read:

677.511. **(1) A physician assistant is authorized to write prescriptions, including prescriptions for controlled substances listed in schedules II through V.**

[*(1)(a)*] **(2)(a)** A physician assistant may register with the Oregon Medical Board for authority to dispense prescription drugs.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 [*(4)*] **(5)**, a physician assistant may not dispense controlled substances classified in Schedule I or II under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

[*(2)*] **(3)** A registration under this section must include any information required by the board by rule.

[*(3)*] **(4)** Prescription drugs dispensed by a physician assistant must be personally dispensed by the physician assistant, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant.

[*(4)*] **(5)** The physician assistant shall maintain records of the receipt and distribution of prescription drugs. The records must be readily accessible for inspection by the board upon request of the board.

[*(5)*] **(6)** The physician assistant shall ensure that a prescription drug dispensed by the physician assistant is labeled in compliance with the requirements of ORS 677.089 (3).

[*(6)*] **(7)** The board has disciplinary authority regarding a physician assistant who has prescription drug dispensing authority.

SECTION 6. ORS 677.515, as amended by section 12, chapter 349, Oregon Laws 2021, is amended to read:

677.515. (1) A physician assistant may [*provide*] **practice medicine by providing** any medical service, including prescribing and administering controlled substances in Schedules II through V under the federal Controlled Substances Act:

(a) That is within the scope of practice of the physician assistant; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating physician assistants approved by the Oregon Medical Board from rendering medical services if the services are rendered in the course of the program.

(3) The degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

(4) A physician assistant's scope of practice is based on the physician assistant's education, training and experience.

[*(4)*] **(5)** The board may not limit the privilege of administering, dispensing and prescribing prescription drugs to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health.

All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the physician assistant who writes the prescription.

[*(5)*] **(6)** This chapter does not require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.087.

[*(6)*] **(7)** Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.511 and 677.535 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

SECTION 7. (1) The amendments to ORS 677.085, 677.095, 677.495, 677.510, 677.511 and 677.515 by sections 1 to 6 of this 2023 Act become operative on January 1, 2024.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by the amendments to ORS 677.085, 677.095, 677.495, 677.510, 677.511 and 677.515 by sections 1 to 6 of this 2023 Act.

SECTION 8. This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.

Passed by House March 7, 2023

Repassed by House June 23, 2023

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate June 21, 2023

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Public Session

Rule Review

Member Assigned: **Eshraghi**

Final Review: **847-080-0001; 847-080-0042**
Subject: **Definitions; Practice of Podiatry**

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 080 – OREGON MEDICAL BOARD

Final Review – January 2024

The Oregon Legislature passed HB 2817 (2023) to include within the definition of "podiatry" the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle. The bill takes effect on January 1, 2024.

The rule amendments implement HB 2817 and clarify that podiatric physicians and surgeons practice podiatry as defined in ORS 677.010, within the duty of care, and within their individual education, training, and experience.

847-080-0001
Definitions

(1) "Ankle" means the tibial plafond and its posterolateral border or posterior malleolus, the medial malleolus, the distal fibula or lateral malleolus, and the talus.

(2) "Board" means the Oregon Medical Board of the State of Oregon.

(3) "Podiatric physician and surgeon" **has the meaning given in ORS 677.010,** ~~means~~ a ~~podiatric~~ physician **licensed under ORS 677.805 to 677.840 to practice podiatry** ~~and surgeon whose practice is limited to treating ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle~~.

(4) "Podiatry" has the meaning given in ORS 677.010:

(a) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(b) Assisting in the performance of surgery, as provided in ORS 677.814; and

(c) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.805

847-080-0042
Practice of Podiatry

Podiatric physicians and surgeons practice podiatry as defined in ORS 677.010 and within their individual education, training, and experience. Podiatric physicians and surgeons are held to the standard and duty of care as described in ORS chapter 677.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.805

Oregon
Tina Kotek, Governor

Medical Board
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www.oregon.gov/omb

Date: November 28, 2023

To: Hearing Attendees
Administrative Affairs Committee
Oregon Medical Board

From: Elizabeth Ross, Legislative & Policy Analyst, Hearing Officer

Subject: Hearing Officer's Report on OAR 847-080-0001, 847-080-0042

Hearing Officer's Report

Hearing Date: November 16, 2023, 1 p.m.
Hearing Location: Oregon Medical Board, videoconference
Rule Number: OAR 847-080-0001, 847-080-0042
Rule Title: Implementing HB 2817 (2023) for the practice of podiatry.

The rulemaking hearing on the proposed rule convened at 1:01 p.m. Attendees were informed of the procedures for taking comments. They were also told that the hearing was being recorded. The purpose of the hearing was to provide an opportunity for public comment on the rule proposed by the Oregon Medical Board to implement HB 2817 (2023) for the practice of podiatry. The Oregon Legislature passed HB 2817 to include within the definition of "podiatry" the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures, and subcutaneous masses, on the human leg no further proximal than the tibial tubercle. The proposed rules clarify that podiatric physicians and surgeons practice podiatry as defined in statute, within the duty of care, and within their individual education, training, and experience.

Public Present:
Gerald Peterson, DPM
Kathryn Schabel, MD Oregon Association of Orthopedic Surgeons
Mark Bonanno, JD, MPH, Oregon Medical Association
Mia Noren, Dalton Advocacy on behalf of Oregon Association of Orthopedic Surgeons

Staff Present:
Elizabeth Ross, Legislative & Policy Analyst
Gretchen Kingham, Executive Assistant

SUMMARY OF ORAL COMMENTS:

The following person testified at the hearing. Their testimony is summarized below.

Kathryn Schabel, MD, Oregon Association of Orthopedic Surgeons

Dr. Schabel is a practicing orthopedic surgeon and has worked on regulatory scope of practice issues with the American Academy of Orthopedic Surgeons across the country to help states review these issues. The Oregon Association of Orthopedic Surgeons is supporting the recommendations made by the Oregon Medical Association. The Oregon Association of Orthopedic Surgeons agrees with the need for carful stipulation of the practice of podiatry up to the tibial tubercle. They think the Oregon Medical Association's suggestions are sound and should be considered. Dr. Schabel also noted the difference in training between orthopedic surgeons compared to tracks in podiatric training. Orthopedic surgeons have 4 years of medical school, 5 years of orthopedic surgery training, and many orthopedic surgeons do an extra year of training. Many diseases of the lower extremity, that end up needing surgery, are compounded by and involve significant comorbid conditions that require careful consideration and multi-disciplinary care. The Oregon Association of Orthopedic Surgeons is concerned about the safety and wellbeing of the state's citizens.

The public hearing adjourned around 1:09 p.m.

SUMMARY OF WRITTEN COMMENTS:

Written comments were accepted until 5 p.m. on November 27, 2023. The following organizations and persons submitted written comments. Please see full comments attached below.

Chris Seuferling, DPM
Lisa Nakadate, Oregon Association of Orthopedic Surgeons
Sylvia Virbulis, DPM, American Podiatric Medical Association
Mark Bonanno, JD, MPH, Oregon Medical Association
Amanda Dalton, Oregon Association of Orthopedic Surgeons

DRAFT HB 2817: Updating Podiatry Practice in Oregon
Frequently Asked Questions

In 2023, the Oregon Legislature passed HB 2817 that explicitly includes "the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle" within the podiatry scope of practice in Oregon starting January 1, 2024.

The Oregon Medical Board updated the division 80 podiatric rules to implement this change.

1. What was added to the DPM scope of practice?
The definition of podiatry in ORS 677.010(15) was updated to include the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

ORS 677.010(15) as amended by HB 2817 (2023)
(a) "Podiatry" means:
(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;
(B) Assisting in the performance of surgery, as provided in ORS 677.814; and
(C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.
(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

2. Does this treatment include treatment of ulcers on the human leg no further proximal than the tibial tubercle?
The updated definition of podiatry includes treatment of ulcers on the skin, skin-related structures, and subcutaneous masses on the human leg no further proximal than the tibial tubercle. However, deeper ulcers, including those involving tendon, muscle, or bone on the human leg, not directly attached to and governing the foot and ankle, are outside of the scope of podiatrists.
**Treatment of tendons directly attached to and governing the foot and ankle, were already within the definition of podiatry in ORS 677.010(15)(a)(A).*

3. Does this treatment include the underlying bone of the lower leg, proximal to the malleolar region?
Under the updated definition, when providing treatment of the soft tissue below the tibial tubercle, an Oregon licensed podiatrist may not include treatment of, or instrumentation of, the underlying bone of the lower leg, proximal to the malleolar region.

4. Is additional education or training needed for DPMs to treat skin, skin-related structures and subcutaneous masses and wounds?
There are no additional requirements for an Oregon licensed DPM to treat skin, skin-related structures and subcutaneous masses and wounds. However, as provided in OAR 847-080-0042, DPMs practice within their individual education, training, and experience.

DPMs are held to the standard and duty of care. Each podiatric physician must use that degree of care, skill and diligence that is used by ordinarily careful podiatric physicians in the same or similar circumstances and in the same or similar community.

5. Does this addition to the definition of podiatry change the threshold for when a DPM refers a patient to another physician?
No. DPMs are still expected to refer patients when indications are beyond the DPM scope of practice as defined in ORS 677.010 or their education, training, and experience. The law change does not change the threshold for DPMs to work with referral sources to provide appropriate patient care.

6. What process did the Oregon Medical Boad utilize to implement HB 2817?
On August 23, 2023, the Oregon Medical Board hosted a workgroup to receive comments on implementing HB 2817. The workgroup included persons with subject matter expertise who would likely be affected by the proposed rules. The workgroup included Board members, DPMs, MD/DO physicians, and representatives of professional associations. The process was designed to include a diversity of opinions and viewpoints. Workgroup minutes and materials are available online. The HB 2817 workgroup meeting was open to the public and any member of the public could attend the meeting and participate during the designated comment period.

In October 2023, the Oregon Medical Board initiated a rulemaking to implement HB 2817 and clarify that podiatric physicians and surgeons practice podiatry as defined in ORS 677.010, within the duty of care, and within their individual education, training, and experience. The Board held a public hearing and accepted written comments that were reviewed by the Board prior to final adoption of the rules, OAR 847-080-0001 and 847-080-0042.

We know there may be additional questions, please contact elizabeth.ross@omb.oregon.gov.

Enrolled
House Bill 2817

Sponsored by Representatives EVANS, NOSSE; Representatives CONRAD, DIEHL, GOODWIN, JAVADI, MORGAN, NELSON, PHAM H (Presession filed.)

CHAPTER .....

AN ACT

Relating to podiatry; amending ORS 677.010.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.010 is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training served in a hospital that is approved by the board or by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules.

(3) "Board" means the Oregon Medical Board.

(4) "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or ed-

ucation that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "License" means permission to practice, whether by license, registration or certification.

(11) "Licensee" means an individual holding a valid license issued by the board.

(12) "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

(13) "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

(14) "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 [*to treat ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle.*] **to practice podiatry.**

(15)(a) "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, [*except*] **and** treatment involving the use of a general or spinal anesthetic [*unless the*] **if that** treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon; [*and*]

(B) Assisting in the performance of surgery, as provided in ORS 677.814[.]**; and**

(C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

(16) "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

(17) "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

Passed by House April 13, 2023

Repassed by House June 23, 2023

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Dan Rayfield, Speaker of House

Passed by Senate June 21, 2023

.....
Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2023

Approved:

.....M.,....., 2023

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2023

.....
Secretary of State

ADMINSTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Discussion Item

Member Assigned: **Poulsen**

Subject: **Statement of Philosophy Review: Pain Management**

OREGON MEDICAL BOARD

Statement of Philosophy

Pain Management

Proposed Updated Statement of Philosophy:
[The following language is new. For readability, it is not bolded/underlined.]

Decades ago, pain became the fifth vital sign. Clinicians prescribed opiates liberally, aiming to alleviate all pain. But an unintended consequence occurred. Some patients developed dependence and addiction, and people died of overdoses and sedative symbiosis.

As a result, prescribing controlled substances became tightly constrained. As an unintended consequence of this shift away from liberal prescribing, some patients have been indiscriminately terminated from well-tolerated medical treatments.

On November 3, 2022, the Centers for Disease Control and Prevention (CDC) revised its guidelines for pain management. See: CDC Clinical Practice Guideline for Prescribing Opioids for Pain and Factsheet: CDC Guideline for Prescribing Opioids for Chronic Pain.

Oregon Medical Board licensees are advised to read the guidelines and familiarize themselves with the standard of care, specifically the expectation for individualized, shared decision making. Prescribers should conduct a patient-centered evaluation when determining appropriate Morphine Equivalent Dose (MED) limitations for each unique patient. Prescription Drug Monitoring Program (PDMP) checks and detailed counseling conversations with patients – and documentation of these – are still critically important. The risks versus benefits of opioid treatment for chronic pain and frequency of drug screens are to be considered on a case-specific basis. The new guidance makes clear the ongoing assessment and documentation of the benefits of opiates and all controlled substances versus the risks and side effects is still of paramount importance.

Finally, additional resources are available to assist licensees in providing the best patient care available, particularly as it relates to prescribing for chronic pain. Experts in the field are readily willing to support and advise other Oregon physicians and physician assistants in working to meet the needs of patients in our communities.

- Adopted January 1993
- Amended April 1999
- Amended July 2004
- Amended April 2011
- Amended January 2013
- Amended April 2016
- Amended July 1, 2021
DRAFT - Amended January 4, 2024

Prior Statement of Philosophy removed from OMB website on October 5, 2023:

Notice: The Oregon Medical Board is aware of the updated CDC Clinical Practice Guideline for Prescribing Opioids for Pain and is in process of updating this Statement of Philosophy.

The Oregon Medical Board urges effective, skillful treatment of pain for all patients.

Acute Pain
For acute pain, current standards recommend a multimodal approach, possibly including multiple classes of medications and appropriate application of local or regional nerve blocking agents. If opioids are prescribed, it is recommended to use the lowest effective dose of a single agent for a duration of less than 3 days. For most patients, this should be less than 50 Morphine Equivalent Dose (MED). In cases of more severe acute pain, limit the prescription to less than 7 days. If there is a compelling reason to re-prescribe , it should be well documented. Co-prescribing of benzodiazepines with opioids is to be avoided absent a documented compelling reason.

- See: **Oregon Acute Opioid Prescribing Guidelines**

Chronic Pain
The Board recognizes the complexity and difficulty in appropriately treating chronic pain. Addressing pain has been complicated in the not-too-distant past by well-meaning efforts to liberalize treatment of pain, including increased prescribing of opioids. Unfortunately, this has contributed to the opioid overdose crisis. Fortunately, there are now consensus statements from recognized authorities on the current standard of care. Specifically, from the United States Centers for Disease Control and Prevention and from the Oregon Pain Management Commission.

- See: **Center for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain**, **Oregon Pain Management Commission**, and **Oregon Pain Guidance Chronic Opioid Prescribing Guidelines**

When the Board receives a complaint about potential overprescribing of controlled substances, it looks not only to these guidelines, but to the opinions of local expert consultants. While it is beyond the scope of a Statement of Philosophy to advise exact parameters, practitioners would do well to note the following guidelines.

Diagnoses and the treatment plan should be clearly documented. The effectiveness of the treatment, particularly as it relates to the patient's functional status, should be regularly assessed and documented. Assessments should be ongoing, real-time, not boilerplate repetitions. These are complex patients who deserve attention.

Prescribers should not go it alone. Consultants in specialty areas including pain management and mental and behavioral health are strongly advised. Recommendations from consultants should be reviewed, documented and acted upon.

The amount of prescribed opioid should be limited. When newly treating chronic pain, there is rarely a reason to exceed 50 morphine equivalent dose (MED) of opioid, and almost never a

Prior Statement of Philosophy removed from OMB website on October 5, 2023:

reason to exceed 90 MED.

Polypharmacy with opioids co-prescribed with benzodiazepines, muscle relaxants, gabapentinoids, and hypnotics should be avoided. If required, the medical decision making should be documented and, due to the attendant risks, the need regularly reassessed.

The Board recognizes not all patients can be tapered to MED less than 90, but such patients deserve thorough assessment and documentation and periodic referral to appropriate specialists for co-management. As much as possible, patients should be transitioned to Medication-Assisted Treatment (MAT) – buprenorphine-based treatment. Agonist/antagonist opioid medications have a far safer profile and are often found to be equivalent if not superior to pure agonists in treating pain.

A Procedure, Alternatives, Risks, and Questions (PARQ) conference – a Material Risk Notification (MRN) – is essential. It needs to be documented. A signed agreement with the patient – a "pain contract" – is likewise essential. These should be readdressed and updated periodically, at least annually.

- Examples: **Material Risk Notification** and **Patient Treatment Agreements**

Prescribers should regularly check the Oregon PDMP (Physician Drug Monitoring Program) for possible multiple prescribers. It is strongly encouraged that licensees who are prescribing chronic opioids have mechanisms for office staff to perform and document the results of these checks at every refill.

Periodic urine drug screens are essential. Board consultants generally recommend a urine drug screen (UDS) be done annually, at minimum. Any patient on chronic long-term opioids needs to be assessed for compliance, regardless of the degree of trust the prescriber may have. Even patients with a long history of compliance may find their prescriptions being diverted by others. Prescribers need to appropriately address and attempt to remediate any discrepancies discovered when checking the PDMP or a urine drug screen.

Patients on chronic methadone can develop dangerous prolongation of the QT interval in their cardiac conduction. An annual electrocardiogram (EKG) has been considered standard.

Terminal Illness

The Board believes that physicians should make every effort to relieve the pain and suffering of their terminally ill patients. Patients nearing the end of their lives should receive sufficient opioid dosages to produce comfort. The physician should acknowledge that the natural dying process usually involves declining blood pressures, decreasing respirations and altered levels of consciousness. Opioids should not be withheld on the basis of physiologic parameters when patients continue to experience pain.

Some physicians express concerns that the use of opioids in these patients may hasten death through pneumonia or respiratory depression. For these reasons, at times physicians may have limited the use of opioids in dying patients out of fear that they may be investigated for

Prior Statement of Philosophy removed from OMB website on October 5, 2023:

inappropriate prescribing or allegations of euthanasia.

The Board is concerned that such fear on the part of physicians may result in inadequate pain control and unnecessary suffering in terminally ill patients. The Board encourages physicians to employ skillful and compassionate pain control for patients near the end of life and believes that relief from suffering remains the physician's primary obligation to these patients

Evolving Standards

Finally, the Board knows the expectations of care can and do shift over time as the understanding of these complex situations shifts. While the Board makes every effort to update statements such as this, the final adjudication of an investigation of potential overprescribing will rest upon the recognized standards at the time.

ADMINSTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Discussion Item

Member Assigned: **Eshraghi**

Subject: **Statement of Philosophy Review: Telemedicine**

OREGON MEDICAL BOARD

Statement of Philosophy

Telemedicine

The Oregon Medical Board supports a consistent standard of care and scope of practice for licensees, regardless of the delivery tool or business method enabling provider-patient communication. Telemedicine is not a separate form of medicine, but rather a delivery tool. It is the practice of medicine, through means of electronic communication, information technology, or other means of interaction between a licensee at one location and a patient in another location.

Licensure Requirements

Telemedicine generally involves using secure videoconferencing or other appropriate technology to replicate the interaction of an in-person encounter. The practice of medicine occurs at the patient's location when technology is used to provide care. The provider must possess appropriate licensure in all jurisdictions where the patient receives care. Therefore, with a few exceptions provided in ORS 677.060 and 677.137 and detailed below, providers practicing via telemedicine on patients located in Oregon must be licensed in Oregon.

A physician or physician assistant licensed in another state may provide care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person who is in Oregon temporarily for the purpose of business, education, vacation, or work and who requires the direct medical treatment by that physician or physician assistant as provided in ORS 677.060 or 677.137.

A physician or physician assistant licensed in another state may consult directly with another physician or physician assistant licensed in Oregon if they do not undertake the primary responsibility for diagnosing or rendering treatment to a patient located in Oregon as provided in ORS 677.060 or 677.137.

A physician or physician assistant licensed in another state may provide temporary or intermittent follow up care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person located in Oregon **as described in ORS 677.060 or 677.137.** ~~Although not specifically addressed by a statutory exemption, the Oregon Medical Board has chosen not to enforce the licensure requirement for the out of state physician or physician assistant to provide this temporary or intermittent continuity of care.~~ The **OMB understands that the** patient**'s** needs are **often** best served by ~~having~~ **allowing continuity of care with** the physician or physician assistant who knows the patient and has access to the patient's medical records provide ~~this~~ follow up care **under these circumstances**.

A physician, physician assistant, or acupuncturist licensed in Oregon with an Active status license may be temporarily located outside of Oregon to provide care via telemedicine for a patient located in Oregon.

How to Conduct a Visit

The Board recognizes that delivery of services through telemedicine conveys potential benefits and potential challenges for patients, and that the delivery method does not alter the scope of practice, the professional obligations, the setting, or the manner of practice of any licensee, beyond that authorized by law. Licensees are always obligated to maintain the highest degree of professionalism, place the welfare of patients first, meet the same standards of professional practice and ethical conduct, and protect patient confidentiality. As such, some situations and presentations are appropriate to provide care via telemedicine, while some are not.

- A licensee is expected to maintain an appropriate provider-patient relationship. At each telemedicine encounter, the licensee should:
    - Verify the location and identity of the patient,
    - Provide the identity and credentials of the provider to the patient, and
    - Obtain appropriate informed consents from the patient after disclosures regarding the limitations of telemedicine.
- For treatment and consultation recommendations, a licensee is expected to document relevant clinical history and evaluation of the patient's presentation. Treatment based solely on an online questionnaire without individualized review and assessment does not constitute an acceptable standard of care.
- A licensee is expected to provide for an acceptable continuity of care for patients, including follow-up care, information, and documentation of care provided to the patient or suitably identified care providers of the patient.
- When referral to an acute care facility or Emergency Department is necessary for the safety of the patient, a licensee is expected to immediately direct the patient to the appropriate level of care. Licensees should have a formal written protocol to facilitate such acute referrals.
- A licensee is expected to meet or exceed applicable federal and state legal requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical retention rules. Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records.
- When using online services to provide care via telemedicine, a licensee is expected to be transparent in:
    - Specific services provided;
    - Contact information for licensee;
    - Licensure and qualifications;
    - Fees for services and how payment is to be made;

    - Financial interests, other than fees charged, in any information, products, or services provided by a licensee;[1]
    - Appropriate uses and limitations of the site, including emergency health situations;
    - Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
    - To whom patient health information may be disclosed and for what purpose;
    - Rights of patients with respect to patient health information; and
    - Information collected and any passive tracking mechanisms utilized.
- Online services used by licensees to provide care via telemedicine should provide patients a clear mechanism to:
    - Access, supplement, and amend patient-provided personal health information;
    - Provide feedback regarding the site and the quality of information and services; and
    - Register complaints, including information regarding filing a complaint with the Oregon Medical Board.
- Online services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites.

- Adopted January 2012
- Amended October 2, 2020; April 7, 2022, (DRAFT) January 4, 2024

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 1.2.12 Ethical Practice in Telemedicine; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: The PA and Patient; and Oregon Association of Acupuncturists' Code of Ethics: 1.2 Communication with Patients.
- ORS 677.190(1)(a) and ORS 677.188(4)(a)

[1] A health practitioner must inform patients when referring the patient to a facility in which the health practitioner or an immediate family member has a financial interest. See ORS 441.098.

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Informational Items

Member Assigned: **Mageehon**

Subject: **Five-year Rule Review: OAR 847-005-0008 Public Records Fees**

Five-Year Rule Review

ORS 183.405

Rule Name: Public Records Fees

Rule Number(s): OAR 847-005-0008

Adoption Date:
July 24, 2019

Review Date:
November 13, 2023

Review Due Date:
July 23, 2024

Sent to SOS Date:
January 5, 2024

☒ **Advisory Committee Used:** Administrative Affairs Committee
☐ **Advisory Committee Not Used**

What was the intended effect of this rule adoption?

The rule was intended to increase readability by separating licensing and records request fees into different rules. The rule aligned the Board's request fees with the Oregon Department of Administrative Services fees and charges policy, 107-001-030.

☒ Yes ☐ No	**Has this rule adoption had its intended effect?** The rule has been used to determine fees for staff time required to fulfill a public records request.

☒ Yes ☐ No	**Was the anticipated fiscal impact of this rule correct?** The Oregon Medical Board anticipated a minor fiscal impact by the rule. The rule only updated a few of the charges to align with the statewide policy. All state agencies charge the same hourly rate for a public records request.

☐ Yes ☒ No	**Have subsequent changes in the law required this rule to be/can be amended or repealed?** The law has not changed requiring the rule to be amended. However, on April 11, 2023, the Board adopted an amendment to add a fee for the Board Attorney's time utilized during a public records request.

☒ Yes ☐ No	**Is there a continued need for this rule?** Yes.

☐ Yes ☒ No	**What impact has the rule had on small businesses?** Unknown, small businesses may request public records and would be charged these fees. All state agencies charge similar fees for a public records request.

Additional Comments: None

Report provided by: Rules Coordinator

847-005-0008
Public Record Fees

Many public records are available on the Oregon Medical Board's website without charge; convenience copies of these records are available upon request for a set charge. Pursuant to ORS 192.324, public records fees reflect no more than the actual cost of producing and processing the public records request.

(1) Licensee Information Request Charges:

(a) Verification of Licensure — Individual Requests (1-4 licenses) — $10 per license.

(b) Verification of Licensure — Multiple (5 or more licenses) — $7.50 per license.

(c) Malpractice Report — Individual Requests — $10 per license.

(d) Malpractice Report — Multiple (monthly report) — $15 per report.

(e) Disciplinary — Individual Requests — $10 per license.

(2) Record Search Charges: If a request for records can be fulfilled using less than 30 minutes of staff time, there will be no charge for the service.

(a) Clerical Staff — $25 per hour.

(b) Administrative and Managerial Staff — $40 per hour.

(c) Professional Staff and Medical Director — $75 per hour.

(d) The actual cost to the Board of time spent by the Board's attorney in reviewing the public records, redacting material from the public records, and segregating the public records into exempt and nonexempt records.

(3) Data Order Charges:

(a) Standard Licensee Data Order — $75 each.

(b) Custom Licensee Data Order — $75 + $40.00 per hour Administrative time.

(c) Address Label Data — $50 each.

(d) Malpractice Information Data — $75 each.

(4) All Board fees are non-refundable and non-transferable.

(5) The Board may waive or reduce fees for public records upon written request if the Board determines that making the record available primarily benefits the general public.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265 & 192.324

History:
OMB 6-2023, amend filed 04/11/2023, effective 04/11/2023
OMB 2-2019, adopt filed 07/24/2019, effective 07/24/2019

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Informational Items

Member Assigned: **Cramer**

Subject: **Secretary of State Audit Update**

MEMORANDUM

TO:	Administrative Affairs Committee
SUBJECT:	Secretary of State Audit Update
DATE:	November 21, 2023

Background: In August 2022, the Oregon Secretary of State (SOS) Audits Division initiated a performance audit of the Oregon Medical Board. A performance audit looks for ways an agency can operate more efficiently and effectively and better achieve its mission. The audit was identified because of legislative interest and the risks the SOS planned to examine during the prior (2019) audit.

- **Audit Objective:** How does the Oregon Medical Board ensure its disciplinary decisions are consistent and equitable for cases with similar circumstances and violations?
- **Scope:** Complaint cases closed with a disciplinary action, Corrective Action Agreement, or Letter of Concern for the five-year period of January 1, 2017, to December 31, 2021.
- **Methodology:** Analyze OMB complaint and licensee demographic data; review OMB investigative/disciplinary policies, procedures, and processes; obtain information from other states' medical boards and other health licensing boards in Oregon; and review research, reports, or other documents from related professional organizations and outside groups, such as the Federation of State Medical Boards.

Four phases of the audit:

1. Scoping, to gain an understanding of the agency and potential risk areas;
2. Planning, to determine objective(s), scope, and methodology to perform audit fieldwork;
3. Fieldwork, to gather evidence and perform procedures to achieve audit objective(s); and,
4. Reporting, to compile and release the written audit report.

In winter/spring 2023, auditors interviewed investigative staff. In summer 2023, auditors reviewed investigative data and spent time at the OMB office validating the data provided. Auditors also researched other states' and Federation of State Medical Boards' policies and procedures.

Anticipated results: In preliminary meetings on August 24 and September 27, auditors indicated that they will recommend categorizing cases to make data analysis easier and developing disciplinary guidelines to aid the Board in determining the appropriate range of outcomes. OMB staff believe the auditors' recommendations will align with the OMB's Strategic Plan, current initiatives, and agency culture of continuous process improvement.

We are now in the reporting phase. The draft audit report is anticipated in December. OMB may provide feedback regarding accuracy and context before the report is finalized and published in January 2024.

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Informational Items

Member Assigned: **Cramer**

Subject: **15th International Association of Medical Regulatory Authorities (IAMRA) Conference Update**

MEMORANDUM

TO: Administrative Affairs Committee
SUBJECT: 15th International Conference on Medical Regulation (IAMRA)
DATE: November 15, 2023

November 6-9, 2023, Chair Erin Cramer, PA-C, Vice Chair Chris Poulsen, DO, and Executive Director Nicole Krishnaswami attended the 15th International Conference on Medical Regulation in Bali, Indonesia. Ms. Krishnaswami has served as the North American region representative on the International Association of Medical Regulatory Authorities (IAMRA) Board of Directors since 2019.

The conference opened with Indonesian Health Minister Budi Gunadi Sadikin describing a recent comprehensive health care law aiming to ensure that every city in Indonesia has at least one mammography machine, cardiac catheterization lab, hospital, CT scan, and MRI scan. For context, Indonesia has 514 cities, 10,000 districts, 85,000 villages, and 300,000 hamlets on 17,000 islands for 280 million people. Bali itself has approximately 4.4 million people in 2,200 square miles; in comparison, Oregon has approximately 4.3 million people in 96,000 square miles.

Keynote sessions addressed the potential of AI in health care; ethical considerations in medical regulation (e.g. proportionality, transparency, and trust); and compassion in medical regulation (e.g. licensing of refugees and immigrants from Ukraine, Afghanistan, and Syria). Other sessions focused on sexual misconduct, trauma-informed approaches to investigations, data sharing, climate change, and international medical school accreditation.

Ms. Krishnaswami facilitated the plenary session, "How do regulators contribute to the elimination of racism." Speakers included members of aboriginal and marginalized groups from New Zealand, Australia, the United States, Canada, and South Africa. The panel discussed methods for dismantling systemic racism, provided a sobering history of residential schools, and called for increased efforts to address racism and health disparities. Dr. Kgosi Letlape of South Africa said, "We have, in South Africa, a health care apartheid, where there is inequality of health care delivery, made worse by an inequality of classes. There are also differences between care provided by the private health care system, and between the haves and the have nots." Attendees were spellbound by the speakers and profoundly impacted by the discussion.

At the Members General Assembly, Ms. Krishnaswami was elected Chair-Elect of IAMRA, and the members adopted a resolution co-sponsored by the OMB and FSMB regarding international recognition of US-trained osteopathic physicians (DOs) as equivalent to allopathic MDs. Ms. Krishnaswami also demonstrated a new international database for sharing boards' disciplinary actions.

Mr. Cramer, Dr. Poulsen, and Ms. Krishnaswami will meet to discuss future actions inspired by the conversations at the IAMRA Conference.

ADMINISTRATIVE AFFAIRS COMMITTEE
DECEMBER 13, 2023
VIDEOCONFERENCE

Informational Items

Member Assigned: **Mageehon**

Subject: **New Licensure Count**

New Licensure Count

August 25, 2023 — November 21, 2023

The following information is provided for insight regarding the number of new full licenses granted on a quarterly basis. For comparison, new licenses granted during the same quarter in the previous year are provided.