The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, July 13 - 14, 2017, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Michael Mastrangelo Jr., MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Mastrangelo, Jr., MD, Chair, Bend</td>
<td>Bend</td>
</tr>
<tr>
<td>K. Dean Gubler, DO, Vice Chair, Beaverton</td>
<td>Beaverton</td>
</tr>
<tr>
<td>Lisa M. Lipe, DPM, Secretary, Lake Oswego</td>
<td>Lake Oswego</td>
</tr>
<tr>
<td>Robert M. Cahn, MD, Portland</td>
<td>Portland</td>
</tr>
<tr>
<td>Paul Chavin, MD, Eugene</td>
<td>Eugene</td>
</tr>
<tr>
<td>Saurabh Gupta, MD, Portland</td>
<td>Portland</td>
</tr>
</tbody>
</table>

*Public Member

Staff, consultants, guests and legal counsel present:

<table>
<thead>
<tr>
<th>Staff Member Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Thaler, MD, Medical Director</td>
<td>Mark Levy, Senior Software and Systems Administrator</td>
</tr>
<tr>
<td>Carol Brandt, Business Manager</td>
<td>David Lilly, Investigator</td>
</tr>
<tr>
<td>Eric Brown, Chief Investigator</td>
<td>Karen Mainzer, Gallant Policy Advisors</td>
</tr>
<tr>
<td>Alexander Burt, MD, Psychiatric Consultant</td>
<td>Laura Mazzucco, Executive Support Specialist</td>
</tr>
<tr>
<td>Frank Clore, Emergency Medical Services Advisory Committee Coordinator</td>
<td>Netia N. Miles, Licensing Manager</td>
</tr>
<tr>
<td>Matt Donohue, Investigator</td>
<td>Shayne Nylund, Acupuncture Advisory Committee Coordinator</td>
</tr>
<tr>
<td>Kristen Darmody, MPH, SERV-OR Coordinator</td>
<td>Christoffer Poulsen, DO, Eugene, Chair, EMS Advisory Committee</td>
</tr>
<tr>
<td>Warren Foote, JD, Senior Assistant Attorney General</td>
<td>Michele Sherwood, Investigations Coordinator</td>
</tr>
<tr>
<td>Scott Gallant, Gallant Policy Advisors</td>
<td>Chad Steele, Investigator</td>
</tr>
<tr>
<td>Nicole Krishnaswami, JD, Operations &amp; Policy Analyst</td>
<td>Collin Stoll, LAc, Portland, Chair, Acupuncture Advisory Committee</td>
</tr>
<tr>
<td>Richard Leman, MD, Medical Epidemiologist and Chief Medical Officer, Health Security, Preparedness, and Response, Oregon Health Authority</td>
<td>Shane Wright, Investigator</td>
</tr>
</tbody>
</table>

*Public Member
Thursday, July 13, 2017

8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., 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. Mastrangelo took roll call. Drs. Fisher and Harder were absent by prior notice.

Dr. Mastrangelo welcomed staff and Board members to the meeting.

Dr. Mastrangelo acknowledged the hard work of Ms. Krishnaswami, Ms. Miles, and Ms. Stephanie Vorderlandwehr, Administrative and Contracts Coordinator, in producing the booklet, *Cultural Competency, A Practical Guide for Medical Professionals*.

Ms. Miles publicly acknowledged her colleague, Ms. Krishnaswami, on her efforts in putting together the Cultural Competency booklet.

Swearing in New Board Members
Dr. Mastrangelo swore in new public Board member, Chere Pereira, and welcomed her to the Board.

Introduction of Staff Guests
Dr. Mastrangelo welcomed Meagan Provinsal, Licensing Specialist, to the Board meeting as an observer and thanked her for joining the meeting.

Dr. Mastrangelo asked staff and Board members to introduce themselves.

CLOSED SESSION
DELIBERATION

Dr. Mastrangelo reviewed the case.

**BOARD ACTION**: Dr. Gubler moved that in the matter of Joseph E. Yankee, DO, the Board accept the Final Order as read to the Board. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

EXECUTIVE SESSION

Dr. Gubler reviewed the case.
BOARD ACTION: Dr. Gubler moved that in the matter of Enrique A. Abreu, DO, the Board approve the Investigations Committee’s (IC) 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 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

BARONE, Christopher M., MD | Supervision | CS | MM
Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Christopher M. Barone, MD, the Board approve the IC’s recommendation to terminate Licensee’s 2013 Stipulated Order and 2015 Order Modifying Stipulated Order. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

BAUER, Matthew R., DO | 15-0757 | WF | MM
16-0306
Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Matthew R. Bauer, DO, the Board approve the Stipulated Order signed by Licensee on April 19, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

BRENNAN, Rachel M., DO | 16-0712 | CS | KDG
Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Rachel M. Brennan, DO, 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. Lipe seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

CHA, Michael J., MD | 16-0203 | SW | PC
Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in the matter of Michael J. Cha, MD, the Board approve the IC’s recommendation to amend the existing Complaint & Notice of Proposed Disciplinary Action. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

DOSUMU-JOHNSON, Thomas, MD | 16-0677 | SW | LL
Dr. Lipe reviewed the case.
Approved by the Board on October 6, 2017.

**BOARD ACTION**: Dr. Lipe moved that in the matter of Thomas Dosumu-Johnson, MD, the Board approve Applicant’s request to withdraw his license application with a report to the Federation of State Medical Boards (FSMB). Dr. Chavin seconded the motion. The motion passed 10-0-0-0-3. Drs. Fisher, Harder, and Lace were absent by prior notice.

<table>
<thead>
<tr>
<th>DRUZDZEL, Maciej J., MD</th>
<th>14-0540 15-0183</th>
<th>DL MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mastrangelo reviewed the case.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**: Dr. Gubler moved that in the matter of Maciej J. Druzdzel, MD, the Board approve the Stipulated Order signed by Licensee on June 11, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>FLORES, Gonzalo M., LAc</th>
<th>Sup</th>
<th>CS JLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lyons reviewed the case.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**: Dr. Lyons moved that in the matter of Gonzalo M. Flores, LAc, the Board approve the IC’s recommendation to terminate Licensee’s 2009 Corrective Action Agreement and 2013 Stipulated Order. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**PUBLIC SESSION**

**PUBLIC COMMENT**

No public comment was presented.

**EXECUTIVE SESSION**

<table>
<thead>
<tr>
<th>FOUTZ, Steven R., MD</th>
<th>16-0621</th>
<th>SW KDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gubler reviewed the case.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**: Dr. Gubler moved that in the matter of Steven R. Foutz, MD, the Board amend the Complaint & Notice of Proposed Disciplinary Action. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>HARISH, Gorli, MD</th>
<th>17-0180</th>
<th>SW LL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lipe reviewed the case.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION**: Dr. Lipe moved that in the matter of Gorli Harish, MD, the Board approve Applicant’s request to withdraw his license application with a report to the FSMB. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

*Updated August 1, 2017*
Approved by the Board on October 6, 2017.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Type</th>
<th>Number</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARMON, Elizebeth R., MD</td>
<td>15-0138</td>
<td>WF</td>
<td>PC</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Elizebeth R. Harmon, MD, the Board approve the Stipulated Order signed by Licensee on June 21, 2017. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Type</th>
<th>Number</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIESTERMAN, Mark A., DO</td>
<td>16-0678</td>
<td>MD</td>
<td>PC</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Mark A. Hiesterman, DO, the Board approve Applicant’s request to withdraw his license application with a report to the FSMB. Dr. Hernandez, PhD, seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Type</th>
<th>Number</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUTSON, Daniel B., PA</td>
<td>Supervision</td>
<td>CS</td>
<td>RH</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Hernandez, PhD, reviewed the case.

The Board took no official action.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Type</th>
<th>Number</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>KETCHAM, John P., MD</td>
<td>Supervision</td>
<td>CS</td>
<td>JLL</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of John P. Ketcham, MD, the Board approve the IC’s recommendation to terminate Licensee’s 2015 Stipulated Order. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Type</th>
<th>Number</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAWS, Craig R., MD</td>
<td>16-0487</td>
<td>MS</td>
<td>RH</td>
<td></td>
</tr>
</tbody>
</table>

Dr. Hernandez, PhD, reviewed the case.

**BOARD ACTION:** Dr. Hernandez, PhD, moved that in the matter of Craig R. Laws, MD, the Board approve the Stipulated Order signed by Licensee on June 13, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**PUBLIC SESSION**

**Business Continuity Plan Update, Carol Brandt, Business Manager**

Dr. Lipe introduced Carol Brandt, Business Manager, and asked her to give the Board an update on its Business Continuity Plan. Dr. Mastrangelo thanked Ms. Brandt for coming.

No official Board action was taken.

*Updated August 1, 2017*
Dr. Mastrangelo introduced Dr. Richard Leman, Medical Epidemiologist and Chief Medical Officer, Health Security, Preparedness, and Response, Oregon Health Authority, and Ms. Kristen Darmody, MPH, SERV-OR Coordinator (via phone).

Dr. Leman thanked Dr. Mastrangelo and the Board for inviting he and Ms. Darmody to come and present on the Oregon Health Authority’s Public Health Emergency Preparedness and Response Program.

In the event of a disaster, the initial responses were laid out in nine plays, which were: Play 1) Notification, activation, and authorities; Play 2) Life safety; Play 3) Damage assessment; Play 4) Mass care and sheltering; Play 5) Logistics and recourse management; Play 6) Planning and prioritization; Play 7) Emergency repairs; Play 8) Outside assistance; Play 9) Begin recovery. The Oregon Health Authority’s Health Security, Preparedness, and Response Program will support medical care as needed for Play 2 and Play 4.

Mandated in 2002 following the September 11, 2001, terrorist attack, the Emergency System for Advance Registration of Volunteer Health Care Professions (ESAR-VHP) was implemented. From this, the State Emergency Registry of Volunteers in Oregon (SERV-OR) was born. Dr. Leman explained that SERV-OR is a statewide registration, credential verification and alerting system and is a state-managed volunteer pool with 14 local medical reserve corps units.

The operational goals of SERV-OR are to quickly identify volunteers, contact volunteers, and deploy volunteers. In real time that means that SERV-OR will query a list of volunteers within two hours of a disaster call and within 12 hours will provide a list of willing providers. A verified list of available volunteers will be completed within 24 hours.

Dr. Leman shared the breakdown of current SERV-OR volunteers. Nurses compose nearly half of the registry volunteers at 46 percent, with “other health care providers” coming in second. Ms. Darmody said the other health care provider category consists of respiratory therapists, registered dieticians, surgical technicians, allied health professionals, etc.

Dr. Leman said that informing health care providers know about SERV-OR through licensure was an effective way to increase the number of EMS providers. After the March 2017 implementation of a checkbox system added to the EMS licensure application, volunteer EMS providers increased by 54 percent from 263 to 404.

There are several ways in which volunteers may respond to disasters, which will be within each provider’s scope of practice. Volunteers are not required to respond, but they are covered by the state’s workman’s compensation in the event of a Governor-declared disaster or state-sanctioned exercises.
Volunteer roles in responding include medical casualty triage, staffing of hospitals, clinics, or field hospitals during a disaster, behavioral health care, medical transportation, dispensing medication and administering vaccines, and emergency preparedness exercises.

Screening of the volunteers is a thorough process through SERV-OR staff who review volunteer profiles, verify licensure as up to date and in good standing, and flag invalid licenses. Credentialing updates occur daily through the Oregon Medical Board licensing database. Because license status can change after the initial verification, all volunteer licenses are checked prior to deployment.

In cases of large disasters in which all resources have been exhausted, Dr. Leman said SERV-OR has the legal authority through Oregon Revised Statutes to allow professionals from other states to assist, as well as through the Emergency Management Assistance Compact (EMAC).

Dr. Leman opened the floor for questions at this time.

Ms. Peng asked how the supervisory physician relationship worked in terms of PAs volunteering for SERV-OR. Ms. Darmody said an informal approval from the physician who was supervising the PA would be acceptable. She said SERV-OR was currently working through how to ensure PAs who are registered as volunteers have gone through the necessary steps to ensure their supervision was appropriate when they are responding to a disaster with SERV-OR. There are physicians on the registry who are serving as medical advisors and supervisors within their group, and the approval for PAs would need to be on file. Ms. Darmody said the process details were currently being finalized.

Dr. Chavin asked if the State budgetary issues were having an effect on SERV-OR. Dr. Leman said they do not receive much financial support from the state. The majority of public health in Oregon is supported by federal grants at the state level. They are seeing some decline in funding from the federal government for their grants, and of course SERV-OR strives to be good stewards of these grant funds.

Dr. Lyons asked how volunteers are contacted if communication systems were down during a disaster, and what percentage of volunteers are expected to respond in the event of a large disaster.

Dr. Leman said one of the components of being a SERV-OR volunteer is self-preparedness. Their goal is to increase SERV-OR awareness, thereby increasing volunteer numbers which would increase the number of volunteers able to respond. He said in terms of communication, with an event such as a Cascadia subduction zone earthquake, satellite phones have been deployed to hospitals along the coast, although they do not have the finances to deploy satellite phones to all SERV-OR volunteers. Dr. Leman said there are hospital ships, such as The Mercy and The Comfort, which can be off the Coast once the tsunami has subsided so smaller boats could potentially transport patients to those ships.

*Updated August 1, 2017*
Another component of SERV-OR response to disaster includes volunteers who are already trained on guidance around care and individuals being ready to mobilize when a disaster has stricken somewhere in the state other than their own.

Dr. Mastrangelo asked if there was a plan in place for the upcoming eclipse viewing. Dr. Leman said they were prepared to deal with the issues that may arise when adding 1 million additional people to an area for a week or two. He lauded the work of some of the health systems, particularly in the path of totality which includes Samaritan and St. Charles Hospitals.

Dr. Gubler asked how SERV-OR would ensure people coming in from other states had been properly vetted.

Infrastructure preserved vs infrastructure degraded was the question, Dr. Leman said. Of course SERV-OR will do everything possible with its current resources. However, if volunteers from other states are needed because our volunteers were truly overwhelmed, the federal government will play a role and folks from the military may be helping. Dr. Leman said they have emergency operations plans within each of these health systems and each of these health facilities which would have a plan for emergency credentialing. It is a multilayered process in order to try and ensure that the volunteers have the skills needed.

Dr. Mastrangelo thanked Dr. Leman and Ms. Darmody for their informative and engaging presentation on this vetted, credentialed registry of volunteer health care providers.

EXECUTIVE SESSION

LEWIS, Wesley A., MD  
15-0777  
MS  
KDG

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Wesley A. Lewis, 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 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

MANESS, Steven D., MD  
15-0481  
WF  
PC

Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in the matter of Steven D. Maness, MD, the Board approve the Corrective Action Agreement signed by Licensee on April 13, 2017. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

Updated August 1, 2017
Approved by the Board on October 6, 2017.

<table>
<thead>
<tr>
<th>Name</th>
<th>License No.</th>
<th>Type</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCMAHON, Douglas B., DO</strong></td>
<td>15-0502</td>
<td>DL</td>
<td>MM</td>
</tr>
<tr>
<td>Dr. Mastrangelo reviewed the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Gubler moved that in the matter of Douglas B. McMahon, DO, the Board approve the Corrective Action Agreement signed by Licensee on June 15, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License No.</th>
<th>Type</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MECKLING, Kent F., MD</strong></td>
<td>16-0517</td>
<td>MS</td>
<td>KDG</td>
</tr>
<tr>
<td>Dr. Gubler reviewed the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Gubler moved that in the matter of Kent F. Meckling, MD, the Board 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); 677.190(7); 677.190(13); and 677.190(23). Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License No.</th>
<th>Type</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEINIG, Martin L., MD</strong></td>
<td>Supervision</td>
<td>CS</td>
<td>RH</td>
</tr>
<tr>
<td>Dr. Hernandez, PhD, reviewed the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Hernandez, PhD, moved that in the matter of Martin L. Meinig, MD, the Board approve the IC’s recommendation to terminate Licensee’s 2013 Stipulated Order. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License No.</th>
<th>Type</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MURRAY, Scott M., MD</strong></td>
<td>Supervision</td>
<td>CS</td>
<td>MM</td>
</tr>
<tr>
<td>Dr. Mastrangelo reviewed the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Gubler moved that in the matter of Scott M. Murray, MD, the Board approve the IC’s recommendation to modify term 4.11 of Licensee’s 2015 Stipulated Order. Dr. Chavin seconded the motion. The motion passed 8-2-1-0-2. Drs. Cahn, Chavin, Gubler, Gupta, Hernandez, PhD, Lace, Lyons, and Mastrangelo voted aye. Dr. Lipe and Ms. Peng voted nay. Ms. Pereira abstained. Drs. Fisher and Harder were absent by prior notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>License No.</th>
<th>Type</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUEELEY, Philip W., LAc</strong></td>
<td>Supervision</td>
<td>CS</td>
<td>MM</td>
</tr>
<tr>
<td>Dr. Mastrangelo reviewed the case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Gubler moved that in the matter of Philip W. Queeley, LAc, the Board approve the IC’s recommendation to terminate Licensee’s 2015 Corrective Action Agreement.
Approved by the Board on October 6, 2017.

Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**RESENDIZ, Joseph E., DO** 16-0649 MD MM
Dr. Mastrangelo reviewed the case.

**BOARD ACTION**: Dr. Gubler moved that in the matter of Joseph E. Resendiz, DO, the Board approve the Corrective Action Agreement signed by Licensee on June 13, 2017. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**RODRIGUEZ, Christopher L., PA** 16-0710 SW JLL
Dr. Lyons reviewed the case.

**BOARD ACTION**: Dr. Lyons moved that in the matter of Christopher L. Rodriguez, PA, the Board approve the Stipulated Order signed by Licensee on April 11, 2017. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**RUNKLE, Wesley D., MD** 17-0183 SW MP
Ms. Peng reviewed the case.

**BOARD ACTION**: Ms. Peng moved that in the matter of Wesley D. Runkle, MD, the Board approve the Applicant’s request to withdraw his license application with a report to the FSMB. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**SCHUEMANN, Sonia J., MD** Supervision CS MM
Dr. Mastrangelo reviewed the case.

**BOARD ACTION**: Dr. Gubler moved that in the matter of Sonia J. Schuemann, MD, the Board approve the IC’s recommendation to terminate Licensee’s 2008 Stipulated Order. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

**STARK, Allen L., MD** 16-0594 SW MM
Dr. Mastrangelo reviewed the case.

**BOARD ACTION**: Dr. Gubler moved that in the matter of Allen L. Stark, 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

*Updated August 1, 2017*
Approved by the Board on October 6, 2017.

in ORS 677.188(4)(a), (b), and (c); and ORS 677.190(13). Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

TORRES, Mario, MD

Dr. Hernandez, PhD, reviewed the case.

BOARD ACTION: Dr. Hernandez, PhD, moved that in the matter of Mario Torres, MD, the Board approve the Stipulated Order signed by Licensee on May 5, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

VANDERVEER, Elizabeth, MD

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Elizabeth VanderVeer, MD, the Board approve the Stipulated Order signed by Licensee on May 20, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

WHITE, Kirstin N., PA

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Kirstin N. White, PA, the Board approve the Stipulated Order signed by Licensee on May 8, 2017. Dr. Lipe seconded the motion. The motion passed 10-0-0-1-2. Ms. Peng was recused. Drs. Fisher and Harder were absent by prior notice.

ZIELINSKI, Leann A., DO

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Leann A. Zielinski, DO, the Board approve the Stipulated Order signed by Licensee on June 9, 2017. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

BOARD ACTION: Dr. Gubler moved that in the matter of Leann A. Zielinski, DO, the Board approve the termination of Licensee’s 2016 Corrective Action Agreement. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

Updated August 1, 2017
Approved by the Board on October 6, 2017.

ZILBERSTEIN, Arthur K., MD 17-0185 MD JKL

Dr. Lace reviewed the case.

BOARD ACTION: Dr. Lace moved that in the matter of Arthur K. Zilberstein, MD, the Board approve Applicant’s request to withdraw his license application with a report to the FSMB. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

PUBLIC SESSION

Oregon Medical Board Licensure Count Informational Only LL

Dr. Lipe reviewed the licensure count between February 17, 2017, and May 30, 2017, of which there were 585. Dr. Lipe observed that 22 out of 585 were Telemedicine Active Status.

The Board took no official action.

EXECUTIVE SESSION

(Name Redacted) Entity ID 1036442 RC

Dr. Cahn reviewed the case.

BOARD ACTION: Dr. Cahn moved that in the matter of Entity ID 1036442, the Board approve Applicant’s request to withdraw his application with a report to the FSMB. Ms. Peng seconded the motion. The motion passed 11-0-0-0-2. Drs. Fisher and Harder were absent by prior notice.

(Name Redacted) Entity ID 1036666 MP

Ms. Peng reviewed the case.

BOARD ACTION: Ms. Peng moved in the matter of Entity ID 1036666, the Board deny Applicant’s request for waiver of OAR 847-050-0020. Dr. Lipe seconded the motion. The motion passed 10-1-0-0-2. Dr. Chavin voted nay. Drs. Fisher and Harder were absent by prior notice.

HILDE, Anandam, MD Entity ID 1033932 LL

Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved in the matter of Anandam Hilde, MD, the Board approve the Administrative Affairs Committee’s (AAC) recommendation to grant Applicant an active one-year license. Dr. Cahn seconded the motion. The motion passed 9-0-1-0-3. Dr. Gubler abstained. Drs. Fisher, Gupta, and Harder were absent by prior notice.

Updated August 1, 2017
Dr. Cahn reviewed the case.

**BOARD ACTION:** Dr. Cahn moved in the matter of Entity ID 1036824, the Board approve the AAC’s recommendation to deny the waiver request of OAR 847-020-0170(4)(a)(A) and OAR 847-020-0170(4)(b), and issue a civil penalty. Dr. Chavin seconded. The motion passed 10-0-0-0-3. Drs. Fisher, Gupta, and Harder were absent by prior notice.

Dr. Lace reviewed the case.

**BOARD ACTION:** Dr. Lace moved in the matter of Entity ID 1037478, the Board grant Applicant an unlimited license. Dr. Chavin seconded. The motion passed 10-0-0-0-3. Drs. Fisher, Gupta, and Harder were absent by prior notice.

Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Gubler moved in the matter of Entity ID 1036399, the Board approve the AAC’s recommendation to issue a civil penalty and to allow Applicant to withdraw his application with a report to the FSMB. Dr. Lipe seconded. The motion passed 10-0-0-0-3. Drs. Fisher, Gupta, and Harder were absent by prior notice.

Dr. Cahn reviewed the case.

The case was referred to the Investigative Committee.

Dr. Mastrangelo thanked the entire Board and the staff for their hard work. Dr. Chavin thanked Ms. Kallen for her organization.

**CLOSED SESSION**

**Probationer Interviews**

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

*Updated August 1, 2017*
Approved by the Board on October 6, 2017.

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Licensee</th>
<th>Room No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lipe/Dr. Lace</td>
<td>(Name Redacted)</td>
<td>1</td>
</tr>
<tr>
<td>Dr. Cahn</td>
<td>(Name Redacted)</td>
<td>2</td>
</tr>
<tr>
<td>Observer: Ms. Pereira</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Peng</td>
<td>(Name Redacted)</td>
<td>3</td>
</tr>
</tbody>
</table>

The Board adjourned at 2:36 p.m. The Investigative Committee held an abbreviated meeting.

Board Recessed until 8 a.m. Friday, July 14
6:00 p.m. – Working Board Dinner

Updated August 1, 2017
Friday, July 14, 2017

8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., 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.

RECUASLS 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.
Approved by the Board on October 6, 2017.

PUBLIC SESSION

Dr. Mastrangelo took roll call. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

Dr. Mastrangelo welcomed everyone and thanked them for their completion of a tremendous workload on Thursday, July 13, 2017.

CLOSED SESSION
TIME CERTAIN: 8:05 a.m.

Probationer Interview Reports

The Board members reported on probationer interviews.

PUBLIC SESSION

<table>
<thead>
<tr>
<th>SAKS, SELDON K., MD</th>
<th>#</th>
<th>CS</th>
<th>LL</th>
</tr>
</thead>
</table>

Dr. Liper reviewed the case.

BOARD ACTION: Dr. Liper moved that in the matter of Seldon K. Saks, MD, the Board deny the Licensee’s requests for termination of his 2009 and 2013 Stipulated Orders. Ms. Peng seconded the motion. The motion passed by unanimous voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

PUBLIC SESSION
TIME CERTAIN: 8:30 a.m.

Emergency Medical Services (EMS) Advisory Committee

Dr. Mastrangelo welcomed Christoffer Poulsen, DO, Chair-Elect, Emergency Medical Services (EMS) Advisory Committee.

Regarding the recent Committee elections, Dr. Poulsen said there were exceptional people who had applied. Mr. Brost, a paramedic, was elected to the Committee, and Dr. Poulsen said his extensive paramedic experience makes him a great addition to the Committee.

Dr. Poulsen said the Committee had good discussion on OAR 847-035-0030: Scope of Practice which reads:  The 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.

Adding the hemorrhage control term to the EMR Scope of Practice allows use of the new devices coming on the market for varieties of ways to control hemorrhage without specifying the use of a specific device or technique. Adding language to allow EMR providers in rural and wildland settings on search and rescue teams to move ill or injured patients was a very important addition as well.

Updated August 1, 2017
Dr. Poulsen said the Committee had many discussions over several meetings about intraosseous infusions. Due to new devices which allow vascular and intraosseous access in adult patients, AEMTs were already performing intraosseous infusions in pediatric patients so it was appropriate the skill be added at the adult level. As a piece of the intraosseous infusion, Dr. Poulsen said adding lidocaine medication to the AEMT specifically for anesthesia was appropriate, considering the need for pain management during intraosseous infusions.

Dr. Gubler asked if the intraosseous protocol now includes humeral intraosseous placement. Dr. Poulsen said it does not mention specific locations for intraosseous infusions since there are devices on the market that do not specify placement location. Dr. Gubler said he does not want prehospital sternal intraosseous placement. Dr. Poulsen said the Committee purposely did not add specific location language if a new device and new research showed placement in a different location. Dr. Gubler said without placement location being specified, when a new device comes out, providers may opt for other than the preferred peripheral placement. He asked Dr. Poulsen to consider discussing this issue with the Committee to include language such as *peripheral* or *long bone*, etc. Dr. Poulsen said he and the Committee can discuss this language change.

Dr. Gubler asked Dr. Poulsen if the Committee was actively involved with the Stop the Bleed program with the American College of Surgeons. Dr. Poulsen said the Committee was not specifically discussing that as a separate item, but the program has been discussed during the Committee’s hemorrhage control discussion. Dr. Gubler encouraged the Committee to look at the program because he felt in the EMS community, Stop the Bleed could be a huge asset. Dr. Poulsen said he will discuss it with the Committee.

Dr. Chavin asked Dr. Poulsen if the Committee was trained on managing a postpartum hemorrhage patient. Dr. Poulsen said there was no specific intervention other than some training regarding manual manipulation and aggressive fundal massage. A discussion ensued regarding the antifibrinolytic, tranexamic acid (TXA) for postpartum hemorrhage. Currently TXA was a very controversial treatment, according to Dr. Gubler, who was very concerned about EMS’ off-label use of medications.

Dr. Poulsen said that the rule requires a local-level physician advisor to make changes, additions, or omissions of medications at the paramedic level. The Committee’s perspective was it does not specifically want to get into individual medication discussion, restrictions, or products. Dr. Gubler said the Committee should have a discussions about the appropriateness of authorization of off-label use of medications in the prehospital environment.

Dr. Mastrangelo thanked Dr. Poulsen for bringing this topic of off-label use of medications to the Board. He said he agrees with Dr. Gubler that agencies who are currently using TXA were doing so as an off-label use. Dr. Mastrangelo recommended that Dr. Poulsen and the Committee consider monitoring its use and the outcomes, as the counties using TXA were doing so as an off-label use.

Dr. Poulsen said this conversation would be best approached as medication use being off label in the EMS environment because it would be applicable to all medications. He said he thought it
Approved by the Board on October 6, 2017.

was important to have this type of discussion because there is a need for a close relationship between the reality of the EMS world and a hospital or office environment.

Dr. Mastrangelo said this type of discussion has occurred with Foley catheters, and the Board wants regulations that work for EMS and for all the EMTs and paramedics, which Dr. Poulsen oversees in the field. Dr. Mastrangelo said he appreciated Dr. Poulsen’s time, energy, and expertise as he assumed the position of Chair of the EMS Committee.

**BOARD ACTION:** Dr. Cahn moved that the Board approve the EMS’s recommendation to approve the new Chair, Christoffer Poulsen, DO, and Committee Member, Stephen Brost, Paramedic, to the EMS Advisory Committee. Dr. Chavin seconded the motion. The motion passed by voice vote. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

**BOARD ACTION:** Dr. Mastrangelo moved that the Board approve the EMS Advisory Committee Meeting Minutes of May 19, 2017, as written. Dr. Hernandez, PhD, seconded the motion. The motion passed by voice vote. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

**BOARD ACTION:** Dr. Gubler moved that the Board approve OAR 847-035-0030: Scope of Practice, Final Review, as written. Dr. Chavin seconded the motion. The motion passed by voice vote. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

### Acupuncture Advisory Committee

<table>
<thead>
<tr>
<th>MM</th>
</tr>
</thead>
</table>

Dr. Mastrangelo welcomed Acupuncture Advisory Committee Chair-Elect, Collin Stoll, LAc, and thanked him for coming in person to speak to the Board.

Mr. Stoll gave an overview of the previous Acupuncture Advisory Committee meeting. He said there was an impressive list of candidates for all of the Acupuncture Advisory Committee positions this past election. The newly recommended Committee members are as follows: Barbara de la Torre, MD, Physician Member, and David Berkshire, LAc, Acupuncturist Member.

Mr. Stoll noted the Acupuncture Advisory Committee meeting dates were changed from December 9, 2017, to December 1, 2017, and from June 8, 2018, to June 1, 2018, to reflect consistency of scheduling.

A fond farewell was bid to former Chair, Brynn Graham, LAc, and Physician Member, Lena Kuo, MD, who completed their Committee terms.

Dr. Chavin asked Mr. Stoll what the approved needling privileges were for visiting acupuncturists.

Mr. Stoll said visiting acupuncturists must be nationally licensed, licensed in the state in which they reside and practice, and in good standing with the practicing state’s board. The Committee

*Updated August 1, 2017*
reviews this criteria. Oftentimes, said Mr. Stoll, visiting acupuncturists have been in the state previously so the vetting process has been completed.

Dr. Chavin asked Mr. Stoll if visiting acupuncturist were required to have a mentor or someone with whom he/she was working within the state if lecturing at a conference. Mr. Stoll said visiting acupuncturist must be approved by the Oregon College of Oriental Medicine (OCOM) or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

**BOARD ACTION:** Dr. Chavin moved that the Board approve the Acupuncture Advisory Committee Meeting Minutes of June 2, 2017, as written. Dr. Gubler seconded the motion. The motion passed by voice vote. Drs. Fisher, Gupta, Harder, Hernandez, PhD, Lace, and Lyons were absent by prior notice.

**BOARD ACTION:** Dr. Chavin moved that the Board approve the Acupuncture Advisory Committee’s recommendation to approve the new Chair, Collin Stoll, LAc, Physician Committee Member, Barbara de la Torre, MD, and Committee Member, David Berkshire, LAc, to the Acupuncture Advisory Committee. Dr. Gubler seconded the motion. The motion passed by voice vote. Drs. Fisher, Gupta, Harder, Hernandez, PhD, Lace, and Lyons were absent by prior notice.

**EXECUTIVE SESSION**
*The Board moved into Executive Session to discuss specific investigative cases and licensees.*

**PUBLIC SESSION**

<table>
<thead>
<tr>
<th>OAR 847-008-0010: Initial Registration</th>
<th>FIRST REVIEW LL</th>
</tr>
</thead>
</table>

The Board reviewed the AAC’s recommendation to move the rule forward as written.

The proposed rule amendment clarifies that applicants for initial licensure must report during the application process any changes in information previously provided or any new information that becomes available. Updates must be made within 10 business days. Such new information may include newly filed or resolved malpractice claims, adverse actions taken by health systems or regulatory bodies, arrests or convictions, and other information that would be relevant to the license application.

The Board took no official action.

<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 010 Updates and Hospital Clinical Clerkships</th>
<th>REPEAL FIRST REVIEW LL</th>
</tr>
</thead>
</table>

The Board reviewed the AAC’s recommendation to move the rule forward as written.
Approved by the Board on October 6, 2017.

The proposed rule amendment in OAR 847-010-0090 will update the requirements for clinical clerkships and preceptorships in line with current medical education programs. The proposed repeal of the remaining rules is needed for general housekeeping because these are outdated, unneeded, and duplicative.

The Board took no official action.

OAR 847-020-0185; 847-020-0190; 847-050-0065; 847-070-0060; 847-080-0028; 847-080-0030: Application Withdrawals and License Denials

The Board reviewed the AAC’s recommendation to move the rule forward as written.

The proposed rule amendments and proposed new rules specify that an applicant who has withdrawn the application for licensure or whose application has been denied may submit a new application for licensure two years after the date of withdrawal or denial.

The Board took no official action.

OAR 847-050-0060: PA Student (Preceptorships)

The Board reviewed the AAC’s recommendation to move the rule forward as written.

The proposed rule amendment specifies that physician assistant students may participate in preceptorships when their participation is appropriately supervised by a licensed health care professional and is done in the course of an accredited PA training program. Prior notification to the Oregon Medical Board is not required.

Dr. Gubler asked if under this rule, the preceptorship was under the supervising physician and not a PA. Ms. Peng said it was under a licensed health care professional. Discussion ensued.

Ms. Krishnaswami said the PA programs are using other licensed health care professionals. If a PA is used as a preceptor, that supervising physician to the PA is agreeing to supervise a preceptor student. Ms. Krishnaswami said at OHSU there are assigned faculty members, and there is a robust oversight system in place.

Dr. Lipe asked if there was an expanded definition of supervision to define the guidelines of a supervising physician organization (SPO).

Dr. Gubler said students may have perfectly appropriate rotations with a DMD or DDS, but there is a need to ensure the supervisor is aware he/she is supervising someone else.

Updated August 1, 2017
Dr. Lyons said health care professional has lots of categories: Optometrist, naturopath, psychologist, chiropractor, etc. She said the overseeing person should be someone the PA would be working under once the PA has finished the preceptorship.

Dr. Mastrangelo said he believes the provider supervising PA students needs to be someone who is approved by the Board to supervise PAs. Without an understanding of the PA supervision rules, there may be increased violations of the supervision rules.

Dr. Hernandez, PhD, asked about the need for more health care professionals and where the Board was headed with this larger policy issue, as the Board was not just a regulatory agency but a policy agency as well.

Ms. Peng said public safety is at the forefront of this issue, and PA supervision is changing and in flux.

Dr. Hernandez, PhD, said she would like to see something broader within the rules because patient safety is important but so is patient access.

Ms. Pereira said from her perspective working with undergraduates, the increase in PA programs throughout the northwest has thinned out the numbers in the qualified applicant pool.

Dr. Hernandez, PhD, said she disagrees because she would like more patient access.

Dr. Gubler said it is a quality vs quantity discussion.

Dr. Hernandez, PhD, said she understands but wanted both. Dr. Hernandez, PhD, said she is worried about the lack of diversity and she worries about social closure which is an interesting phenomenon that after we pass a door and we think it was unique and we are special, we tend to close the door on everybody else, so she just worries about that a little bit, to be honest.

Dr. Mastrangelo said he believed the regional schools are good about vetting the positions. He said this is a great discussion with more future discussions about PAs, their roles and oversight.

The Board took no official action.

OAR 847-003-0100: Declared Emergency – Delegation of Authority

The Board reviewed the AAC’s recommendation to move the rule forward as written.

The rule amendment clarifies that the Board Chair may exercise authority vested in the Board in the event of an emergency.

Updated August 1, 2017
BOARD ACTION: Dr. Chavin moved that the Board adopt OAR 847-003-0100: Declared Emergency – Delegation of Authority, as written. Dr. Lipe seconded the motion. The motion passed 9-0-0-0-4. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

<table>
<thead>
<tr>
<th>OAR 847-050-0041: Physician Assistant Prescribing and Dispensing Privileges (SUBOXONE)</th>
<th>FINAL REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP</td>
<td></td>
</tr>
</tbody>
</table>

The Board reviewed the AAC’s recommendation to move the rule forward as written.

The rule amendment allows a physician assistant to prescribe and dispense buprenorphine for medication-assisted opioid dependency treatment (MAT) if the PA is authorized to prescribe Schedule III-V medication, holds a DEA buprenorphine waiver, is authorized to dispense if the PA will dispense buprenorphine, has a supervising physician whose practice includes buprenorphine for MAT, and the practice agreement includes buprenorphine as a delegated medical service.

BOARD ACTION: Dr. Chavin moved that the Board adopt OAR 847-050-0041: Physician Assistant Prescribing and Dispensing Privileges (SUBOXONE), as written. Dr. Gubler seconded the motion. The motion passed 9-0-0-0-4. Drs. Fisher, Gupta, Harder, and Lace were absent by prior notice.

PUBLIC SESSION
TIME CERTAIN: 10:15 a.m.

Public Comment

No public comment was presented.

PUBLIC SESSION

Health Professionals’ Services Program Update, Carol Brandt, Business Manager

Dr. Lipe introduced Carol Brandt, Business Manager.

Ms. Brandt explained that the OMB has been working with the Nursing, Dental, and Pharmacy Boards to ensure a smooth transition for practitioners participating in the program. Ms. Brandt and her team worked with the Department of Administrative Services (DAS) and the Department of Justice (DOJ) on proposals which were evaluated by a team from each of the Boards. Reliant Behavioral Health was selected as the vendor. The new contract has been executed and is in effect. Ms. Brandt said that under the new contracting law, the Boards will take a much more active role in monitoring the contract.

The Board took no official action.

Updated August 1, 2017
Dr. Mastrangelo invited Ms. Krishnaswami to speak on this rule.

Ms. Krishnaswami said the current requirement for PA prescribing would have the National Commission on Certification of Physician Assistants (NCCPA) certification maintenance in order to have authority to prescribe Schedule II drugs. Ms. Krishnaswami invited Ms. Peng as the expert to speak on this.

Ms. Peng explained that to be licensed in Oregon, PAs must be Board certified. She explained that when the legislature added a PA to the Oregon Medical Board, Senate Bill 905 repealed ORS 677.545, and as a result the requirement for the NCCPA certification was no longer in statute, however, it remains in OAR 847-050-0041(3).

Dr. Mastrangelo said the question before the Board at this time is should a PA whose supervising physician who is not Board certified, even though the PA is Board certified, be allowed to prescribe Schedule II drugs. The Board agreed by consensus that PAs should continue requiring NCCPA certification for Schedule II prescriptive authority.

The Board took no official action.

Dr. Mastrangelo said Ms. Haley and Dr. Thaler have been working on developing a better venue to approach PA issues. He invited Dr. Lipe to illustrate.

Dr. Lipe said the thought was to create a workgroup, spearheaded by George Koval, MD, of current working PAs, supervising physicians, and folks from the educational field for the purpose of discussing particular PA issues, such as supervision, and bring ideas to improve, change, or clarify the language regarding supervision back to the Board. Staff would create an agenda or a question list formulated by the workgroup. This would not be a discussion of termination of supervision, but rather an opportunity to bring forward some ideas of how to improve, change, or clarify the supervision requirement at this point in time.

Dr. Gubler said it was a great idea. Dr. Mastrangelo agreed. Ms. Peng said a workgroup will help bring together PAs in the community.

Dr. Lipe invited everyone on the Board to join the workgroup.

The Board took no official action.
Stem Cell Therapy Review for Possible Statement of Philosophy

Dr. Mastrangelo directed the Board’s attention to the Draft Statement of Philosophy on Stem Cell Therapy. He explained that stem cells are blood or marrow cells which may be from a donor or autologous which are injected into tissue, into a joint, or into an area in order to promote healing and regeneration. Platelet-rich plasma injections are common at some medical practices.

The Board is proposing with this Statement of Philosophy that physicians not use new stem cell therapies until well-controlled studies are published in peer-reviewed publications with cost and risk to provide validation for these therapies before being utilized in patients. Discussion ensued.

Dr. Chavin said in Obstetrics and Gynecology, they were gathering cord blood all the time from cord blood banks. His understanding was that autologous stem cells are not regulated by the Food and Drug Administration (FDA).

Dr. Mastrangelo said these therapies and their differences were discussed at the AAC. The Board would like providers to follow standardized trials or at least participate in a trial if using these therapies in patients.

Ms. Pereira said in The Seattle Times there were several pages of ads extolling the virtues of these stem cell procedures.

Dr. Lyons said amniotic membranes have been used for a long time in ophthalmology.

The Board supports the development of this philosophy statement on stem cell therapy.

The Board took no official action.

TIME CERTAIN: 11:00 a.m.

Gallant Policy Advisors Presentation

Dr. Mastrangelo introduced Scott Gallant and Karen Mainzer of Gallant Policy Advisors.

Mr. Gallant thanked the Board for inviting him and Ms. Mainzer to provide an update on the 2017 Legislative Session.

Mr. Gallant said the session was dominated by budget and revenue issues. The original deficit was $1.8 billion that dropped to $1.25 billion.

The legislature adopted two much-needed tax increases: A transportation package and a provider tax increase. The transportation package would address deteriorating transportation infrastructure. It began as an $8.2 billion package but became $5.2 billion over a 10-year period. The state provider tax increase would address a revenue deficit in the Medicaid program. Ms.
Mainzer said if the provider tax was referred to the voters, the vote would be in January. This voting timeline would allow analysis of budget consequences if the provider tax were to be voted down.

The two primary issues that Gallant Policy Advisors worked on for the OMB during legislative session were SB 60 (the Emeritus Bill) and HB 5023 (the Budget Bill). Both of these Bills passed, with the Budget Bill passing unanimously from the Subcommittee (chaired by Senator Elizabeth Steiner Hayward and Representative Dan Rayfield) and easily through the Full Committee.

In fact, stated Mr. Gallant, the OMB received a very positive review with several legislators commenting on how well the OMB was run and remarked that it was a model for other agencies and commissions from which people could learn. Legislators were highly supportive of the work of the Board and its staff.

Mr. Gallant said that HB 2114, requiring opioid prescribing guidelines, was modified significantly before being signed by the Governor on May 25th.

HB 2397 was of greater significance, said Mr. Gallant. It expanded the pharmacists’ scope of practice for additional prescribing authority of drugs and devices.

Another Bill that Mr. Gallant thought was very controversial was HB 3355 C which would allow psychologists to prescribe psychotropic medications. The Bill passed the Senate 18 to 11 and passed in the House on July 6th. Representative Bill Kennemer had been trying to pass this type of legislation for years. Senator Alan Bates, who passed away last year, was a key opponent of these proposals, and during this session Senator Elizabeth Steiner Hayward and Representative Knute Buehler did not support the Bill.

SB 50, which would have required pain management continuing medical education (CME) for physicians, died in Committee.

SB 48 did get through the process, but was much narrower and less onerous than its original writing. This Bill requires professional licensing boards to document and report the completion of any CME regarding suicide risk assessment, treatment, and management by licensees to the Oregon Health Authority on or before March 1 of even-numbered years.

SB 786 became a minor Bill, allowing dentists to use Telehealth.

Mr. Gallant said looking forward, he and Ms. Mainzer believe the State revenues will not be adequate to maintain its obligations, primarily due to policy decisions, PERS obligations, and the lack of modifications to PERS following the death of the corporate tax measure. Gallant Policy Advisors predicts the State will see fiscal and budgetary problems into 2018 and 2019. With the unknown Congressional decisions on health policies at the federal level, and with the major
Approved by the Board on October 6, 2017.

reduction of Medicaid coverage over a 10-year period, Oregon’s budget and population will be affected significantly.

Regarding the OMB’s budget, Ms. Mainzer said the $175,000 for the Oregon Wellness Program (OWP) was approved. Although there were a handful of no votes, those legislators disclosed they voted no because the entire budget allocation discussion had not yet been decided.

Dr. Mastrangelo asked how SB 48 would affect the Licensing Department at the OMB. Ms. Miles said SB 48 will have minimal impact on Licensing, as they were not requiring proof of CME but were asking licensees to report it. Mr. Gallant said this Bill would ensure awareness of the current standards and make regulatory boards under their processes enforce those standards.

Mr. Gallant said SB 48 was really a self-reporting Bill. The OHA was the major impetus for this Bill, and he believes once data has been collected, the OHA will try and make the CME mandatory. Representative Buehler, who is very concerned about suicide and physician training in suicide prevention, opposed the bill as being unnecessary. Mr. Gallant and Ms. Mainzer proposed to Representative Greenlick that in the interim he consider discussing how many courses, certifications, and requirements that physicians and others go through currently in a year. Chair Greenlick thought this idea was worth investigating.

Dr. Mastrangelo asked the status of the Bill similar to one passed in Colorado that allowed patients in Surgicenters to have a 48-hour stay. Mr. Gallant said as a policy issue, a 48-hour Surgicenter stay had no down side and for patient care there was a benefit; however, opposition typically comes from hospitals who are competing with Surgicenters.

Dr. Mastrangelo asked Mr. Gallant if next year the Interstate Licensure Compact would be on the table. Mr. Gallant said the Interstate Compact would be more realistic in the 2019 full session.

Dr. Mastrangelo thanked Mr. Gallant and Ms. Mainzer for presenting to the Board and for their hard work and support throughout the legislative session and beyond.

Dr. Chavin asked Dr. Mastrangelo what determines who would be appointed as emeritus members under SB 60. Dr. Thaler explained the need for and identification of emeritus members.

No official Board action was taken.

**Civil Penalty for Fraud or Misrepresentation on a Board Application Update, Memo from Netia N. Miles, Licensing Manager**

Dr. Lipe reviewed the recommendations of the AAC which state: *If Applicant fails to disclose remediation of one course or exam during training, Board staff should issue a warning letter; if Applicant fails to disclose remediation of a course or exam during training that has caused an extension of training beyond the anticipated original timeframe for completion, Board staff should issue a civil penalty; if Applicant fails to disclose remediation of a course or examination*

Updated August 1, 2017
which has caused Applicant to repeat an entire semester or year of training, Board staff should issue a civil penalty.

**BOARD ACTION:** Dr. Lipe moved that the Board approve the AAC’s recommendation in the case of fraud or misrepresentation on a Board application. Dr. Gubler seconded the motion. The motion passed 8-0-0-0-5. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

**Wellness Coalition Update**

Dr. Mastrangelo updated the Board on the progress of the Wellness Coalition which is now referred to as the Oregon Wellness Program (OWP) for Health Care Providers.

No official Board action was taken.

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

The Board reviewed the June 7, 2017, Administrative Affairs Committee Meeting Minutes.

**BOARD ACTION:** Dr. Lipe moved that the Board approve the June 7, 2017, Administrative Affairs Committee Meeting Minutes, as amended. Dr. Gubler seconded the motion. The motion carried with a voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

**Investigative Committee Consent Agendas**

The Board reviewed the following Consent Agendas: May 4, 2017, June 1, 2017, and July 13, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the May 4, 2017, June 1, 2017, and July 13, 2017, Investigative Committee Consent Agendas. Dr. Lipe seconded the motion. The motion carried with a voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

**Investigative Committee Supervision Consent Agendas**

The Board reviewed the following Consent Agendas: May 4, 2017, and June 1, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the May 4, 2017, and June 1, 2017, Investigative Committee Supervision Consent Agendas. Dr. Hernandez, PhD, seconded the motion. The motion carried with a voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

**Investigative Committee Meeting Minutes**

The Board reviewed the Investigative Committee Meeting Minutes of March 2, 2017, May 4, 2017, and June 1, 2017.

*Updated August 1, 2017*
Approved by the Board on October 6, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the March 2, 2017, May 4, 2017, and June 1, 2017, Investigative Committee Meeting Minutes as written. Dr. Lipe seconded the motion. The motion passed by a voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

<table>
<thead>
<tr>
<th>Board Meeting Minutes</th>
<th>MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board reviewed the April 6 - 7, 2017, Board Meeting Minutes.</td>
<td></td>
</tr>
</tbody>
</table>

**BOARD ACTION:** Dr. Gubler moved that the Board approve the April 6 - 7, 2017, Board Meeting Minutes, as written. Dr. Lipe seconded the motion. The motion carried with a voice vote. Drs. Chavin, Fisher, Gupta, Harder, and Lace were absent by prior notice.

<table>
<thead>
<tr>
<th>Interim Stipulated Order (ISO) and Automatic Suspension Acknowledgment</th>
<th>Informational Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board acknowledged the following Interim Stipulated Orders (ISO) and Automatic Suspensions:</td>
<td></td>
</tr>
</tbody>
</table>

- **COMPAGNO, John, MD** – *Automatic Suspension Effective June 7, 2017*
- **HEITSCH, Richard C., MD** – *ISO Effective May 31, 2017*
- **KIMURA, Hidenao, MD** – *ISO Effective May 16, 2017*
- **QUEELEY, Philip W., LAc** – *Automatic Suspension Effective May 8, 2017*
- **RYAN, William M., MD** – *ISO Effective May 16, 2017*
- **SINCAVAGE, David L., Jr., MD** – *ISO Effective May 25, 2017*
- **TORRES, Mario, MD** – *ISO Effective May 5, 2017*
- **WATANABE, Mika L., LAc** – *Automatic Suspension Effective June 14, 2017*
- **ROBERTS, Brenda D., MD** – *ISO Effective July 10, 2017*
- **MCCARTHY, Joseph P., MD (#1, #2/MS, SW)** – *July 13, 2017*

*Automatic Suspension Lifted

**Governor's State Employees 2017 Food Drive Update**

Dr. Lipe congratulated the OMB staff for raising 16,187 pounds of food for an average of 450 pounds of food per person for the 2017 Governor’s State Employees Food Drive. This will provide over 12,000 meals for the Oregon Food Bank. The OMB was the second largest food drive donor in Oregon’s small state agencies category.

**Redesign of OMB Logo**

Dr. Mastrangelo recognized Ms. Krishnaswami, Ms. Miles, and Ms. Vorderlandwehr for redesigning the OMB logo.

Dr. Chavin applauded Ms. Krishnaswami, Ms. Miles, and Ms. Vorderlandwehr for their work on the new logo. The rod of Asclepius which is correct rather than the rod of Caduceus which is the symbol of Hermes the god of merchants or mischief. It was started in the late 1900s, and it has

*Updated August 1, 2017*
Approved by the Board on October 6, 2017.

been a total misnomer that physicians wear. It was supposed to be the rod of Asclepius which is on our current logo. Dr. Gubler said that for the record, the osteopathic physicians have not made that mistake.

Dr. Chavin said thank you to Dr. Mastrangelo who did a great job chairing the meeting. Dr. Chavin and Dr. Mastrangelo recognized Ms. Kallen for her work in coordinating the meeting.

Federation of State Medical Boards 105th Annual Meeting Update, Michael Mastrangelo, MD, and Paul Chavin, MD

Dr. Mastrangelo updated the Board on the topics of discussion at the FSMB Annual Meeting. He also introduced the FSMB synoptic video that the Board viewed (here).

The Board adjourned at 11:55 a.m.

Updated August 1, 2017