The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, April 6 - 7, 2017, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Shirin R. Sukumar, MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Location/Role</th>
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<tbody>
<tr>
<td>Shirin R. Sukumar, MD, Chair, West Linn</td>
<td>Rebecca Hernandez, PhD*, Keizer (Thursday only)</td>
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<tr>
<td>Donald E. Girard, MD, Emeritus, Portland</td>
<td>James K. Lace, MD, Salem</td>
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<tr>
<td>Robert M. Cahn, MD, Portland</td>
<td>Lisa M. Lipe, DPM, Secretary, Lake Oswego</td>
</tr>
<tr>
<td>Paul Chavin, MD, Eugene</td>
<td>Jennifer L. Lyons, MD, Portland</td>
</tr>
<tr>
<td>Katherine L. Fisher, DO, Happy Valley</td>
<td>Michael J. Mastrangelo, Jr., MD, Bend</td>
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<tr>
<td>K. Dean Gubler, DO, Vice Chair, Portland</td>
<td>Melissa Peng, PA-C, Portland</td>
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<tr>
<td>Saurabh Gupta, MD, Portland (Friday only)</td>
<td>*Public Member</td>
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**Staff, consultants and legal counsel present:**

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<tr>
<th>Name and Title</th>
<th>Location/Role</th>
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<tr>
<td>Kathleen Haley, JD, Executive Director</td>
<td>Mark Levy, Senior Software and Systems Administrator</td>
</tr>
<tr>
<td>Joseph Thaler, MD, Medical Director</td>
<td>David Lilly, Investigator</td>
</tr>
<tr>
<td>Carol Brandt, Business Manager</td>
<td>Laura Mazzucco, Executive Support Specialist</td>
</tr>
<tr>
<td>Eric Brown, Chief Investigator</td>
<td>Netia N. Miles, Licensing Manager</td>
</tr>
<tr>
<td>Alexander Burt, MD, Psychiatric Consultant (Thursday only)</td>
<td>Shayne Nylund, Acupuncture Licensing Specialist, EMS Committee Coordinator, Physician Licensing Specialist</td>
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<tr>
<td>Frank Clore, Licensing Specialist</td>
<td>Michael Seidel, Investigator</td>
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<tr>
<td>Matt Donahue, Investigator</td>
<td>Michele Sherwood, Investigations Coordinator</td>
</tr>
<tr>
<td>Warren Foote, JD, Senior Assistant Attorney General (Thursday only)</td>
<td>Chad Steele, Investigator</td>
</tr>
<tr>
<td>Kristina Kallen, Executive Assistant</td>
<td>Joan Stieger, Accounting Supervisor</td>
</tr>
<tr>
<td>Nicole Krishnaswami, JD, Operations &amp; Policy Analyst</td>
<td>Megan Watson, Licensing Specialist</td>
</tr>
<tr>
<td>Theresa Lee, Investigative Assistant</td>
<td>Shane Wright, Investigator</td>
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</tbody>
</table>

**OMB Committee members and guests present:**

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Location/Role</th>
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<tbody>
<tr>
<td>Jennifer Campbell, PA, Clinic Director, Providence Express Care</td>
<td>Paul Lewis, MD, Public Health Officer, Multnomah County, Lines for Life Presentation</td>
</tr>
<tr>
<td>Dwight Holton, JD, CEO, Lines for Life, Presentation</td>
<td>Sharon Meieran, MD, Multnomah County Commissioner, Lines for Life Presentation</td>
</tr>
<tr>
<td>Kara Kohfield, Paramedic, Emergency Medical Services (EMS) Advisory Committee Chair (via telephone)</td>
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</table>
8:00 a.m. – CALL TO ORDER  
Shirin R. Sukumar, MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Shirin Sukumar, MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as BOARD ACTION). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECURSALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.
PUBLIC SESSION
Dr. Sukumar called the meeting to order. She welcomed everyone to the Board meeting, and she thanked the Oregon Medical Board (OMB) staff for the hours of work in preparation for and coordination of the Board meeting. Dr. Sukumar shared she will be saying goodbye to some on the Board, and she congratulated Dr. Gubler who serves as the Vice Chair of the Board as well as the Chair of the Investigations Committee (IC).

Dr. Sukumar took roll. Dr. Gupta was absent by prior notice. Dr. Mastrangelo joined the meeting at 8:15 a.m.

Security Refresher
The Board received a security refresher from Business Manager, Carol Brandt. Ms. Brandt reminded the Board as to the whereabouts and types of security measures located in the OMB offices.

No official Board action was taken.

EXECUTIVE SESSION

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<thead>
<tr>
<th>Licensee</th>
<th>Case #</th>
<th>Complaint #</th>
<th>Investigator</th>
<th>Board Reviewer</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLITMAN, Maury N., MD</td>
<td></td>
<td>SW</td>
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<td>SS</td>
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Maury N. Blitman, MD, the Board amend the Complaint & Notice of Proposed Disciplinary Action with the addition of this case. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

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<thead>
<tr>
<th>Licensee</th>
<th>Supervision</th>
<th>Complaint #</th>
<th>Investigator</th>
<th>Board Reviewer</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL, Thomas L., MD</td>
<td></td>
<td>EB</td>
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<td>SS</td>
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</table>

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Thomas L. Bristol, MD, the Board terminate Licensee’s 2015 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

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<thead>
<tr>
<th>Licensee</th>
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<tbody>
<tr>
<td>CHA, Michael J., MD</td>
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<td>SW</td>
<td></td>
<td>SS</td>
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</table>

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Michael J. Cha, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13) and ORS 677.190(24). Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.
CROSS, Lorne M., MD  
Supervision  
EB  
SS

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Lorne M. Cross, MD, the Board approve the IC’s recommendation to approve the Licensee’s request to modify his 2014 Stipulated Order. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

ELLINGSEN, Megan B., MD  
Supervision  
EB  
JLL

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of Megan B. Ellingsen, MD, the Board approve the IC’s recommendation to terminate her 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 9-0-0-1-2. Dr. Mastrangelo was recused. Ms. Peng and Dr. Gupta were absent by prior notice.

FOUTZ, Steven R., MD  
SW  
KDG

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Steven R. Foutz, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(17). Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

HARGROVE, Chad A., MD  
DL  
KDG

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Chad A. Hargrove, MD, the Board approve the IC’s recommendation to issue Applicant an Intent to Deny License Application based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.100. Dr. Lace seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

*Please see Friday’s minutes as this vote was rescinded.*

HEITSCH, Richard C., MD  
SW  
KDG

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Richard C. Heitsch, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Mastrangelo seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.
Approved by the Board on July 14, 2017

HEITSCH, Richard C., MD  SW  KDG

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Richard C. Heitsch, MD, the Board accept Applicant’s request to withdraw the 2016 Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Drs. Gupta and Lace were absent by prior notice.

HENNING, Monica S., MD  Supervision  CS  PC

Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in the matter of Monica S. Henning, MD, the Board approve the IC’s recommendation to terminate her 2014 Corrective Action Agreement and her 2016 order Modifying Corrective Action Agreement. Dr. Lipe seconded the motion. The motion passed 10-0-0-1-1. Dr. Cahn was recused. Dr. Gupta was absent by prior notice.

PUBLIC SESSION

Public Input  SS

No public comment was presented.

EXECUTIVE SESSION

HUEBNER, Michelle L., MD  CS  PC

Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in the matter of Michelle L. Huebner, MD, the Board approve the IC’s recommendation to approve Applicant’s request to withdraw her license application with a report to the FSMB. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

IZENBERG, Seth D., MD  Supervision  EB  SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Seth D. Izenberg, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2016 Corrective Action Agreement. Dr. Chavin seconded the motion. The motion passed 10-0-0-1-1. Dr. Gubler was recused. Dr. Gupta was absent by prior notice.
KING, Julie A., MD

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Julie A. King, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Chavin seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

MCCORKLE, Elizabeth J., MD

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Elizabeth J. McCorkle, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Sukumar seconded the motion. The motion passed 10-0-0-1-1. Dr. Chavin was recused. Dr. Gupta was absent by prior notice.

MONJI, Zena I., MD

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Zena I. Monji, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate her 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 10-0-0-1-1. Dr. Chavin was recused. Dr. Gupta was absent by prior notice.

MYERS, Larry R., MD

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Larry R. Myers, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13) and ORS 677.190(17). Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

ROTH, Debra E., PA

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of Debra E. Roth, PA, the Board approve the IC’s recommendation to terminate the Licensee’s Interim Stipulated Order. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.
SOLDEVILLA, Francisco X., MD  Supervision EB KDG

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Francisco X. Soldevilla, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2016 Corrective Action Agreement. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

STAPLETON, Joseph P., MD  Supervision CS SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Joseph P. Stapleton, MD, the Board approve the Licensee’s request to terminate his 2015 Stipulated Order. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

STERETT, Justin D., MD  WF KDG

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Justin D. Sterett, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a). Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

TAYLOR, Mark A., MD  DL KDG

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Mark A. Taylor, MD, the Board approve the IC’s recommendation to approve the Stipulated Order signed by Licensee on February 2, 2017. Dr. Fisher seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

TEXIDOR, Cesareo, Jr., PA  WF SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Cesareo Texidor, Jr., PA, the Board amend the current Complaint & Notice and Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice, ORS 677.190(17). Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.
TIPPETTS, Rebekha K., MD

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of Rebekha K. Tippetts, MD, the Board approve the IC’s recommendation to approve the Stipulated Order signed by Licensee on December 31, 2016. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

WEISENSEEE, Fredrick W., MD  

Supervision  

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Fredrick W. Weisensee, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

WENBERG, Kenneth F., MD  

CS  

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Kenneth F. Wenberg, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(15) and ORS 677.190(17). Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

ADAMS, Justin R., MD  

EB  

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Justin R. Adams, MD, the Board approve the Stipulated Order signed by Licensee on March 27, 2017. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Dr. Gupta and Dr. Hernandez, PhD, were absent by prior notice.

BERRY, Danielle E., MD  

WF  

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Danielle E. Berry, MD, the Board approve the IC’s recommendation to approve Applicant’s request to withdraw her license application with a report to the FSMB. Dr. Fisher seconded the motion. The motion passed 10-0-0-0-2. Drs. Cahn and Gupta were absent by prior notice.
Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Jeffrey E. Flemming, MD, the Board approve the Stipulated Order signed by Licensee on February 24, 2017. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Drs. Cahn and Gupta were absent by prior notice.

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Kristina E. Harp, MD, the Board approve the Corrective Action Agreement signed by Licensee on April 4, 2017. Dr. Fisher seconded the motion. The motion passed 10-0-0-0-2. Drs. Cahn and Gupta were absent by prior notice.

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Kent R. Walker, DO, the Board approve the Stipulated Order signed by Licensee on March 24, 2017. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta, MD, was absent by prior notice.

**EXECUTIVE SESSION**

Dr. Fisher reviewed the case.

The Board took no official action.

Dr. Sukumar reviewed the case.

The Board took no official action.
### HOWERTER, Justin B., DO

Dr. Lace reviewed the case.

**BOARD ACTION:** Dr. Lace moved that in the matter of Justin B. Howerton, DO, the Board approve the Administrative Affairs Committee’s (AAC) recommendation to issue an administrative fine in the amount of $195 and grant an active license. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

### JAMSHIDI, Maryam, MD

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Maryam Jamshidi, MD, the Board approve the AAC’s recommendation to grant Applicant an active license. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

### (Name Redacted)

Dr. Lipe reviewed the case.

The Board took no official action.

### MCCORVEY, Barbara M., MD

Ms. Peng reviewed the case.

**BOARD ACTION:** Ms. Peng moved that in the matter of Barbara M. McCorvey, MD, the Board approve the AAC’s recommendation to grant an active Teleradiology license. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.

### (Name Redacted)

Dr. Lipe reviewed the case.

The Board referred the case to the Investigative Committee.

### RUBIN, Zarya A., MD

Dr. Lace reviewed the case.

**BOARD ACTION:** Dr. Lace moved that in the matter of Zarya A. Rubin, MD, the Board approve the AAC’s recommendation to grant an active license via a Consent Agreement, to include one-year mentorship with Board-approved evaluators, two of which must specialize in family medicine or pediatrics. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-1. Dr. Gupta was absent by prior notice.
Ms. Peng reviewed the case.

The Board took no official action.

**SANDERSON DISSANAYAKE, Tamera R., MD**

Dr. Fisher reviewed the case.

**BOARD ACTION:** Dr. Fisher moved that in the matter of Tamera R. Sanderson Dissanayake, MD, the Board approve Applicant’s request to grant an active administrative medicine license. Dr. Chavin seconded the motion. The motion passed 10-0-0-1-1. Ms. Peng was recused. Dr. Gupta was absent by prior notice.

Dr. Lipe reviewed the case.

The Board took no official action.

Dr. Lace reviewed the case.

The Board took no official action.

**PUBLIC SESSION**

**Administrative Affairs Committee (AAC) Meeting Minutes**

The Board reviewed the March 8, 2017, AAC Meeting Minutes.

**BOARD ACTION:** Dr. Lipe moved that the Board approve the March 8, 2017, AAC Meeting Minutes, as amended. Dr. Chavin seconded the motion. The motion carried with a voice vote. Dr. Gupta was absent by prior notice.

**EXECUTIVE SESSION**

**Investigative Committee Consent Agendas**

The Board reviewed the following Consent Agendas: February 2, 2017, and March 2, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the February 2, 2017, and March 2, 2017, Investigative Committee Consent Agendas. Dr. Lipe seconded the motion. The motion carried with a voice vote.
Investigative Committee Supervision Consent Agendas


**BOARD ACTION:** Dr. Gubler moved that the Board approve the February 2, 2017, and March 2, 2017, Investigative Committee Supervision Consent Agendas. Dr. Sukumar seconded the motion. The motion carried with a voice vote.

Investigative Committee Meeting Minutes

The Board reviewed the Investigative Committee Meeting Minutes of December 1, 2016, and February 2, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the December 1, 2016, and the February 2, 2017, Investigative Committee Meeting Minutes, as amended. Dr. Chavin seconded the motion. The motion carried with a voice vote.

PUBLIC SESSION

Parking and Transit Policy, Carol Brandt, Business Manager

Ms. Brandt reviewed the Parking and Transit Policy with the Board.

**BOARD ACTION:** Dr. Sukumar moved that in the matter of the Parking and Transit Policy, the Board approve the AAC’s recommendation to pay transit and parking for Board staff. Dr. Chavin seconded the motion. The motion passed 10-0-0-0-2. Drs. Fisher and Gupta were absent by prior notice.

CLOSED SESSION

Probationer Interviews

The Board members conducted interviews of the following Board licensees/probationers.

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Licensee</th>
<th>Room No.</th>
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<tbody>
<tr>
<td>Dr. Lace</td>
<td>(Name Redacted)</td>
<td>1</td>
</tr>
<tr>
<td>Ms. Peng and Dr. Chavin</td>
<td>(Name Redacted)</td>
<td>2</td>
</tr>
<tr>
<td>Dr. Gubler</td>
<td>Observer: Dr. Gupta</td>
<td>(Name Redacted)</td>
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*The Board adjourned at 2:43 p.m.*
8:00 a.m. – CALL TO ORDER
Shirin Sukumar, MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Shirin Sukumar, MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l) the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as BOARD ACTION). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUSALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case but chose to not cast a vote on its disposition.
PUBLIC SESSION
Dr. Sukumar welcomed everyone to the second day of the full Board meeting. She thanked Ms. Haley and Ms. Kallen for the Board dinner the previous evening. Dr. Sukumar thanked the Board members for attending the dinner, for the great farewell, and for the attendance of many former Board members.

Dr. Sukumar welcomed the newest Board member, Saurabh Gupta, MD.

Dr. Sukumar took roll call. Dr. Hernandez, PhD, was absent by prior notice.

IT Security Training
The Board received IT Security Training from Mark Levy, Senior Software and Systems Administrator.

The Board took no official action.

Swearing in New Board Member/Reappointment
Dr. Sukumar swore in the newest Board member, Saurabh Gupta, MD, and congratulated him. She congratulated Dr. Gubler on his reappointment to the Board and on his Board assignment of Vice Chair as well as Chair of the Investigations Committee.

The Board took no official action.

Emergency Medical Services (EMS) Advisory Committee
Dr. Sukumar welcomed Kara Kohfield, Paramedic, EMS Advisory Committee Chair, to the Board (via telephone).

Dr. Fisher began with OAR 847-035-0030: Scope of Practice – FIRST REVIEW. The proposed rule amendment (1) adds hemorrhage control to the EMR scope of practice, which will allow use of multiple modalities such as tourniquets and bandages; (2) adds emergency moves for endangered patients to the EMR Scope of Practice; (3) allows intraosseous infusions to be performed by AEMTs for all patients, not just pediatric patients; and (4) moves intraosseous infusion of lidocaine for anesthetic from the EMT-Intermediate Scope of Practice to the AEMT Scope of Practice.

Dr. Fisher asked Ms. Kohfield if chitosan-type clotting products were included in this Scope of Practice. Ms. Kohfield said it was a part of it, but the Committee did not necessarily talk about the clotting agents. Bandaging was added due to the lack of wording in the current scope, Ms. Kohfield stated.

Dr. Fisher drew the Board’s attention to the handout on tourniquets that she had provided, as she said tourniquets have become quite specialized.

Dr. Gubler asked Ms. Kohfield to tell the Board a bit about the Stop The Bleed campaign. Ms. Kohfield said Dr. Daya had introduced the Campaign at the previous EMS Advisory Committee meeting. Ms. Kohfield said that the Campaign encourages bystanders in emergency
situations to assess the situation and apply bleeding control if available. Ms. Kohfield said in
some of the Occupational Health and Safety Act (OHSA) rules, some public workplaces were
requiring tourniquets and bleeding control be onsite. Ms. Kohfield said these tools were carried
into wildland fire situations also.

Dr. Gubler expanded on Ms. Kohfield’s explanation of the Stop The Bleed campaign. He said it
was an initiative by the American College of Surgeons to educate the public on how to stop
bleeding following some of the tragedies with school shootings in which preventable deaths
occurred due to lack of basic knowledge on bleeding control. Dr. Gubler said it was important
to talk about the Campaign in the context of the EMS Committee because paramedics will be on the
forefront of the educational process. He said the first week of March was when the Campaign
was rolling out the first mass teaching of instructors. Dr. Gubler said he was hoping the
Campaign would become more visible in Oregon. Dr. Gubler said the main idea was to identify
populations where educating a few people will save multiple lives, i.e., a high school with a
major kit in the Principal’s office and the Principal and all the teachers would be taught how to
control bleeding; subsequently each teacher would have a minor kit in his/her desk.

Dr. Sukumar said this rule was a first review and recommended moving OAR 847-035-0030:
Scope of Practice, forward as written.

Regarding the EMS Advisory Committee meeting on February 10, 2017, Ms. Kohfield said the
Committee discussed allowing Emergency Medical Responders (EMRs) to prepare and
administer epinephrine via intramuscular (IM) injection to patients experiencing anaphylaxis.
She said the bigger issue was the auto-injector use, which are very expensive at $600 to $800
each with short expiration dates. Ms. Kohfield explained that for agencies in rural areas where
lack of funding would prevent buying expensive equipment and medications, the idea was to
have ampules of epinephrine or draw epinephrine out of a vial.

Regarding the training on the use of epinephrine, Ms. Kohfield said this was not out of the Scope
because currently the rule reads: Prepare and administer epinephrine by automatic injection
device for anaphylaxis. The proposed language would read: Prepare and administer by
automatic injection device or intramuscular injection for anaphylaxis upon successful completion
of an Authority-approved course of instruction. The Committee would require the agency to
teach a modular course that was created by the Oregon Health Authority (OHA).

Dr. Sukumar thanked Ms. Kohfield and mentioned there has been previous discussion around this
issue, which makes sense given the shortages and expense associated with EpiPens. She asked
for comments. None were forthcoming.

Ms. Kohfield said during the EMS Advisory Committee meeting, a paramedic called in regarding
transporting patients with intravenous drips, nitroglycerin drips, antibiotic drips, and heparin
drips, and asked if a policy should be written. Ms. Kohfield said the Board was not allowed to
advise on how an agency should write its policy because that was up to the agency. However,
Ms. Kohfield said the Committee confirmed that the way the Scope was written was that an EMT
Intermediate could transport patients on the above-mentioned drips.

**BOARD ACTION:** Dr. Fisher moved that the Board approve the EMS Advisory Committee
Meeting Minutes of February 10, 2017, as written. Ms. Peng seconded the motion. The motion
passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.
EXECUTIVE SESSION

HARGROVE, Chad A., MD

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Chad A. Hargrove, MD, the Board rescind the vote to issue Applicant an Intent to Deny License Application. Dr. Chavin seconded the motion. The motion passed by 10-0-1-0-1. Dr. Gupta abstained. Dr. Hernandez, PhD, was absent by prior notice.

BOARD ACTION: Dr. Gubler moved that in the matter of Chad A. Hargrove, MD, the Board accept Applicant’s withdrawal of his application for licensure under investigation with a report to the Federation of State Medical Boards (FSMB). Dr. Lipe seconded the motion. The motion passed 10-0-1-0-1. Dr. Gupta abstained. Dr. Hernandez, PhD, was absent by prior notice.

Please see Thursday’s minutes for Board action.

(Name Redacted)

Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in Case #16-0262 Licensee comply with the Board’s request to register for a Board-approved neuropsychiatric evaluation within the next 30 days. Dr. Gubler seconded the motion. The motion passed 10-0-1-0-1. Dr. Gupta abstained. Dr. Hernandez, PhD, was absent by prior notice.

Oregon Medical Board Licensure Count

Ms. Peng reviewed the licensure count between November 15, 2016, and February 16, 2017, of which there were 328.

The Board took no official action.

Board Best Practices Assessment

Ms. Brandt reviewed the results from the Board Best Practices Survey with the Board.

Ms. Brandt reported that once again the Board agreed unanimously that they have appropriate governance over the agency. Ms. Brandt said this information will be reported with our Annual Performance Progress Report to the Legislature in September 2017.

Dr. Sukumar said this speaks to the hard work and dedication of the Board and staff. She continued that there has been a perfect score the entire time she has been on the Board. Ms. Brandt said the OMB had increased its target to 100 percent.
Ms. Peng reviewed OAR 847-050-0041: PA Prescribing and Dispensing Privileges (SUBOXONE).

Ms. Peng said PAs who were only working eight hours per week were concerned with this rule. There was also concern regarding PAs certified on SUBOXONE being supervised by physicians who were not certified on SUBOXONE, nor were they required to be.

The Comprehensive Addiction and Recovery Act (CARA) that the Obama Administration created in July 2016 required that PAs and Nurse Practitioners (NPs) have 30 hours of Continuing Medical Education (CME) or training to prescribe SUBOXONE. That requirement was an additional 24 hours on top of the eight-hour course at the Substance Abuse and Mental Health Services Administration (SAMHSA).

Currently PAs can prescribe Butrans and naloxone as two separate medicines. With the addition of this rule, Ms. Peng said PAs may continue to prescribe the two drugs separately, rather than the preferred method of a combined drug for patient safety.

Ms. Krishnaswami said the National Commission on Certification of Physician Assistants (NCCPA) PA certification does not need to be current under this rule. Section 4 of the highlighted area reads: A PA may prescribe and dispense buprenorphine if requirements in one or two are fulfilled, with one being the grandfathered PA and two being the PA who is certified. She explained that the rule was for initial licensure and allows PAs to prescribe Schedule III through Schedule V drugs. Buprenorphine is a Schedule III medication. PAs can prescribe buprenorphine if grandfathered or if certified at one time. For PAs to prescribe Schedule II medications, PAs have to maintain NCCPA. Ms. Krishnaswami said that under this rule, unless it is in CARA that PAs must be NCCPA certified, this rule would not add any requirements.

Ms. Peng said there was confusion and that CARA does not require certification.

Dr. Sukumar thanked Ms. Krishnaswami for the clarification.

Dr. Thaler said there was a short video (here) for the Board to view regarding buprenorphine treatment, SUBOXONE treatment, and the differences between these and methadone. He said this was a very specialized area so the hope was, because of the opioid epidemic, many more providers would become familiar with it.

Dr. Lace asked Ms. Krishnaswami if a current Bill before the Legislature was any different than this new rule allowing naturopaths to dispense in office settings the same types of substances as PAs.

Ms. Krishnaswami said yes because PAs can currently dispense.

Dr. Lace clarified not just in writing a prescription but actually in dispensing in the office setting.

Ms. Krishnaswami said correct. She explained that if PAs were in a rural area, PAs could dispense Schedule II through Schedule V drugs if that privilege was granted (through a Practice Agreement). She said if PAs were not in a rural area, there was a different type of dispensing for
PAs, and they cannot currently dispense controlled drugs in the office; physicians can. Senate Bill 423 would allow PAs in these metropolitan areas to dispense Schedule III through Schedule V drugs in the office.

Ms. Peng said PAs also have to be set up as a dispensary through the Oregon Board of Pharmacy.

Ms. Krishnaswami agreed with Ms. Peng and said there was a short training program through the Pharmacy Board. Ms. Krishnaswami said in a rural area, the facility did not have to be set up as a dispensary.

Dr. Sukumar said the proposed rule amendment allows physician assistants to prescribe and dispense buprenorphine for medication-assisted opioid dependency treatment if authorized to prescribe Schedule III-V medication, hold a DEA buprenorphine waiver, were authorized to dispense, have a supervising physician who prescribes and dispenses buprenorphine, and the practice agreement includes buprenorphine as a delegated medical service.

Dr. Sukumar said it would be prudent to separately review this particular rule in terms of SUBOXONE from any request for the eight-hour supervision. Dr. Sukumar said requests will be on a case-by-case basis.

Dr. Gupta asked how this rule interfaces with the Drug Enforcement Administration (DEA) requirements.

Ms. Krishnaswami said PAs do have to get the DEA waiver which was the first step of the 24-hour educational program. PAs must have dispensing privileges from the Oregon Medical Board. She stated the medication-assisted treatment programs were a little different and may have federal qualifications that would waive some of these other pieces. PAs must have a practice agreement with the OMB that outlines authorization, and their supervising physician has to be doing that as a part of his/her practice.

Dr. Gupta said his concern was not about an individual dispensing but about the structure that underpins a program, the number of patients treated, the type of facility in which they were treated, etc.

Ms. Krishnaswami said yes, they still would have to follow all of those federal requirements for these medication-assisted treatment programs.

Discussion ensued about the impetus for wanting to dispense in Portland.

Ms. Peng said the DEA was in clinics every three to four months randomly checking records and will suspend PAs at any time. The DEA ensures patients are being drug screened, and the DEA does a lot of audits.

Ms. Krishnaswami said since PA practice agreements were now online, the OMB was working hard to be proactive and contact the PA to update the practice agreement.

Dr. Lace asked if Senate Bill 423 would come back to the OMB for final rule writing if passed.
Ms. Krishnaswami said there would be a tiny rule change for the OMB which will just be changing the Roman numeral to allow PAs to dispense those drugs. It will go from not being able to dispense any controlled drugs in the office to now being able to do so on a limited basis.

Dr. Gupta asked if dispensing these types of drugs in a ZoomCare-type setting was a good idea. Discussion ensued. Dr. Thaler said with 200 million opioids being prescribed in Oregon every year, the question remains if we want to make it easier for people to just get them.

Dr. Sukumar moved the rule forward as written.

No official Board action was taken.

<table>
<thead>
<tr>
<th>OAR 847-010-0005; 847-010-0010; 847-010-0025; 847-010-0030; 847-010-0035; 847-010-0038; 847-010-0045; 847-010-0090: Division 10 Updates and Hospital Clinical Clerkships</th>
<th>REPEAL FIRST REVIEW</th>
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Dr. Fisher reviewed the rule and explained the proposed rule repeals and removes outdated language regarding tense, gender, number, definitions, and refunding of fees. The proposed rule amendment updates the requirements for clinical clerkships and preceptorships in line with current medical education programs. Dr. Fisher said there was no fiscal impact with this rule change.

Ms. Krishnaswami said public comment has been received from OHSU’s Medical School as well as some of the PA programs; therefore, the rule will be repealed and will come back for another first review.

No official Board action was taken.

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<th>OAR 847-003-0100: Declared Emergency – Delegation of Authority</th>
<th>FIRST REVIEW</th>
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Dr. Sukumar reviewed the proposed amendments regarding the Board Chair exercising authority vested in the Board in the event of an emergency.

Dr. Lace asked if this rule fits into the state as well. Dr. Sukumar said this rule was clarifying what the Board would do in terms of the responsibility that was vested in the Board members. The Board Chair could direct the responsibilities of the Board.

Ms. Krishnaswami explained that the OMB has an entire emergency plan for how to get people licensed, put notices on the website, etc. This rule authorizes the Board in the event a decision needed to be made.

Dr. Gubler asked Ms. Krishnaswami if the Board Chair could approve a license in an emergency. Ms. Krishnaswami supposed so. Dr. Sukumar read the rule. Ms. Krishnaswami explained that currently all licenses are approved by Ms. Haley or Dr. Thaler as a delegation from the Board. If that process could not happen, the Board Chair could approve that licensing list. If a full debate was needed of a particular licensee, it would be within the Chair’s power to do so.

Dr. Gubler asked that this rule and the emergency procedures be reviewed with the Board.

Ms. Haley said the OMB does regular Business Continuity Plan drills, and there would be a
review of emergency procedures at the next AAC meeting as well as at the full Board meeting.

Dr. Lace asked if providers had to be licensed in Oregon to assist in an Oregon disaster. Ms. Krishnaswami said there were established databases with providers who were registered to come to Oregon in case of an emergency. She said every state has its own database which can interface with other states via an interstate agreement. Oregon has the State Emergency Registry of Volunteers in Oregon (SERV-OR) housed in the OHA. In an emergency, Oregon providers in the Oregon registry could go to other states. The providers must meet certain qualifications, take certain CME, do a program, and maintain that registration to have a more fluid way for providers coming from out of the state. She said we would try to do our part as a state agency to ensure we were licensing people as quickly as possible doing the same sort of vetting we are doing right now.

Ms. Haley said she will invite SERV-OR to come and speak to the Board.

Dr. Sukumar moved the rule forward as written.

No official Board action was taken.

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<th>OAR 847-010-0066: Visiting Physician Approval</th>
<th>FINAL REVIEW</th>
<th>JKL</th>
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</table>
Dr. Lace presented this rule and stated it would allow physicians acting as expert witnesses to apply for visiting physician approval.

A physician is not practicing medicine if the physician only reviews records and provides an expert opinion; however, if the physician will perform a physical or mental examination in his/her role as an expert, this is the practice of medicine and requires Board approval. In that scenario, the Board may grant visiting physician privileges for up to 30 days in the year, which allows the physician to practice medicine only under the supervision of an actively licensed Oregon physician in good standing. Physicians with these privileges must meet the requirements of this rule. If the physician needs to act as an expert witness for more than 30 days in the calendar year or needs to prescribe, administer or dispense medications, the physician must apply for a full license or a locum tenens license.

The rule amendment also restructures the rule on Visiting Physicians. It is now broken down into the following sections: (1) preamble, (2) purpose/scope, (3) qualifications, (4) requirements, (5) public representation, and (6) limitations of the privileges.

Dr. Sukumar said this rule was very well written.

Ms. Krishnaswami said there was public comment at the AAC meeting. Some attorneys had concerns that this was a possible barrier to attaining expert witnesses from out of state. Ms. Krishnaswami said the attorneys and the OMA have resolved that this rule gives them some additional flexibility, as the OMB can do these approvals in approximately two days without additional cost to the legal team or the physician. She said attorneys were happy with this compromise position.

Dr. Gupta asked how this rule affected physicians in Oregon who were beginning a new procedure and whether visiting physicians would come to offer expert opinions. Dr. Sukumar
clarified this rule pertains to legal cases where an expert may come in from a different state and can perform physical exams and speak with patients, but it does not allow providers to prescribe, treat, or order radiological studies.

**BOARD ACTION:** Dr. Lace moved that the Board approve OAR 847-010-0066: Visiting Physician Approval, as written. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-1. Dr. Hernandez, PhD, was absent by prior notice.

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<tr>
<th>Oregon Medical Board-Approved Requests for a Waiver of the Eight-Hour On-Site Supervision Requirement</th>
<th>Background Information Only</th>
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<tbody>
<tr>
<td>Dr. Lipe presented an overview of the Oregon Medical Board-Approved Requests for a Waiver of the Eight-Hour On-Site Supervision Requirement. She stated to be consistent, the AAC wanted some historical data to refer to in order to review what has been done previously and apply that same information to these new requests. This item was for information only to facilitate further discussions for the next two items.</td>
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No official Board action was taken.

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<th>Request by Providence Express Care for a Waiver of Eight-Hour On-Site Supervision Requirement</th>
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<tbody>
<tr>
<td>Dr. Sukumar presented the background information on the request by Providence Express Care for a waiver of an eight-hour on-site supervision requirement for PAs. She explained Providence Express Care would like PAs to have two hours of on-site in-person supervision and six hours of virtual supervision via Internet-linked software or Skype. Dr. Sukumar said the reason for this request was 10 of the 12 clinics were embedded within Walgreens’ location with limited space for on-site supervision, and the floor plan had two small exam rooms that would not accommodate a supervising physician. Providence Express Care said their two medical directors, Dr. Morris and Dr. Weiss, are available at all times during clinic hours and the PAs have access to virtual technology for video access. The area Medical Director, Dr. Weiss, is the supervising physician for all PAs and does the chart review.</td>
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Dr. Sukumar invited the guest in the audience to please come forward and introduce herself.

Jennifer Campbell, PA, introduced herself as one of the clinic directors for Providence Express care. She said the main reason they want the waiver was to decrease the onsite supervising physician organization (SPO) hours, but also to not limit PAs in this setting because they are finding that it increases patient access to health care. She stated when these limitations are set, settings in which PAs practice are restricted. PAs would also like to be able to practice with nurse practitioners in these settings. Ms. Campbell said this was an opportunity for PAs to have better access to patients, patients’ access to PAs, and still maintain oversight, just in a different manner.

Ms. Campbell stated she would still ask the Board to consider the decrease in SPO hours, as any type of reduction would help with the on-site hours without compromising patient care. She also asked the Board to compromise on the on-site vs virtual hours.

Dr. Chavin said he would like the Board to provide data on how the PA and supervising
physician role was managed. Discussion ensued regarding data on PA supervision and hours.

Ms. Haley said a year ago the OMB sought, received and shared data from several states regarding PA supervision and hours. She said the OMB could research and share this data again.

Dr. Sukumar said the concern was due to the space which could not accommodate the physical situation as well as customers being in the store which would not be the ideal venue for having a complicated medical discussion.

Ms. Campbell asked if there was an opportunity to bring this topic back with outcomes data. She said this was random data from state to state without outcomes data. Ms. Campbell said assumptions were made that PAs could not have a complicated discussion in a Walgreens.

Dr. Lyons said she had two comments. Regarding the space, Dr. Lyons said just because there was not room does not make it okay to not do something that was right. She said if PAs were working out of a small space, maybe the clinic should not be there if the space cannot accommodate good care.

Dr. Lyons said her second comment related to patient outcomes due to her experience in seeing patients who had been previously seen in this type of setting. Dr. Lyons said she would like to see more on-site education and welcomed Ms. Campbell to send her PAs to Dr. Lyons’ office for a day for educational purposes.

Ms. Campbell said she would appreciate that opportunity, but that space was not the issue because they absolutely did have the space to treat patients properly. Ms. Campbell said based on the Board’s decision today, Express Care has a plan to open five more clinics through the year but will not be hiring PAs.

Ms. Peng asked Ms. Campbell if there was a reason why Providence did not place PAs and NPs rotating throughout its other clinics.

Ms. Campbell said it was due to scheduling.

Dr. Lace said that Walgreens does not accept Oregon Health Plan (OHP) so he was wondering how Express Care worked for a patient in the situation in which a prescription was given but cannot be filled onsite at Walgreens.

Ms. Campbell said typically patients with OHP are only seen at these sites during the Open Phase or if they have the Providence Plan. The Express Care providers will send the prescription to the patient’s preferred pharmacy.

Dr. Gubler said he wanted to focus on patient safety and confidentiality rather than PA education.

**BOARD ACTION:** Dr. Sukumar moved that the Board deny the current request by Providence Express Care for a waiver of the eight-hour on-site supervision requirement. Ms. Peng, PA, seconded the motion. The motion carried 7-4-0-0-1 Dr. Hernandez, PhD, was absent by prior notice.
TIME CERTAIN: 9:45 a.m.

Public Input  
No public comment was presented.

Virgin Garcia Request for a Waiver of Eight-Hour On-Site Supervision Requirement  
Ms. Peng, PA, presented the Virginia Garcia request for a waiver of the eight-hour on-site supervision requirement. She said Virginia Garcia Clinics typically serve the underserved community, and they work with school-based health centers in Beaverton, Hillsboro, Forest Grove, Tigard, Tualatin, and Willamina. They currently hire NPs for all of those clinics, and they would like to hire PAs for those clinics.

Dr. Mastrangelo said per the Virginia Garcia website, they have about a half a dozen locations for anyone from age 4 to 20 who is in the school district so it would be functioning more as a regular clinic rather than a school clinic. He said his concern was the new things that come out in literature that physicians pick up on that a PA would not pick up on.

BOARD ACTION: Ms. Peng, PA, moved that the Board deny Virginia Garcia’s request to waive the eight-hour on-site supervision. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-1. Dr. Hernandez, PhD, was absent by prior notice.

Virginia Garcia Request for Clarification of PA Scope of Practice  
Ms. Peng, PA, presented an overview of the Virginia Garcia request for clarification of PA Scope of Practice regarding supervising physicians who have not yet been certified in prescribing a specific medication even though the PA had been certified on that specific medication. Ms. Peng said this matter has been clarified and addressed.

No official Board action was taken.

CLOSED SESSION

Probationer Interview Reports
The Board members reported on probationer interviews.

PUBLIC SESSION

Federation of State Medical Boards Draft Guidelines for Chronic Use of Opioid Analgesics
Dr. Lace reviewed the FSMB Draft Guidelines for Chronic Use of Opioid Analgesics.

BOARD ACTION: Dr. Lace moved that the Board endorse the adoption of the FSMB’s guidelines for Chronic Use of Opioid Analgesics. Dr. Lipe seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.
Dr. Sukumar reviewed the Pharmacy Board proposed rules on dispensing professionals. She explained the Oregon Board of Pharmacy has proposed rules requiring some dispensing physicians and physician assistants and other health care professionals to register their practices with the Pharmacy Board as dispensing practitioner drug outlets (DPDOs). Dr. Sukumar said this would apply to practitioners who dispense medications for greater than a 72-hour period or in medication refills. Dr. Sukumar stated this would involve an application fee, annual reviews, inspections, and new reporting requirements.

In November last year, Dr. Sukumar said the Board submitted public comment requesting that the rules be revised to more narrowly regulate facilities rather than individual licensees who were already regulated by their individual boards. There were concerns that this rule would place additional burdens on dispensing physicians and PAs who were already licensed and already registered as dispensing providers. Dr. Sukumar said another concern was the unknown fiscal impact because even the Pharmacy Board had not determined how many DPDOs exist.

Dr. Sukumar invited Ms. Krishnaswami to speak to the testimony that she presented at the Pharmacy Board hearing on March 7, 2017. Dr. Sukumar said both the OMA and the OMB had concerns about fiscal impact and the impact that this rule would have on providers who work in rural areas where they are currently dispensing medications, but if they choose not to go with this rule, patients might have to travel long distances to the nearest pharmacy.

Ms. Krishnaswami said Dr. Sukumar did an excellent job of summarizing the issue. Ms. Krishnaswami confirmed that the Pharmacy Board had a hearing in November 2016 and another hearing in March 2017. She said the rules changed slightly in that period and were more narrowly tailored to the facilities but not completely. Ms. Krishnaswami reported that her testimony in March 2017 focused on removing those requirements placed on the practitioner, and she said those requirements were currently in only a few places. Ms. Krishnaswami said the rules require practitioners to register their facilities. The statute authorizes the Board of Pharmacy to have authority over facilities but not providers who are licensed to dispense by their own Board. Ms. Krishnaswami asked the Pharmacy Board to clarify that rule, which the Pharmacy Board committed to do. According to Ms. Krishnaswami, the Pharmacy Board had a Board meeting and reviewed this rule yesterday, although she has not heard back from them as of yet. Ms. Krishnaswami said she would keep watching this rule and invited Board questions.

Ms. Peng asked Ms. Krishnaswami how this rule differed from the Pharmacy Board in terms of dispensing.

Ms. Krishnaswami said that registration was only for PAs who were dispensing in metropolitan areas. She said Oregon PAs who dispense in rural or underserved areas or federally qualified health centers did not need to dispense from a facility that was registered with the Pharmacy Board. Ms. Krishnaswami said that currently the only licensees who must dispense in a registered facility were PAs who were doing so in urban or metropolitan areas. Oregon physicians do not need to dispense from such a registered facility, and neither do Oregon PAs in rural locations. Ms. Krishnaswami said another complication to this rule was there were many different categories with several types of drugs according to each provider.

No official Board action was taken.
Guidelines for Attending Physicians When Recommending the Medical Use of Marijuana and Medical Marijuana Authorizations, HB 4014 Clinical Guidelines Workgroup (December 19, 2016)

Dr. Lace provided the Board with a review of HB 4014 Clinical Guidelines Workgroup from December 19, 2016. Dr. Lace said the current challenge was how to disseminate information to the MDs and DOs who were allowed to authorize medical marijuana cards.

Dr. Thaler said the OHA had disseminated information to inform physicians about these guidelines, and he said the next OMB newsletter and the website would have that information available. Dr. Thaler said this document was a very valuable document to have.

Dr. Lace wanted to ensure the information was available to all who want and need it. He recommended these guidelines be regularly reviewed because new information will be presented as experience with this issue increases.

Dr. Sukumar mentioned the previous newsletter, which contained Dr. Thaler’s submission of the Oregon Opioid Prescribing Guidelines, generated a lot of positive feedback. There were many providers who were very grateful for that information, especially the links and the Smartphone applications.

BOARD ACTION: Dr. Lace moved that the Board endorse the Clinical Guidelines Workgroup’s Guidelines for Attending Physicians When Recommending the Medical Use of Marijuana and Medical Marijuana Authorizations. Dr. Fisher seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.

WORKING LUNCH PRESENTATION

Dwight Holton, CEO of Lines for Life, Sharon Meieran, MD, Multnomah County Commissioner, and Paul Lewis, MD, Public Health Officer, Multnomah County.

Dr. Sukumar welcomed the guests and Dr. Thaler introduced Mr. Holton, CEO of Lines for Life, Sharon Meieran, MD, Multnomah County Commissioner, and Paul Lewis, MD, Public Health Officer, Multnomah County.

Dr. Thaler said there have been six local summits statewide on the opioid epidemic in which practitioners came together with health insurance agencies and public health personnel to discuss the solution to the opioid problem.

Mr. Holton thanked the Board for inviting them to come and present. Mr. Holton explained that Lines for Life was a nonprofit which deals with substance abuse and suicide prevention. He said Lines for Life does three things very well: 1) Crisis intervention (talked with 75,000 people last year); 2) Prevention work in schools as an extension of the teen-to-teen youth line; 3) Public policy as a catalyst. Mr. Holton said this opioid project fit into the second and third category because it was a prevention effort as well as a public policy effort.

Mr. Holton said the Governor’s office asked Lines for Life to lead a prescription overdose, abuse and misuse effort. Mr. Holton was asked to run the organization based on his experience as a United States Attorney for Oregon. During his tenure as the United States Attorney for Oregon, he said he became very involved in working with the opioid crisis. He worked with Ms. Haley and Board members in 2010. He had been working on heroin strategies, and he called the State
Medical Examiner, Karen Gunson, MD, who told Mr. Holton that the real concern was prescription opioids which were killing more people than heroin.

Mr. Holton said the idea behind the Governor’s project was to convene regional summits with the many stakeholders to devise an action plan. When looking at the data, Mr. Holton said the problem was very similar statewide: Between 24 percent and 30 percent of people in each county get an opioid prescription each year. The innovation from the Governor’s office was to develop regional solutions to the opioid problem which will be more embraced and more enduring. Since that time, Lines for Life has been conducting summits around the state.

Oregon prescribes 290 million opioid pills every 12 months, said Mr. Holton. That equals 70 pills for every man, woman, and child in Oregon. Since 2010 this number has been consistently growing, until last quarter. In 2014, 154 Oregonians died due to prescription opioids; 330 Oregonians were hospitalized; the cost of care alone was $9.1 million; 4300 hospitalized patients had opioid-use disorder. Oregon ranks fourth nationally in opioid-use disorder, which was a significant improvement since Oregon’s ranking had been first and second. Although this improvement was good news, Mr. Holton said we still have a lot of work to do.

Mr. Holton presented the Center for Disease Control and Prevention (CDC) slide. It showed the broader impact that for every opioid overdose death, the expectation was 15 abuse treatment admissions, 26 emergency department visits, 115 who abuse and are dependent, 733 nonmedical users, and $4.3 million in system cost. That equals over $600 million in system costs that the CDC estimates based on the number of deaths each year.

A key piece of information that Mr. Holton shared with a graph illustrated that a person on opioids for just 30 days had a 47 percent likelihood to still be on opioids in three years. If a person was on opioids for 90 days, there was a 60 percent likelihood to still be on opioids in five years. Mr. Holton said this information was from a study by Jane C. Ballantyne, MD, FRCA, at the University of Washington, who looked at reimbursement data.

Mr. Holton said that data from a pain program at Legacy showed 35 to 40 percent of the 2500 chronic pain patients who were referred in their first year met the criteria for opioid-use disorder. He said we know we are creating this huge group of people who are dependent on opioids through the way we are treating pain. This issue speaks to the balance of opportunity for gain vs risk. The pharmaceutical companies had convinced providers that there was significant opportunity for improvement for health care benefit and very little risk, and the more we know we now understand that was completely backwards, with there being very little efficacy in the long term for chronic pain with significant risk. Mr. Holton said we now also know the opioid crisis was fueling the heroin crisis with three out of four people who reported opioid and heroin use in the past year took prescription drugs first.

The Oregon Coalition for Responsible Use of Medications (OrCRM) Oversight Task Force has grown to be a terrific think tank of people ranging from public health folks such as Dr. Lewis, emergency room doctors such as Dr. Meieran, but also treatment professionals, law enforcement personnel, third-party payers, hospital staff, systems people, plan folks, and researchers like Dennis McCarty, PhD, at OHSU whose brain child all of this was. We have developed four core objectives for the summits:

Reducing the number of pills in circulation;
Better disposal of unused pills;
Expanding access to treatment;  
Educating the public about the problem.

There have been six summits to date with upcoming presentations in Medford, Marion County, and a Portland Metro summit. Additionally, there will be a Policy Institute in June for public health officers in conjunction with the Oregon Health Authority.

Mr. Holton shared the action steps and commitments created at regional summits. He said the first hour was spent getting on the same page with data, followed by short presentations on different ideas, and then the objectives are matched with the ideas just seen by the participants, followed by Mr. Holton asking participants to participate and take responsibility for the action plan associated with the objective. The slide associated (10) has a full breakdown of each identified step and commitment.

According to the Multnomah County Health Department, Mr. Holton shared that last year was the first year heroin-related deaths in Multnomah County were fewer than in the rest of the state combined. Mr. Holton believes this was a direct product of the innovative, thoughtful, and aggressive approach with naloxone.

Another key effort was expanding pharmacy disposal statewide. Mr. Holton said he was convinced the best way to ensure secure disposal of unused opioids was to make it as easy to get rid of them as it was to get them, and that means a box at pharmacies. Mr. Holton said that at the initiation of the program, there was one participating pharmacy in the state, and now there are 23 to 25 pharmacies participating.

Law enforcement was now carrying naloxone in several places throughout the state. Public education has been increasing throughout the state.

Mr. Holton shared the one challenge with little progress was in terms of fewer pills, and Dr. Lewis will be providing data on this. He said that until very recently, there was a flat or increasing curve on prescribing. Mr. Holton stated it was terrific to have Dr. Thaler at the summits because physicians come and speak with him and raise questions in front of the group so Dr. Thaler can help dispel myths about the Board’s actions in terms of under and overprescribing.

A proposal to have direct education for providers who are prescribing outside the Oregon Prescribing Guidelines came directly from one of the summits. This education would be constructive and not punitive. Mr. Holton reported that the number of prescribers who are outside the prescribing guidelines was fairly small, but they can reach them and educate them.

Dr. Sukumar thanked Mr. Holton for his presentation. She shared that a month ago the OMB and the Oregon State Board of Nursing had a joint dinner meeting out of which was created a joint statement focused on the topic of the opioid crisis. Dr. Sukumar said that while we all brainstorm ways to educate licensees about prescribing and the opioid problem, the big question remains on how to educate the public. She said she thought Mr. Holton addressed the question of public education very well through this presentation. Dr. Sukumar asked Mr. Holton how to get the word out to high school children because they are vulnerable. Mr. Holton said he would love to see a broad effort with high schoolers.
Dr. Mastrangelo said Mr. Holton’s presentation was excellent, and he applauded Dr. Thaler in his work on this issue. On the note of the Board not disciplining licensees for not prescribing, there was a lot of pressure on physicians to prescribe, and he felt we need to change how physicians and nurses were being educated. Dr. Mastrangelo said that in the mid-1990s, pain became the fifth vital sign. He said he believes that pain becoming the fifth vital sign was what created the problem originally. Regarding educating patients, Dr. Mastrangelo said the whole approach to pain in our society needs to change because rather than relying on pharmaceuticals, multimodality approaches to pain need to be employed. Dr. Mastrangelo said patients prescribed large amounts of pain medication may believe they will be facing a significant amount of pain while patients prescribed a smaller amount of pain medication may anticipate their pain to be minimal.

Mr. Holton thanked Dr. Mastrangelo for his comments, and said he discovered there was a culture of practice as well as a culture of patient expectations, and both have to change.

At this point, Mr. Holton turned the presentation over to Dr. Lewis who also had a slide presentation.

Dr. Lewis thanked the Board for inviting him to present. He shared that he was a pediatrician by training and has been working in public health while practicing part time since 2004.

Dr. Lewis shared a slide that showed the number of opioid deaths from 2009 to 2016 in the tri-county area. He said around the country opioid deaths continue to increase, particularly heroin, but here in Multnomah County in partnership with Outside In, there has been a tremendous push for the lay use of naloxone, the antidote to opioid overdose. The fact that the death rate was not increasing in Multnomah County was considered by some as successful. The only way to measure heroin use was through the needle giveaway program, and in the last five years the number of needles given away nearly doubled. Therefore, with an increase of heroin use but a flat death rate, that would be considered successful.

Regarding the number of prescriptions filled per year, the Portland Metro area prescribes one prescription per person per year, according to the Oregon Medical Examiner, 2016 count provisional. Dr. Lewis said awareness has been increasing, and a change in behavior follows. He mentioned that all three metropolitan Portland counties had a 10 percent decrease in the total number of prescriptions in the third quarter of 2016.

Dr. Chavin said when his office sends a patient home on opioids from outpatient surgery, 1 out of 14 will be on opioids a year later. Dr. Chavin applauded everything Dr. Mastrangelo said and added that reimbursements are tied to patient satisfaction. He said changes need to be made to patient satisfaction being tied directly to reimbursement.

Dr. Lewis said there was a national group called Physicians for Responsible Opioid Prescribing (PROP). PROP has an almost single focus on patient satisfaction and pain. Dr. Lewis said the last administration passed some changes at the federal level to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Dr. Lewis said he knew it was an active issue at the federal level.

Dr. Girard commented that the Annals of Internal Medicine just published in the last issue a seminal work from the opinion of the American College of Physicians a position paper about the legitimacy of substance use disorder (SUD), how these disorders should be managed, and how
federally subsidized research should begin in earnest to look more carefully at the issues. He said it brings forward a legitimate voice from a high level of physician expertise about the legitimacy of the disorder and how it should be more carefully evaluated and managed.

There is a big biological component to the opioid issue, said Dr. Lewis. There are the drugs, the receptors, and the down regulation, and there are withdrawal symptoms. Dr. Lewis asked Dr. Girard if that was medicalizing the issue that it is a legitimate medical problem.

Dr. Girard said yes, and it was normalizing it for the user as opposed to a moral deficiency. He said it was making it a physiologically recognizable syndrome.

Mr. Holton added that removal of stigma in the broader community as well as in the health care community around treatment of SUD has been a part of Lines for Life’s mission, but he would like to see it become a movement. There are 28 million people in long-term recovery from substance use disorder in the United States, and everyone has someone who loves them so now we have 56 million people affected.

Mr. Holton invited Dr. Meieran to make her presentation. Dr. Meieran introduced herself as an emergency room physician and also a recently elected Multnomah County Commissioner. She had spoken many years ago with the Board and developed a lone voice in the woods that there was an epidemic going on that needed to be addressed.

Dr. Meieran outlined how the opioid crisis started. In the early to mid-1980s, it started with Patient Zero with two small papers: A small retrospective case study of 39 patients that was done by Dr. Russell Portenoy with no method to the study with patients who did not become addicted. This was seized upon by the pharmaceutical companies, particularly Purdue PhRMA, to say these medications were not addictive, they treat pain, there was no ceiling, and Dr. Portnoy became a leader in the pain management movement. He was a well-paid speaker by the pharmaceutical company, and this became the way things were done. There were no studies at all. There was also a very short one-paragraph letter to the editor at The New England Journal of Medicine that did a retrospective review of some patients without any real methodology that said no one got addicted to opioid medications unless they were drug addicts so we should be giving these a lot more. Purdue PhRMA subsidized and worked with The Joint Commission to make pain the fifth vital sign with pain scales instituted in hospitals.

Dr. Meieran said it was time to develop a rational approach to prescribing opioids, and OrCRM and Multnomah County are engaged in these efforts.

Dr. Meieran said she had been told that The Centers for Medicare & Medicaid Services (CMS) have decoupled the pain management reimbursement of pain management response on questionnaires and surveys. One of the key factors in this issue was perception, so prescribers and the public need to be educated. She said the perception was still circulating that prescribers will be fired if they do not prescribe these medications or if pain management scores did not increase. She also believes the education component was important in all medical schools.

Mr. Holton welcomed opportunities for partnership and figuring out how to leverage the Board’s credibility to carry the message through educational programs and the many ways the Board communicates with its constituents and licensees.
Dr. Gupta complimented Mr. Holton on his team’s presentation. He said another issue he saw was a punitive environment for physicians and the subtle subtext of conditioning that runs across the health care spectrum. Dr. Gupta asked Mr. Holton how to expand educating the entire health care spectrum.

Mr. Holton said the summits involve everyone from nurses, PAs, medical assistants, hospital administrators, health care systems, as well as public health people to help carry the message. He said Lines for Life will commit to engage the OSBN and the other appropriate boards to assist with the context in which physicians are operating. Mr. Holton said that one of the great values of having Dr. Thaler at the summits was his ability to dispel myths for providers that the physician-OMB relationship was a punitive relationship.

Dr. Sukumar thanked the presenters again for all of their work. She said certainly this topic was a focus of some of the cases being investigated and in the last newsletter to all the licensees was a focus on opioids with the CDC Guidelines and the Oregon Opioid Prescribing Guidelines. Dr. Sukumar said she believed providers were feeling empowered and were in a better spot now than five years ago. She thinks providers are feeling as though they can now say no to patients whereas five years ago they were uncertain if this would reflect negatively on them. She said to continue the momentum was empowering providers with pain patients who need longer visits to talk about weaning them off opioids or alternatives to opioids.

Mr. Holton said he was prepared to stand with Dr. Sukumar to work with third party payers to figure out how best to adjust reimbursements so incentives are right on this.

In closing, Mr. Holton recommended the book, Dreamland by Sam Quinones that really tells the story of the opioid crisis. In Mr. Quinones’ view, it was really three factors: 1) The pharmaceutical companies were convincing us on something that we have known for hundreds of years was addictive was not addictive; 2) A restructuring in the way that heroin is marketed in the United States; 3) the breakdown of social institutions.

Dr. Lace asked about two current Bills limiting the amount of prescribed opioids to seven days. Mr. Holton said OrCRM has not taken a position on that Bill, although he thinks the Bill makes people think twice.

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**Oregon Medical Board Application Personal History Question Review**

Dr. Fisher summarized the personal health question review. She said the AAC recommended removing the word *counseling* from the current application question.

**BOARD ACTION:** Dr. Fisher moved in the matter of the Oregon Medical Board Application Personal History Question, the Board approve removing the word *counseling* so the question would now read: *During medical school or postgraduate training, were you ever subject to any action for any academic or professional concerns including actions such as warning, remediation, probation, restrictions, suspension, termination, or request to voluntarily resign.* Dr. Chavin seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.
Draft Letter to Physicians Who Have Prescribed Opioids Prior to a Patient Overdose Death – Joseph Thaler, MD, Medical Director

Dr. Lipe said Dr. Thaler drafted a well done letter to physicians who had patients who had died from an opioid overdose. This informational letter to the provider was educational only and not punitive.

Dr. Thaler said he and Ms. Krishnaswami were working in cooperation with the state medical examiner, the Prescription Drug Monitoring Program (PDMP) staff, and the Oregon Health Authority.

Dr. Mastrangelo said it needs to be made clear that this was not a notice of any investigation. He applauded the work of Dr. Thaler and Ms. Krishnaswami.

BOARD ACTION: Dr. Sukumar moved that the Board support the draft letter to physicians who have prescribed opioids prior to a patient’s overdose death. Dr. Lipe seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.

Wellness Coalition Update, Dr. Girard

Dr. Girard updated the Board on the Wellness Coalition meeting held on March 8, 2017, in the OMB Library. He said the Coalition model has come together, and the Coalition was working with The Foundation for Medical Excellence (TFME) to become a formal chapter of TFME.

The Central Oregon Medical Society (COMS) has now entered as a member of the Coalition. Dr. Girard said COMS was about to embark on a wellness program of its own, but due to its location, this Coalition may be primarily, but perhaps not exclusively, through Telemedicine.

Dr. Girard said Ms. Haley has been tremendous in her support of the Coalition, and they were very grateful to Ms. Haley for her efforts which were substantial and essential. The Legislature may provide financial support to begin the Coalition’s research project.

The Board took no official action.

Legislative Update

Dr. Lace presented the Board the Priority 1 Bills being monitored by the OMB such as SB 60 relating to Emeritus Board members.


Oregon Medical Board/Oregon State Board of Nursing Dinner Update

Dr. Sukumar presented an overview of the meeting between the OMB and the Oregon State Board of Nursing (OSBN), and the Board reviewed a joint statement on the prescribing of opioids written by the OMB and the OSBN.

Dr. Sukumar said following the March IC meeting, the OMB and the OSBN met for dinner in the OMB Boardroom. Dr. Sukumar thanked Ms. Haley for inviting the agencies to a joint dinner, and Dr. Sukumar thanked Dr. Chavin for the idea of bringing the organizations together.
Dr. Sukumar said the statement was very well written and described where they stand on prescribing opioids.

**BOARD ACTION:** Dr. Sukumar moved that the Board accept the OMB/OSBN Joint Statement on Opioids. Dr. Chavin seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.

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**Federation of State Medical Boards Update, Kathleen Haley, JD, Executive Director**

The Board received an update from Ms. Haley on the FSMB. She said Drs. Chavin and Mastrangelo will be attending the annual meeting with her, and Dr. Fisher will be attending representing doctors of osteopathy.

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**Board Meeting Minutes**

The Board reviewed the January 5 - 6, 2017, Board Meeting Minutes.

**BOARD ACTION:** Dr. Sukumar moved that the Board approve the January 5 – 6, 2017, Board Meeting Minutes. Dr. Chavin seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.

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**Interim Stipulated Order (ISO) and Automatic Suspension Acknowledgment**

The Board acknowledged the following Interim Stipulated Orders (ISO) and Automatic Suspension:

- **MATHIESON, Jessica M., DO** – **ISO Effective January 24, 2017**
- **MCMAHON, Douglas B., DO** – **ISO Effective February 7, 2017**
- **RODRIGUEZ, Christopher L., PA** – **ISO Effective February 10, 2017**
- **BLITMAN, Maury N., MD** – **ISO Effective February 13, 2017**
- **MYERS, Larry R., MD** – **ISO Effective February 13, 2017**
- **ZIELINSKI, Leann A., DO** – **ISO Effective February 16, 2017**
- **SIMMONS, Carolyn E., MD** – **ISO Effective February 27, 2017**
- **GIRARD, Ryan J., LAc** – **Automatic Suspension Effective January 30, 2017**

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**Formal Acknowledgement of Drs. Girard and Sukumar**

The Board formally acknowledged the years of service and leadership of Drs. Girard and Sukumar.

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**Swearing in Dr. Mastrangelo**

Dr. Sukumar swore in Dr. Mastrangelo as the Board Chair through 2017.

*The meeting adjourned at 12:47 p.m.*