OREGON MEDICAL BOARD
REPORT

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Upcoming Meetings

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

May 15, 9 a.m.
EMS Advisory Committee

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

June 5, 12 p.m.
Acupuncture Advisory Committee

June 10, 5 p.m.
Administrative Affairs Committee

July 9-10, 8 a.m.
Board Meeting

Oregon Medical Board Actions During COVID-19

A Message from Nicole Krishnaswami, JD, Executive Director

To our licensees: The Oregon Medical Board thanks you for your dedication to caring for Oregonians during this public health emergency.

The OMB has been focused on rising to meet the needs of Oregon patients and the medical community during the COVID-19 pandemic. We want to let you know what steps we're taking to continue providing you with high-quality service during this challenging time.

Staff Availability: As an organization, the OMB is doing our part to help "flatten the curve." Since mid-March, most of our employees have been teleworking on a daily basis, and the office has been closed to in-person visitors. Nevertheless, the OMB staff remains committed to providing timely, knowledgeable responses to your inquiries. The Licensing Department continues to process applications, acupuncture renewals, and "emergency applications" aimed at increasing our physician and PA workforce during the Governor-declared emergency. Our Investigations Department continues to respond to inquiries from the public and monitor compliance with Board orders, and our Administrative Department has been ensuring we're all able to complete this work remotely, including processing payments and responding to public records requests.

Board Business: The quarterly Board meeting was successfully held via secure video-conference on April 2. This newsletter features the accomplishments of that meeting, including welcoming two new Board members, adopting a revised strategic plan, amending a Statement of Philosophy, and issuing Board Actions. Board members and staff worked exceptionally hard to accomplish this immense amout of work under unprecedented circumstances.

Available Resources: The OMB has increased our communications efforts to ensure that our licensees and the Oregon public have the information and resources they need. To that end, the OMB created a COVID-19 webpage: omb.oregon.gov/COVID-19. Here you'll find information about our efforts to increase Oregon's physician and PA workforce, how to donate personal protective equipment, guidance on elective and non-urgent procedures, where to register as a COVID-19 emergency response volunteer, and much more. This webpage also contains links to Governor Kate Brown's Executive Orders, COVID-19 webinars for health care providers, and updates from the Oregon Health Authority.

Again, to our licensees and the medical workforce at large, as well as to all Oregonians doing their part to help prevent the spread of COVID-19, the OMB thanks you for your dedication to keeping our state healthy and safe.

Stay Home. Save Lives.
omb.oregon.gov/COVID-19

OMB Welcomes New Board Members

Ali Mageehon, PhD

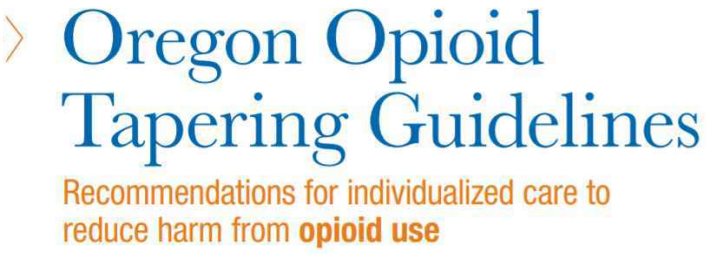
Jill Shaw, DO

The Oregon Medical Board is pleased to welcome **Ali Mageehon, PhD**, and **Jill Shaw, DO**, as its newest members. Dr. Mageehon currently serves as Vice President of Instruction at Southwestern Oregon Community College, and Dr. Shaw is a board-certified Obstetrician and Gynecologist.

Continue reading on page 4.

The mission of the Oregon Medical Board is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Oregon Opioid Tapering Guidelines



The OMB endorsed the Oregon Health Authority's Oregon Opioid Tapering Guidelines in January 2020. The Board highly encourages all prescribing professionals to read and follow these guidelines. View the docuement in its entirety **here**.

Background:

From 1999 to 2006, Oregon experienced a sharp increase in prescription opioid overdose and death, attributed largely to increased opioid prescribing to treat pain. While the rate of prescription opioid overdose deaths has been declining since 2006, the rate is still three times higher than in 1999. Over prescribing of opioid medications adversely impacts patients, their families, household members, and the larger community through potential diversion and misuse.

Framework:

The Oregon Opioid Tapering Guidelines Task Force developed these opioid tapering guidelines between March and October 2019. The goal of the tapering guidelines is to reduce harms to patients associated with opioid use and promote patient-centered care. The guidelines set out:

- General principles and best practices for opioid tapering;
- Potential indications for and approaches to tapering;
- Reasons for referral; and
- Important long-term supports.

Not all patients on opioids need tapering. For example, a patient on a stable opioid dose with minimal side effects who is experiencing good pain control, function, and quality of life may not require tapering. In addition, these guidelines do not apply to patients receiving treatment for cancer, palliative care, or hospice care.

These guidelines stress the need to provide patient-centered and trauma-informed care, as well as collaborative pain management. In addition, these guidelines stress that it is important to avoid inappropriate treatment of chronic pain. As stated in Washington Administrative Code (WAC), this includes "**nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments**" (WAC 246-919-850).

Principles:

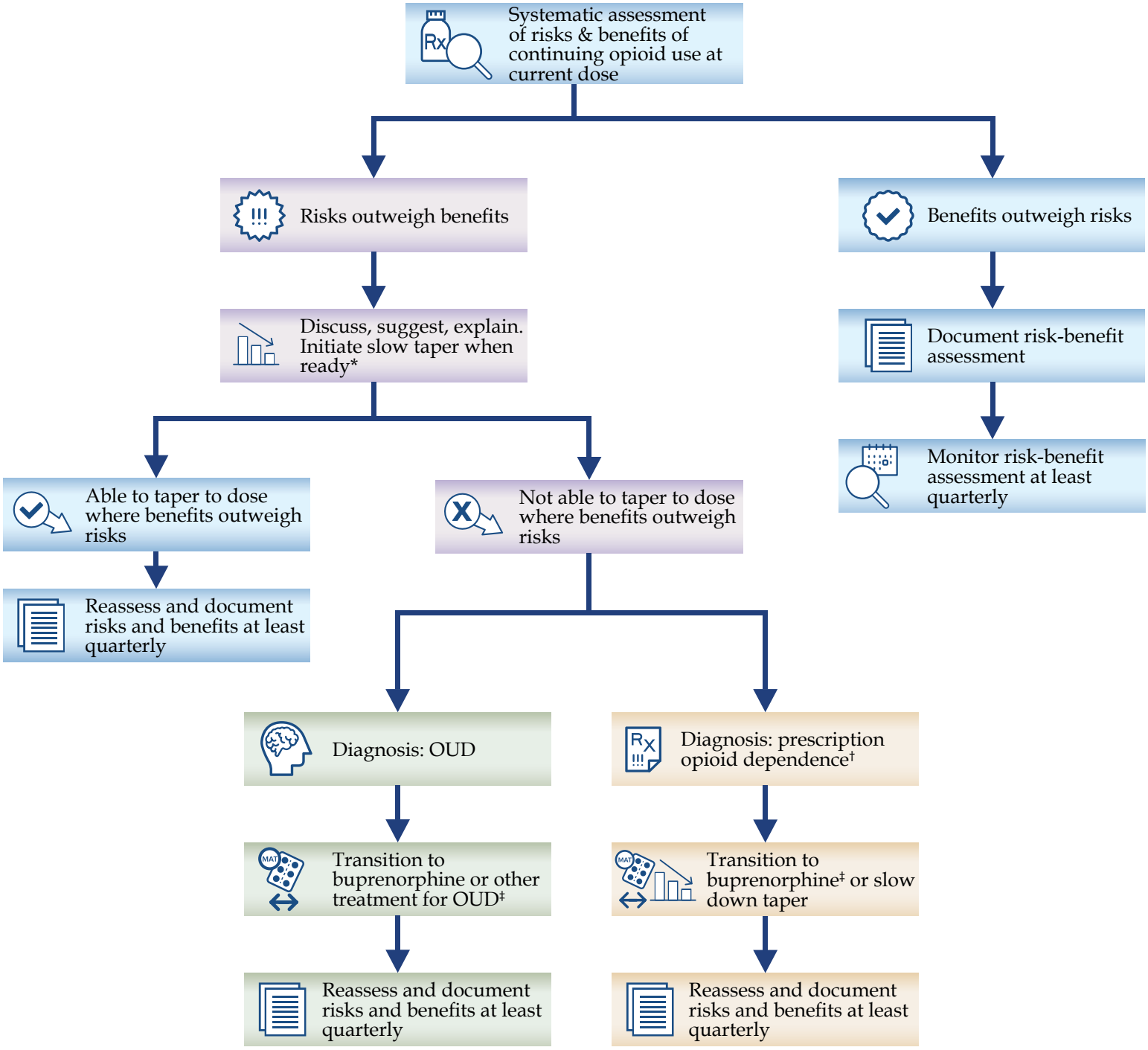
The principles that underlie these guidelines are the following:

- Pain management, with or without opioids, should be patient-centered, trauma-informed and based on current pain science.
- The overarching goals for opioid tapering are to improve patient safety, to maintain or improve functional status, and to improve quality of life through provision of compassionate care.
- The tapering guidelines are intended to encourage conversations between clinicians and patients; promote patient engagement and shared decision-making; support informed consent; and apply easily to different practice settings.
- Tapering plans should be individualized, clear, flexible, and include realistic goals.
- Health systems and payers must support a team-based, integrated approach to the tapering process and ensure access to non-opioid and non-pharmacologic pain therapies, including broad multidisciplinary supports as needed.

Clinical Pathway for Long-Term Opioid Therapy Management:

As referenced in the HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics, the Clinical Pathway for Long-Term Opioid Therapy Management flow chart is a tool for clinicians, health systems and organizations. It is the responsibility of clinicians and organizations to use up-to-date materials. See page 3 for the flow chart. ✚

Clinical Pathway for Long-Term Opioid Therapy Management



* Recommendations for successful tapers using the BRAVO framework: Broach the subject with empathy (acknowledge anxiety and be clear that tapering is not punitive), Risk–benefit assessment (address effects on pain a function, risk for overdose and addiction, and other adverse events), Addiction assessment (normalize addiction and initiate appropriate management if OUD emerges), Velocity and Validate (do not taper too quickly, slow down if needed, and validate the pain of withdrawal), Other strategies for coping with pain (implement nonopioid alternatives for pain treatment).

† Characterized by persistent difficulty with tapering and meeting ≤1 DSM-5 criterion, excluding withdrawal and tolerance. Other features include negative affect, reward deficient, and social isolation.

‡ Maintenance therapy with an opioid agonist, partial agonist, or antagonist is considered standard of treatment for OUD because of improved outcomes compared with tapering and withdrawal. Clinicians must undergo training and obtain a waiver from the Drug Enforcement Administration to prescribe sublingual and buccal formulations of the partial opioid agonist buprenorphine (with or without naloxone) for treatment of OUD. Use of these buprenorphine formulations for chronic pain or prescription opioid dependence without OUD is currently off-label.

OMB Welcomes New Board Members

Ali Mageehon, PhD

Ali Mageehon, PhD, has lived in Oregon since 2009. Her background in education and teaching has led to a career in higher education, with over twenty years of experience teaching and serving as a leader in diverse community college settings. Her work with allied health and public safety programs in her current role as Vice President of Instruction at Southwestern Oregon Community College has led to an interest in issues around providing quality health care in rural regions. Dr. Mageehon is involved in her local community through service as a board member on the Southern Oregon Workforce Investment Board and on the Coos Head Food Co-Op Board.

Dr. Mageehon obtained a Bachelor of Arts in English from the University of Denver, a Master of Arts in Rhetoric and Composition from the University of Colorado at Denver, and a PhD in Higher Education with an emphasis in Adult Pedagogy from the University of Denver. She has published in multiple peer reviewed journals, as well as has a published monograph on the Value, Belief and Experience in Women's Jail Based Education.

In her spare time, Dr. Mageehon enjoys reading, cooking, yoga, running, and playing with her two dogs.

Jill Shaw, DO

Jill Shaw, DO, is a board-certified Obstetrician and Gynecologist. She completed her B.A. in Human Biology at Stanford University and received her Doctor of Osteopathic Medicine from Ohio University of Osteopathic Medicine. She completed an internship at Firelands Regional Health System and her OB/GYN residency at Akron General Medical Center. Dr. Shaw brings many awards to her medical practice experience in Oregon, including the Social Medicine/Medical Humanities Award from Ohio University College of Osteopathic Medicine. She was also honored as the Mentor of the Year at Firelands Region Health System.

Dr. Shaw was a solo practitioner OB/GYN in SE Portland prior to being one of four founding members of the OB/GYN Division at The Oregon Clinic in 2012. Her clinical areas of focus included minimally invasive daVinci® laparoscopic hysterectomies and surgical solutions for benign gynecologic conditions. Dr. Shaw was the top-ranked provider in Patient Satisfaction ratings through the National Research Corporation at The Oregon Clinic from 2017-2019. Dr. Shaw left The Oregon Clinic at the end of December 2019 to take a sabbatical, expand her provider wellness work, and pursue part-time gynecologic employment.

When she isn't working, Dr. Shaw enjoys volunteering, hiking in the woods and foraging for edible mushrooms in season while exploring Oregon's great outdoors.

Dr. Shaw succeeds Dean Gubler, DO, who completed two consecutive terms after joining the Board in 2014. Dr. Gubler served the Board as Vice Chair in 2017 and Chair in 2018 and 2019. The Board would like to thank Dr. Gubler for his years of service and dedication to the health, safety, and wellbeing of Oregonians. ✚

Acupuncture License Renewal Happening Now; On-Cycle Limited License Applications Available

Acupuncture License Renewal: Current acupuncture licenses are set to expire on June 30, 2020. A license not renewed by this date will lapse, and the licensee may not practice. Practicing acupuncture with a lapsed license is considered practicing acupuncture without a license, a felony offense and grounds for disciplinary action.

Please complete your renewal by June 1 to ensure Board staff have time to review and process the renewal application. A renewal notification is not required for you to renew your license.

Visit our online system to renew your license and, if necessary, update your home, mailing, and practice addresses in our records.

On-Cycle Limited Licenses: The Oregon Medical Board offers several limited licenses for professionals who may not need a full license or who may not qualify for a full license. For details on the scope of practice for each of the available limited licenses, please refer to the OMB's License Definitions page.

If you are applying for a limited license during the "on-cycle" season (to begin your training program in the summer months), check with your Graduate Medical Education (GME) office to ensure that you are applying for the correct license type. **Please note that refunds will not be issued should you apply for the wrong type of license.**

Need assistance? Contact licensing@omb.oregon.gov. ✚

Framework for Restarting Non-Emergent and Elective Procedures in Hospitals, ASCs, and Medical and Dental Offices

Governor Kate Brown has released a public health framework for restarting public life and business in Oregon. This plan outlines the necessary tasks, discrete steps, and guidelines for step-by-step reopening. Among those important tasks is a look at how and when to resume non-emergent and elective procedures requiring personal protective equipment (PPE) that were postponed as a result of Governor Brown's Executive Order No. 20-10. **Hospitals, surgical centers, medical offices, and dental offices that meet the requirements established in the framework may be able to resume non-urgent procedures effective May 1, 2020.**

For full details of the framework, please review the following:

- Framework for Restarting Non-Emergent and Elective Procedures in Hospitals and Ambulatory Surgical Centers
- Framework for Restarting Non-Emergent and Elective Procedures in Medical and Dental Offices

Statement of Philosophy: Supporting Licensees with Substance Abuse and Mental Health Disorders

The foremost mission of the Oregon Medical Board (Board) is the protection of Oregon's citizens from the practice of medicine by unqualified, incompetent or impaired medical providers. Secondarily, the Board supports its licensees in remaining in or returning to the safe practice of medicine. The Board participates in the Health Professionals' Services Program (HPSP), a rehabilitation and monitoring program for licensees with substance abuse or mental health disorders. HPSP was established in July 2010 as a statewide, confidential resource; it is the successor to the Health Professionals Program (HPP), which was in place for the preceding 20 years.

Licensees who participate in treatment and monitoring are very often successful in returning to safe and productive practice. Experience in Oregon and nationally indicates that anything short of this standard of comprehensive monitoring leads to a markedly higher failure rate.

The Board encourages licensees to attend to any substance use or mental health diagnosis and has adopted the following referral policy regarding the HPSP monitoring program.

Self-referral: Licensees may participate in HPSP through a "self-referral" if there has been no impact on patient care and no impairment in the workplace or in the licensee's ability to practice. Voluntary HPSP participants require no further action relative to licensure, and they will not be reported to the Board so long as they successfully engage in the program.

Board referral: Licensees may be referred to HPSP by the Board through an investigation or through the license application process when the licensee has a substance use or mental health diagnosis that does or may impair the ability to practice safely. Licensees who have been impaired in the workplace or while scheduled to work (including on call) are referred to HPSP through the investigative and disciplinary process.[1] If the Board believes a licensee is not safe to practice without monitoring through HPSP, and if the licensee chooses not to participate in or comply with the terms of the HPSP agreement, the licensee will be subject to denial of licensure or discipline, up to and including suspension or revocation of licensure.[2]

The Board recognizes that self-referral is vastly superior to disciplinary action. Early identification and treatment – prior to impairment – is the obvious preference. All licensees and their organizations are encouraged to promote early intervention. When the Board refers a licensee to HPSP through the disciplinary process, it is often possible for the licensee to return to practice as soon as they are successfully participating in the program and they have been deemed safe to practice by an appropriate health care provider.

The Board strives to assure licensees with a substance use or mental health diagnosis that their future success is one of the Board's goals. Substance use or mental health conditions do not have to destroy a professional's career, personal life, or professional standing. With proper treatment and follow-up, licensees can continue the successful practice of their medical profession. ✚

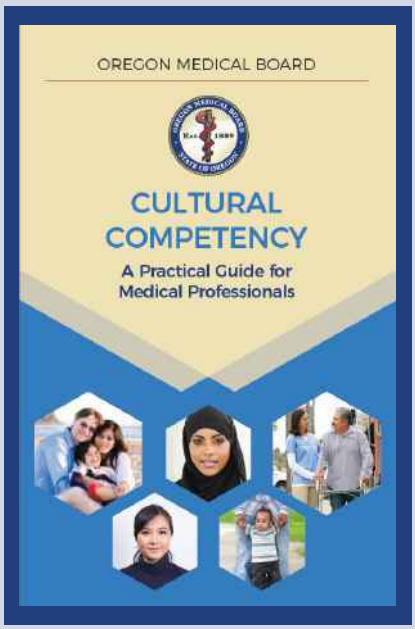
-Adopted 2007
-Revised October 2010
-Revised April 2020

1. State law requires that all impaired licensees be reported to the Board (ORS 676.150).
2. Medical Practice Act violations are enumerated in ORS 677.190.

Cultural Competency: A Practical Guide for Medical Professionals

The OMB's publication, Cultural Competency: A Practical Guide for Medical Professionals, is now available to all licensees free of charge, including shipping. To receive your copy, visit our Cultural Competancy webpage and fill out an order form.

In 2019, the Oregon Legislature passed House Bill 2011 mandating cultural competency continuing education as a condition of license renewal that is operative on July 1, 2021. The Board is working with stakeholders and the other health professional boards to develop rules and implementation timelines. The Oregon Health Authority provides a list of current cultural competency continuing education opportunities, which are available through the Office of Equity and Inclusion. ✚



OMB Strategic Plan 2020-2022

Provide Optimal Staffing and Resources to Meet Evolving OMB Customer Needs

Recruit and Retain the Highest Qualified Board and Committee Members

Continually Improve Access to Quality Care Through Efficient Management and Renewal of Licensure

Increase Outreach and Education to the Public, Licensees, Agency Stakeholders, and Partners

Investigate Complaints Against Licensees and Applicants; Ensure Board Members Have Sufficient Facts and Information to Take Appropriate Action

Remediate Licensees to Safe, Active, and Useful Service to Oregon's Citizens

Promote and Maintain the Wellbeing of OMB Applicants and Licensees

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at omb.oregon.gov/rules.

PROPOSED RULES

First Review. Written comments accepted until 5 p.m. on May 29, 2020, via email to elizabeth.ross@omb.oregon.gov.

OAR 847-001-0030: Delegating authority to terminate Interim Stipulated Orders to the Executive Director or Medical Director.

The proposed rule amendment delegates the Board's authority to terminate an Interim Stipulated Order to the Executive Director or Medical Director if the licensee meets criteria specified by the Board. When a licensee has an identified substance abuse or mental health concern, the licensee may step out of practice. Once a licensee is successfully engaged in the Health Professionals' Services Program (HPSP), the licensee's care providers may determine the licensee is safe to return to practice. Currently, the licensee waits until the Investigative Committee and Board review before being allowed to return to practice. By delegating the authority, licensees will be able to safely return to practice sooner.

ADOPTED RULES

OAR 847-010-0120: Adopting Prescription Drug Monitoring Program registration rule.

The rule aligns with the requirement in HB 4143 (2018) for all Board licenses to register for the Prescription Drug Monitoring Program (PDMP) if they have a United States Drug Enforcement Agency (DEA) registration to prescribe in Oregon. The Oregon Health Authority adopted OAR 333-023-0825 to implement the requirement in HB 4143 (2018). The Board's rule mirrors the OHA rule and provides clear notification of the requirement for Board licensees to register for PDMP.

OAR 847-070-0045: Amends acupuncture rules for re-entry to practice.

The amendment updates acupuncture rules for re-entry to practice that a Consent Agreement for Re-Entry to Practice is required when an applicant has ceased practice for a period of 24 or more consecutive months and an applicant who ceased practice for 12 or more consecutive months may be required to complete certain requirements to establish competency.

PDMP Registration Requirements

Board licensees with an active Oregon DEA number and Oregon License are required to register for the Prescription Drug Monitoring Program (PDMP) per ORS 431A.877 and OAR 847-010-0120. The PDMP is administered by the Oregon Health Authority. Any questions or issues with registration or use of the PDMP should be directed to PDMP.HEALTH@ state.or.us.

Register Online: oregon.pmpaware.net

Additional Information: oregon.gov/omb/Topics-of-Interest/Pages/Prescription-Drug-Monitoring-Program.aspx

Required for Registration:

- Access to a PC, tablet, or smart phone
- NPI and DEA number
- Digital (scanned) copy of government issued identification, such as passport or state-issued driver's license

COVID-19 Temporary Rules

847-010-0068: Practice in Oregon by Physicians and Physician Assistants in the Event of an Emergency
The Oregon Medical Board filed a temporary rule to increase the potential number of physicians and physician assistants who can care for patients in Oregon during a declared emergency. The temporary rule reduces practice restrictions for Locum Tenens and Emeritus status licensees during the declared emergency. The rule also provides a streamlined reactivation process for a qualified group of physicians and physician assistants during a declared emergency. The temporary rule is valid from March 20, 2020 through September 15, 2020. Please see the Board's **COVID-19 webpage** for additional details.

847-035-0032: Emergency Medical Services Providers in the Event of an Emergency
The Oregon Medical Board adopted a temporary rule to provide flexibility in the scope of practice for emergency medical services (EMS) providers during the period of the COVID-19 declared emergency. The temporary rule provides this flexibility only under a supervising physician's standing orders and within the protocols established by the State of Oregon EMS Medical Director, subject to such limitations and conditions as the Governor or Oregon Medical Board may prescribe. The temporary rule is valid from April 1, 2020 through September 27, 2020.

Important Rulemaking Actions by Other State Agencies:

855-007-0085: Prescriptions for Chloroquine and Hydroxychloroquine During COVID-19 Public Health Emergency
The Oregon Board of Pharmacy adopted a temporary emergency rule to prohibit the dispensing of chloroquine and hydroxychloroquine for presumptive treatment or prevention of COVID-19 infection to preserve supplies for treatment of malaria, inflammatory conditions, and documented COVID-19 infection in hospitalized patients. Pharmacists are permitted to dispense chloroquine and hydroxychloroquine to hospitalized patients or seriously-ill patients in any institutional setting, including nursing facilities and correctional facilities, with a positive test result for or clinical diagnosis of COVID-19. For more information, read the **Emergency Chloroquine and Hydrochloroquine Rule FAQs** document. This temporary rule is valid from April 2, 2020, through September 20, 2020.

Temporary Rules from the Oregon Health Authority:

- **333-265-0058: Emergency Temporary EMS Provider License**
- **410-130-0610: Amends Telemedicine Rule To Align With Updated Practice Guidelines And Respond To Infectious Disease Outbreaks**
- **410-141-3830: Updates to the Prioritized List of Covered Health Services to Improve Access to Telehealth**
- For more information, visit **healthoregon.org/coronavirus**.

Board Actions

January 16, 2020 - April 15, 2020

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

AUTOMATIC SUSPENSIONS

WENBERG, Kenneth F., MD; MD14131
Heppner, OR
On January 31, 2020, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license due to his incarceration in a penal institution. Automatic suspension is required by ORS 677.225.

INTERIM STIPULATED ORDERS

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

BULLARD, Amicia G., PA; PA00783
Tigard, OR
On February 18, 2020, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

CODE, Patrick T., DPM; DP00220
Medford, OR
On February 20, 2020, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing of all any Scheduled II-IV controlled substances pending the completion of the Board's investigation into his ability to safely and competently practice podiatric medicine.

TOWNSEND-FIXOTT, Dawna-Marie, MD; MD25339
Redmond, OR
On March 16, 2020, Licensee entered into an Interim Stipulated Order to voluntarily cease the initiation of chronic pain treatment with opioids; taper current chronic pain patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and obtain an annual EKG for all patients taking methadone pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

VOGT, Amber J., DO; DO179860
Clackamas, OR

On February 19, 2020, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

NON-DISCIPLINARY BOARD ACTIONS

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

CORRECTIVE ACTION AGREEMENTS

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

LEWIS, Jack B., MD; MD28015
Brookings, OR

On April 2, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on communication and anger management.

MUCHA, Terrace R., MD; MD153918
Bend, OR

On April 2, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on EKG interpretation and to have all EKGs overread by a pre-approved mentor who will provide reports to the Board for at least eighteen months.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

ALLEN, Scott M., MD; MD158258
Klamath Falls, OR

On February 5, 2020. Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for three months.

COWLES, Robert M., LAc; AC196665
Happy Valley, OR

On February 27, 2020, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 280-hour mentorship with a Board-approved clinical supervisor.

HERMAN, Eric D., MD; MD196485
Mercer Island, WA

On February 3, 2020. Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 12 months.

OVERMAN, Kyle A., AC; Applicant
Portland, OR

On March 23, 2020, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete an 80-hour mentorship with a Board-approved clinical supervisor and complete 30 hours of continuing education.

PERFECTO, Claudia R., LAc; AC193430
Tualatin, OR

On January 30, 2020, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 120-hour mentorship with a Board-approved clinical supervisor.

SAS-CIAMPOLI, Brianna G., LAc; AC196872
Portland, OR

On February 27, 2020, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete an 80-hour mentorship with a Board-approved clinical supervisor and complete 30 hours of continuing education.

WEAVER, Erin E., LAc; AC196824
Portland, OR

On February 20, 2020, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete an 80-hour mentorship with a Board-approved clinical supervisor and complete 18 hours of NCCAOM-approved CEUs.

DISCIPLINARY ACTIONS

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

ABREU, Enrique A., DO; DO25617
Portland , OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating any Board order or rule. This Order reprimands Licensee; assesses a $10,000 civil penalty; suspends Licensee's license for six months, with the final two months of suspension held in abeyance; places Licensee on probation for ten years; requires the presence of a medically trained chaperone for all clinical encounters with female patients; restricts Licensee from treating patients with IV infusions for a mental health condition without a psychiatrist referral; restricts Licensee from treating patients with oral anti-depressant medications; and subjects Licensee's practice to no-notice chart audits and office visits by the Board's designee.

CARDWELL, Kevin W., PA; PA177486
Corvallis, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; repeated acts of negligence; willful violation of any rule adopted by the Board; refusing an invitation for an informal interview with the Board; prescribing controlled substances without following accepted procedures for examination of patients or for record keeping; and failing to self-report within 10 days any official action taken against Licensee. This Order surrenders Licensee's physician assistant license while under investigation.

CULL, Anthony S., MD; MD25143
Portland, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; obtaining any fee by fraud or misrepresentation; and gross or repeated acts of negligence; and making a fraudulent claim. This Order surrenders Licensee's medical license while under investigation; reprimands Licensee; and assesses a civil penalty of $5000, with $2500 held in abeyance.

JOHNSTON, James P., DO; Applicant
Matthews, NC

On March 5, 2020, the Board issued a Default Final Order for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for or procuring a license to practice medicine in this state; failing to comply with a Board request; willfully violating any Board rule; and lack of moral character. This Order denies Applicant's license application and assesses a $2,000 civil penalty.

JUTLA, Rajninder K., MD; MD27622
Lake Oswego, OR

On March 5, 2020, the Board issued a Default Final Order for unprofessional or dishonorable conduct; obtaining any fee by fraud or misrepresentation; repeated acts of negligence; making a fraudulent claim; and prescribing controlled substances without a legitimate medical purpose. This Order revokes Licensee's medical license and assesses a $5,000 civil penalty.

KREBS, Richard M., MD; MD170913
Portland, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for a license to practice in this state; and willful violation of any Board rule. This Order surrenders Licensee's medical license while under investigation.

POWELL, Kelly S., DO; Applicant
Bend, OR

On April 2, 2020, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for a license to practice in this state; and willful violation of any Board rule. With this Order, Applicant withdraws his application for licensure while under investigation.

REAGAN, Charles Peter, MD; MD19027
Coos Bay, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willful violation of any rule adopted by the Board; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order retires Licensee's medical license while under investigation.

RUSSELL, Trent J., PA; PA174765
Portland. OR

On March 5, 2020, the Board issued a Default Final Order for unprofessional or dishonorable conduct and willful violation of a Board rule. This Order revokes Licensee's physician assistant license and assesses a $2,000 civil penalty.

STRICKLER, Rex G., PA; PA01028
Medford, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's physician assistant license while under investigation.

TAMBAKIS-ODOM, Constance R., MD; MD166388
Jacksonville, NC

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for disciplinary action against her medical license by another state and willful violation of any Board rule. This Order reprimands Licensee and assesses a civil penalty of $500.

TAYLOR, Tressa R., MD; Applicant
Grants Pass, OR

On April 2, 2020, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for a license to practice in this state; and willful violation of any Board rule. With this Order, Applicant withdraws her application for licensure while under investigation and is assessed a civil penalty of $5,000.

VON DIPPE, Patrick B., MD; MD27158
Coquille, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and impairment. This Order reprimands Licensee and requires Licensee to remain enrolled and in good standing in a monitoring program.

WEBSTER, Kim B., MD; MD15098
Portland, OR

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. This Order retires Licensee's medical license while under investigation.

YOUNG, Michael P., MD; MD25086
Springdale, UT

On April 2, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and making a fraudulent claim. This Order surrenders Licensee's medical license while under investigation.

PRIOR ORDERS MODIFIED OR TERMINATED

BOESPFLUG, Randolph R., MD; MD15363
Dallas, OR

On April 2, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's 2015 Stipulated Order by removing term 4.4.

CODE, Patrick T., DPM; DP00220
Medford, OR

On March 5, 2020, the Board issued an Order Terminating Board Order. This Order terminates Licensee's July 17, 2019, Interim Stipulated Order.

POPOWICH, Yale S., MD; MD26661
Portland, OR

On April 2, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies term 4.12 of Licensee's 2019 Stipulated Order.

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

On April 2, 2020, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies term 4.2 of Licensee's 2018 Corrective Action Agreement.

FEDERATION OF STATE MEDICAL BOARDS

The Federation of State Medical Boards is continuously updating its **COVID-19 website** with information, resources and helpful links to assist our member boards, licensees and the public.

The site includes FSMB Updates, State Emergency Declarations and Licensing Waivers, State Health Department Updates, and more.

For the latest information, please **click here**.

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Office Hours

Monday - Friday, 8 a.m. - 5 p.m.
(closed 12 p.m. - 1 p.m.)

Office Closures

Notice: OMB staff are available by phone and email; however, the OMB offices are currently closed to the public. Please contact OMB staff at 971-673-2700 or info@omb.oregon.gov. For questions about COVID-19, click here.

Monday, May 25 - **Memorial Day**

Friday, July 3 - **Independence Day**

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Statement of Purpose

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