OREGON MEDICAL BOARD
REPORT

Vol. 134 No. 2 | Spring 2022 | oregon.gov/OMB

Inside This Issue

Focus on Wellness....1
COVID-19 Vaccine Exemptions....2
Rick Goldstein, MD, Joins OMB....3
Dr. Lorna Breen Health Care Provider Protection Act....3
Legislative Update....3
From the Desk of the Medical Director....4
Increased Patient Access Under 21st Century Cares Act....5
Update: Sexual Misconduct Workgroup....5
Acupuncture Advisory Committee Opening....7
Statement of Philosophy: Telemedicine....8
Health Care Interpreter Requirements....9
PA Modernization....9
Administrative Rules....10
Board Actions....12

Upcoming Meetings

May 20, 9 a.m.
EMS Advisory Committee

June 2, 8 a.m.
Investigative Committee

June 3, Noon
Acupuncture Advisory Committee

June 8, 5 p.m.
Administrative Affairs Committee

July 7-8, 8 a.m.
Board Meeting

Visit omb.oregon.gov/meetings for a complete list of upcoming meetings.

Focus on Wellness: Resources Available to Oregon Licensees

Jill Shaw, DO | Oregon Medical Board

Imagine practicing medicine in a world where provider well-being is both a core value and a daily practice.

Although organizational level interventions to address drivers of burnout are in progress all over the country, Dr. Vivek Murthy, the Surgeon General, has stated that burnout in health care is a national crisis. Thanks to the February 2022 passage of a new federal law (*see page 3 for information*), there will be a national campaign to encourage physicians and other health professionals to seek support and treatment for mental health and behavioral health concerns. There has also been grant funding for current health professionals, as well as medical students and nursing students, to help educate them on evidence-based strategies to reduce burnout and prevent mental and behavioral health conditions.

Here are just two of the most impactful things I've learned during my time serving on the Oregon Medical Board:

- Oregonians want their medical professionals to thrive.
- Some providers struggle to know that it is okay to get help.

As I start my third year of service on the Board, I wonder how to promote provider well-being within a regulatory framework.[1, 2, 3] And how do we, the licensees, promote community across a wide variety of practice settings?

The growing body of evidence supports a number of interventions that promote intentional professional connection, so no one delivers care alone. The following are just a few options for consideration. Think of these as complimentary strategies to be deployed in combination with organizational approaches[4,5] to improve system level drivers of work-related stressors and as a continuation of Lori Govar's article about stress responses and self-care practices featured in the Fall 2021 edition of the ***OMB Report***.

Continued on page 6

OMB Welcomes New Board Member

The Oregon Medical Board is pleased to announce Dr. Rick Goldstein as its newest member. Dr. Goldstein was sworn in on April 7, 2022.

Continued on page 3

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.

COVID-19 Vaccine Exemptions: What You Need To Know

Dawn Nolt, MD, MPH | Professor of Pediatrics, Division of Infectious Diseases, OHSU Doernbecher Children's Hospital

According to the Centers for Disease Control and Prevention (CDC),[1] there are only three reasons (or absolute contraindications) for an individual to receive a legitimate medical exemption against a particular COVID-19 vaccine:

- History of severe allergic reaction (anaphylaxis) after a previous dose or to a component of a COVID-19 vaccine
- History of a known diagnosed allergy to a component of a COVID-19 vaccine
- Specific to the J&J vaccine: having experienced TTS (thrombosis with thrombocytopenia) with a previous J&J vaccine dose or a related adenovirus vaccine (such as AstraZeneca – available outside the U.S.)

A person can only claim to have an absolute contraindication to COVID-19 vaccine if they have already received one dose of a COVID-19 vaccine previously, or received a vaccine with a similar technology. As for the latter, mRNA technology and viral vector technology used in the COVID-19 vaccines are not common occurrences outside of rare medical situations such as cancer treatment or Ebola prevention. It is extremely uncommon, therefore, for a person to qualify for a legitimate medical exemption from COVID-19 vaccination.

Individuals may feel that they have legitimate reasons for medical exemptions, despite knowing that there are only three absolute contraindications against COVID-19 vaccination. Commonly cited concerns which do not qualify for medical exemptions include:

- Allergies to food, medications, latex, pets, insects or environmental triggers
- Fear of injections or needles
- Previous history of normal vaccine side effects (such as a sore arm, fatigue, and fever)
- History of COVID-19 infection
- Concerns that COVID-19 vaccines may worsen an underlying medical condition
- Concern that COVID-19 vaccines may impact fertility or pregnancy

Individuals who have concerns about allergic responses, or who may actually desire COVID-19 vaccination despite having a medical exemption, may be offered consultation by a qualified allergist.

All vaccine recipients should be told (or reminded) that there are common vaccine-associated side effects, which are normal. These can include pain and swelling at the injection site, as well as fever, chills, tiredness, and headaches. These should go away within a few days, but individuals should seek medical attention if side effects do not seem to improve.

Safety monitoring of the approved/authorized COVID-19 vaccines is the most intense and comprehensive in U.S. history. One example of safety monitoring is the CDC's COVID-19 Vaccine Safety Technical workgroup (VaST), which meets weekly to review all reported adverse events following COVID-19 vaccination.[2] It is impressive that the list of absolute contraindications remains so small given both the large number of vaccine doses given in the U.S. and the intensive scrutiny of vaccine safety.[3]

1. cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#contraindications
2. cdc.gov/vaccines/acip/work-groups-vast/index.html
3. doi.org/10.1016/S1473-3099(22)00054-8

Masks are Still Required in Health Care Settings

Although mask requirements have been lifted in many indoor spaces, masks must still be worn in health care settings to protect patients, visitors, and employees. Health care settings include:

- Hospitals
- Doctor Offices
- Dentist Offices
- Acupuncture Offices
- Urgent Care
- Dialysis Centers

Visit **healthoregon.org/coronavirus** or review OHA's **Health Care Settings Masking Requirements FAQ** for more information.

Rick Goldstein, MD, Joins Oregon Medical Board

Dr. Rick Goldstein is an internal medicine physician with additional training in endocrinology.

He has a Bachelor of Science degree in biology and chemistry from Middlebury College in Vermont, and earned his medical degree at Oregon Health & Science University. After medical school, he served an Internal Medicine residency at the University of California, San Francisco, with consequent board certification. After 15 years of Internal Medicine practice, he followed his passion and took advanced Endocrinology training at St. Bartholomew's Hospital, Queen Mary School of Medicine, in London, UK.

Dr. Goldstein's initial position after residency was teaching in the residency program at Legacy Hospitals in Portland, where he also provided care at the Multnomah County HIV Clinic and served as medical director of a skilled care facility (this leading to certification in geriatrics). Thereafter, he moved to Terrebonne and practiced the full scope of internal medicine as a rural physician in Redmond, OR. The burdens of rural practice, including being on call every three days, led him to transfer his practice to the Bend Memorial Clinic main campus in Bend. This allowed him to continue to see patients both in and out of the hospital and provide substantial care for chronic viral infections, including HIV and HCV. After his endocrinology training, he practiced in this specialty until retiring from the Bend Memorial Clinic in 2017. He then went on to perform locum tenens assignments in Newport, Corvallis, and most recently Eugene, practicing part time at the Lane County Community Health Clinic as a primary care provider in the Federally Qualified Health Clinic.

Dr. Goldstein succeeds Jennifer Lyons, MD, whose service to the Board over the previous six years has been deeply appreciated.

Licensees interested in future Board service may visit the **OMB's website** for more information on the Board appointment process. ✚

Dr. Lorna Breen Health Care Provider Protection Act Signed Into Law

President Biden recently signed into law an Act that establishes grants and requires other activities to improve mental and behavioral health among health care providers. Public Law 117-105, called the Dr. Lorna Breen Health Care Provider Protection Act, named for an ED physician who lost her life to suicide in April 2020 after treating patients with COVID-19. Section 3(a) specifically notes "(1) to encourage health care professionals to seek support and care for their mental health or substance use concerns, to help such professionals identify risk factors associated with suicide and mental health conditions, and to help such professionals learn how best to respond to such risks, with the goal of preventing suicide, mental health conditions, and substance use disorders; and (2) to address stigma associated with seeking mental health and substance use disorder services. ✚

Legislative Update: Telemedicine & Volunteer Providers

In February 2022, the Oregon Legislature held a short session to review and adopt laws. Two adopted bills are relevant to the Board:

- **HB 4034 (2022): Telemedicine (and other provisions related to health care)**
  Section 14, defines telemedicine as the provision of health care services to a patient by a physician or PA from a distance using electronic communications, including synchronous technologies to facilitate an exchange of information in real time or asynchronous technologies to facilitate an exchange in other than real time. The bill specifies telemedicine may be used to provide health care services, including the establishment of a patient provider relationship, the diagnosis or treatment of a medical condition or the prescription of drugs, to a patient physically located in this state. The bill was effective on March 23, 2022.
- **HB 4096 (2022): Volunteer Providers**
  HB 4096 allows a health care practitioner authorized in another state to practice in Oregon without compensation for 30 days without obtaining Oregon licensure, including physicians and PAs starting January 1, 2023. The Board will work on adopting rules implementing this process. ✚

From the Desk of the Medical Director: Open Notes Don't Help

David Farris, MD / Medical Director, OMB

Show of hands, please: Who thought having patients read their own medical records was a good idea? ...I thought so.

The OMB has received complaints from people who completely misinterpret what they read on their charts, or worse, truly believe the licensee falsified the records, in some cases believing they're seeing a conspiracy among providers. Complainants have gone to state legislators, the Governor, Congress, the DOJ, the FBI, and the Civil Rights Commission when dissatisfied with our determination. They believe we are condoning malpractice.

Open notes aren't a new idea. Patients have had the right to access their medical records since HIPAA was passed way back in 1996, but the bipartisan 21st Century Cures Act made "information blocking" in the EMR illegal, and as of April 5, 2021, access must be quick and free. This was designed to give patients "safe and secure access to health data so they can better manage their care and make more informed healthcare decisions." Mention was made that communication and trust between patients and providers would improve.

I searched for studies. Dr. Google offers this facile tidbit: "The studies revealed that patients' access to medical records can be beneficial for both patients and doctors, since it enhances communication between them whilst helping patients to better understand their health condition. The drawbacks (for instance causing confusion and anxiety to patients) seem to be minimal." Most of what I could find was several years old and had to do with postulate, hopes, and dreams. Outcome studies were less than robust and results were mixed at best. A 2021 study from Denmark found that "most patients (81/98, 77%) were interested in viewing their visit notes, whereas most physicians (262/345, 75.9%) were opposed to allowing patients to view their visit notes. Most patients (54/90, 60%) expected the notes to be written in layman's terms, but most physicians (193/321, 60%) did not want to change their writing style to make it more understandable for patients."

I am unsurprised. Patients commonly demand their records be cleared of things they see as derogatory: excessive alcohol, drug addiction, a history of violence. A patient was adamant – multiple letters to various levels of authority – that "rectal fistula" be removed from a 10-year-old problem list.

A livid patient noted his white cell count of 15 was abnormal and took this to mean multiple licensees had ignored his total body inflammation. The records showed he was looking at a urinalysis, not a blood sample. 15 white cells in urine is abnormal, but not diagnostic even of a UTI and hardly a sign of lupus, a possibility the patient read online.

In an example of true rupture of a doctor-patient relationship, a man made an appointment with a provider specifically to express his complete disgust with a primary care provider who had taken good care of the patient for over a decade. The man had an exacerbation of his longstanding, thoroughly worked up dyspnea, discovered upon new imaging to have been exacerbated by a perihilar mass not present on imaging three months prior. The patient lost all faith when they read a differential diagnosis online that did not have perihilar mass on the list, not realizing that a differential diagnosis that ranked causes of chronic dyspnea in order of likelihood would have new perihilar mass on the second page.

I'm sure there is some sampling error here. The OMB is the Complaint Department for medicine in Oregon. No one is sending us anecdotes of "improved communication and trust between patient and provider."

What can we do about it? Stop recording things like "morbid obesity?" No. It's a diagnosis, not a judgment, and surely a cofactor and contributor in other complications like hypertension and diabetes. Should we stop recording cocaine addiction? Again, no. When a patient is in the ED with a hypertensive crisis, a quick diagnosis may be lifesaving.

Can we educate patients on what they're seeing? Probably not. The language of medicine is truly arcane and will never be otherwise. Those who think the medical record can be written in terms a layperson can understand may be delusional. Pages and pages of explanation would not touch what the clinician took years of training to learn–and understand. And even if any of us had time to write such things, they could always be undermined by the internet (see "vaccine harm").

It was hoped that patient notes would take on a new tone. One that tells the patient's whole story, but expunging unpleasantness will not serve the patient. The inflamed distrust is destroying patients' faith in their providers.

So, is there hope? Searching "open notes" in UpToDate finds an article that "identified seven dimensions of care that are a concern to patients: respect for patient values, care coordination, communication with providers, enhancing physical comfort, emotional support, involving family and friends, and managing care transitions." The authors propose that "a 'Patient's Review,' analogous to a review of systems, may encourage the primary care clinician systematically to address the non-technical aspects of care." While this certainly sounds like a work layered onto the onerous documentation already burdening outpatient medicine, it would appear to be far better for patients than having them wander unguided through their own records and actually might improve their relationships with their providers. And note, it **does not** begin with patients reading their charts. ✚

Increased Patient Access Under the 21st Century Cures Act: What it Means for Providers

This article was written by Erin Smith Aebel of Trenam Law and was originally published in April of 2021. The OMB has edited this article for clarity.

The 21st Century Cures Act is a bipartisan-backed law passed in 2016 and implemented by rules in 2020. It is designed to give patients safe and secure access to health data so they can better manage their care and make more informed healthcare decisions. The Act's goal is to make electronic health records available to patients without cost or delay. Rules issued under the Act are designed to prevent "information blocking." Importantly, providers must make "clinical notes" available to patients without charge [as of] April 5, 2021. Health care providers need to be ready to share certain electronic health records with patients by this deadline and avoid claims of "information blocking" in violation of the rule. This is the implementation of the philosophy of "open notes" meaning the patients should generally have full and unfettered access to their notes.

Eight types of clinical notes must be shared: Consultation notes, discharge and summary notes, history and physical, imaging narratives, laboratory report narratives, pathology report narratives, procedure notes and progress notes. Some exceptions exist such as psychotherapy notes. These are notes that are separated by the rest of an individual's medical record and are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or group, joint or family counseling session. That being said the mental health provider still must share information on medication prescription and monitoring. Another exception is for medical records compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding.

Providers are forbidden from engaging in "information blocking." This is defined as anything formally restricting the access or use of electronic health information "EHI" through contracts or policies. It also means unnecessarily slowing or delaying access or limiting the timeliness of access to EHI or charging for EHI. Some exceptions to information blocking exist. For example, a provider can delay a patient's access to their EHI if that delay is necessary to prevent the risk of harm, cyber security risks, or infeasibility. However, providers should check with their health law counsel or privacy and security officer before delaying or refusing a patient's free access to their electronic clinical notes. Penalties for health care providers engaged in "information blocking" remain to be fully developed. The government has said so far that they will be subject to the "appropriate disincentives."

Patients have always had a right to access their patient records under HIPAA but the Cures Act expands this right to quick and free access to EHI. Providers need to work with their EHR vendors, privacy officers and legal counsel to make sure they are providing patients with a free and easy access to their health records and are not engaging in any information blocking. The Cures Act is a supplement to and not a replacement of HIPAA compliance. Accordingly, this is also a good time to review HIPAA compliance, update policies on patients' rights to access their health records and make sure that the HIPAA Security Risk Assessment is complete and updated for cyber security protections. ✚

Update: Sexual Misconduct Workgroup

The reconvened OMB Sexual Misconduct Workgroup met in November 2021, January 2022, and March 2022 to review current information and regulations related to provider sexual misconduct. Information regarding the Workgroup can be found on the Board's **Sexual Misconduct Workgroup webpage**. The Workgroup recommends new communication tools and furthering the rulemaking discussion at the full Board level. Recommendations will be reviewed by the Administrative Affairs Committee on June 8 and by the full Board in July.

The OMB recognizes that the practice of medicine entails a unique relationship between the medical professional and the patient. The patient's trust and confidence in a provider's professional status grants power and influence to the licensee. When there is a violation of that relationship through sexual misconduct, such behavior and actions can have a profound, enduring, and traumatic impact on the individual being exploited, their family, the public at large, and the medical profession as a whole. Therefore, successfully addressing sexual misconduct by Oregon licensees is imperative. ✚

Focus on Wellness, continued

Commensality Groups

Commensality Groups are an evidence-based innovation to increase the sense of connection and collegiality among physicians and build comradery and meaning in work. By providing protected time for facilitated small-group discussion, improvements can be made across various dimensions of physician well-being, including meaning, empowerment, and engagement in work and reduction of distress. Randomized trials in physicians have demonstrated that this simple approach improves professional fulfillment and reduces burnout.[6, 7]

Mindfulness-Based Stress Reduction

Mindfulness, defined by Jon Kabat-Zinn, the founder of Mindfulness-Based Stress Reduction (MBSR), is "moment-to-moment, nonjudgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible." Both brief and extended interventions have been shown to improve burnout and increase mindful awareness in physicians.[8, 9, 10]

Coaching

A number of excellent local and national resources exist for health care professionals to be coached by a formally trained professional coach. A fundamental principle of coaching is allowing the individuals being coached to choose what topics would be most helpful for them. A time commitment as little as 3.5 hours (6 sessions facilitated by a professional coach) has demonstrated a favorable impact on well-being.[11, 12, 13] An unpublished pilot project in Oregon has shown reduction of burnout and reduced likelihood of physicians leaving their current role after involvement in a 12-week program of individual and group coaching plus one-hour weekly didactic sessions. Changes in the Well-Being Index[14] were used to measure impact on burnout.

One of the known barriers to utilization of resources is health care professionals' lack of awareness of the resources. What about the licensed health professional who is working in relative isolation or who is not affiliated with an organized medical staff or professional organization? While we're waiting for this national educational campaign to emerge, let's take a moment to touch on additional support resources for licensed health professionals in crisis.

Substances/Impairment

If you are concerned about your own mental health and/or substance use, you may also be eligible for Oregon's Health Professionals' Services Program. Visit hpspmonitoring.com for more information.

Suicide Prevention

If you are struggling, please don't wait for someone to reach out. Treat yourself the way you would treat someone who needs help. There are a number of crisis lines available including but not limited to the following:

- Suicide Prevention Hotline: **800-273-TALK (8255)**
- Crisis Text Line: **Text TALK to 741741**
- Physician Support Line: **888-409-0141**

Crisis Support lines available for other health care professionals:

- Disaster Distress Help Line: **800-985-5990**
- First Responders and Health Care Workers' 24/7 Crisis Support Line: **800-327-7451**

If you suspect that a colleague is thinking about suicide, please assume you are the only one who will reach out. The American Foundation for Suicide Prevention (**afsp.org**) features scripting for how to have an honest conversation with someone you are concerned about (scroll down to the Get Help section). There are additional free online resources to help us have the awkward but important conversation available on the **American Medical Association's website**.

Confidential Counseling Programs

In 2012, the Lane County Medical Society, with (now Director Emeritus) Candice Barr was the first county society in the nation to create a physician wellness and crisis intervention program that was designed to reduce or eliminate barriers keeping physicians from getting care. If you'd like more information about their pioneering program, visit lcmedsociety.com.

If you practice in a county that does not have its own medical society wellness program, the **Oregon Wellness Program** is also available. Please note, this is not for professionals who are in ***immediate*** crisis. The program features licensed professionals used to working with physicians and other health care professionals. The OWP offers up to 8 complimentary visits with a seasoned psychologist. No diagnosis is made, no insurance is billed, and there is no electronic record keeping. Call **541-242-2805** to schedule an appointment.

Ask your professional organizations about their resources for and advocacy options for professional well-being. If you are not a member, could this be the opportunity to join a community of your peers?

If you are a leader within your practice or organization, consider whether or not there is space to ask one or more following questions when connecting with your team members: What are you most grateful for? What are you looking forward to? When were you most engaged today? With whom did you connect today? What brought meaning to your day? What are you most proud of? What was the best part of your day?

It is also important for health care organizations' board members to recognize the epidemic of burnout among health care professionals as well as its implications for the health of the organization. Here is what else we know:

- Burnout is prevalent in health care professionals.
- The well-being of health care professionals impacts quality of care.
- Health care professionals' distress costs organizations a lot of money.
- Greater personal resilience is not the only solution.
- Different occupations and disciplines have unique needs.
- Evidence and tactics are available to address the problem.
- Interventions do work.

Board members should ask organizational officers for regular updates on objective measures of burnout and professional fulfillment within the organization as well as an overview of the plan for improvement and the metrics by which progress will be measured.[15]

The inspiration for the opening line of this article came from attending this year's American Conference for Physician Health—where national thought leaders present the latest research and advocacy around well-being in medicine. Prominent leaders of large health care organizations shared their own vulnerability stories including one physician leader sharing his story of seeking treatment for major depression three times in his career. Normalizing the experience helps make it okay to not be okay.[16, 17] It inspires me to end with two final questions. What would it take to be the culture change you want to see? What can you do to connect with a colleague today? ✚

*To access the resources referenced in this article, please visit the **OMB's website**.*

Acupuncture Advisory Committee Seeking New Member

The Oregon Medical Board and its Acupuncture Advisory Committee are seeking letters of interest and curricula vitae (CV) from licensed acupuncturists interested in serving on the Committee.

The Committee is composed of three acupuncturists, two physicians, and one member of the Board. The term of office is three years, and members may be reappointed to serve a second term. The Committee meets two times each year, with additional meetings or conference calls if necessary.

The Committee's purpose is to help ensure that safe, professional acupuncturists serve the people of Oregon. The Committee reviews materials and makes recommendations to the Board on the following issues:

- Applications submitted to the Board for a license to practice acupuncture,
- Education and training requirements for licensure,
- Standards of professional responsibility and practice,
- Standards for clinical supervisors and trainees, and
- Issues related to the practice of acupuncture in Oregon.

The Committee does not represent any acupuncture-related professional society, organization or educational institution, and the Committee has no role in setting curricula for training programs. While the Committee welcomes input from the public, Committee members themselves may not bring any political or personal agendas to their role. The Committee's recommendations are founded on the Medical Practice Act and the Oregon Administrative Rules on acupuncture.

Interested applicants may submit a CV and a letter of interest addressing the following areas:

- Educational/training/practice experience in acupuncture or Oriental Medicine,
- Any committee or team experience, and
- Interest in serving as a member on the Acupuncture Advisory Committee.

Application materials must be submitted to the Board at **1500 SW 1st Ave., Suite 620, Portland, OR 97201** or **shayne.nylund@omb.oregon.gov** by May 10, 2022. The Committee will interview interested acupuncturists during its meeting on June 3, 2022. ✚

Statement of Philosophy: Telemedicine

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

Licensure Requirements

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

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

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

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

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

How to Conduct a Visit

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

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

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

- Adopted January 2012
- Amended October 2, 2020
- Amended April 7, 2022

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

- ORS 677.190(1)(a) and ORS 677.188(4)(a)

Health Care Interpreter Requirements

In 2021, the Oregon Legislature adopted **HB 2359** requiring health care providers (reimbursed with public funds, in whole or in part) to utilize qualified or certified health care interpreters from the Oregon Health Authority's **health care interpreter central registry** when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is proficient in the patient's preferred language.

This requirement goes into effect **July 1, 2022**. ✚

PA Modernization: Shifting to Collaboration Agreements

On July 15, 2022, Oregon licensed physician assistants (PAs) may begin entering a collaboration agreement to shift their practice from a supervisory to a collaborative practice model. By the end of 2023, all Oregon licensed PAs must enter a collaboration to practice in Oregon and all practice agreements and practice descriptions will be terminated. The changes to PA practice are applying HB 3036 (2021) passed by the Oregon Legislature.

To implement HB 3036, the Board hosted a workgroup in January and February 2022, to review and make recommendations to draft rules. The workgroup included persons with subject matter expertise who would likely be affected by the proposed rule and was designed to include a diversity of opinions and viewpoints: PAs, supervising physicians, and representatives of supervising physician organizations and provider associations. The Board posted notice of the draft rules and is seeking public comment on the draft. Public oral comments may be provided via videoconference on May 23, 2022 at 10:00 a.m. and written comments will be accepted via email to elizabeth.ross@omb.oregon.gov until 5 p.m. on May 23, 2022. See the HB 3036 webpage and notice for details.

Information about the transition is available on the **HB 3036 webpage**, including Frequently Asked Questions and a sample collaboration agreement template. ✚

Oregon Administrative Rules

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 for all proposed rulemakings are due by 5 p.m. on May 23, 2022, via email to **elizabeth.ross@omb.oregon.gov**.

Physician Assistants

847-050-0005, 847-050-0010, 847-050-0023, 847-050-0027, 847-050-0029, 847-050-0035, 847-050-0036, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041, 847-050-0042, 847-050-0043, 847-050-0046, 847-050-0050, 847-050-0055, 847-050-0080, 847-050-0082: Shifting physician assistant practice from a supervision to collaboration model provided in HB 3036 (2021).
The proposed rulemaking implements HB 3036 (2021), shifting the practice of a physician assistant from a supervision to a collaboration model with collaboration agreements. The proposed rules lay out physician assistant practice in a collaborative practice model that will start July 15, 2022. Physician assistants have until December 31, 2023, to transition to a collaboration agreement. See the HB 3036 webpage for more information.

*The Board will take public oral comments on the proposed rules at a public hearing via videoconference on Monday, May 23, 2022 at 10:00 a.m. and written comments will be accepted until 5 p.m. on May 23, 2022. See the **HB 3036 webpage** for how to participate in the public hearing via videoconference.*

847-008-0040: Implementing HB 3036 (2021) by updating provisions specific to supervising physicians and volunteer camp physicians.
The proposed rule amendments implement HB 3036 (2021) by updating provisions specific to supervising physicians and volunteer camp physicians.

Telemedicine Status Licensees

847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0040, 847-025-0050, 847-025-0060: Updating telemedicine status license provisions to align with HB 3036 (2021) and HB 4034 (2022).
The proposed rule amendments update the telemedicine status licensee rules to clarify language, add consistent definitions, and incorporate amendments to align with HB 3036 (2021) and HB 4034 (2022).

Physicians and PAs

847-010-0066: Limited License, Visiting Provider
The proposed rule amendment provides visiting providers a limited license and adds physician assistants to the rule. After a declared emergency, the rule will support access to health care by providing a 90-day limited license to out of state physicians and physician assistants who held emergency authorizations. The proposed rule makes permanent the March 10, 2022, temporary rule.

Podiatric Physicians

847-080-0022: Updating Qualifications to Perform Ankle Surgery
The proposed rule amendment removes board certification as a qualification for a podiatric physician to perform ankle surgery but retains the surgical residency requirements. The amendment provides parity between the American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine. The proposed rule does not regulate hospitals and ambulatory surgery centers, which may continue to use established credentialing and privileging processes and impose their own requirements for qualifications to perform ankle surgery.

EMS Providers

847-035-0030: Expanding mass distribution medication efforts and occupational health program immunizations to AEMT scope of practice.
The proposed rule amendment moves the tasks of distributing medications as a component of a mass distribution effort and preparing and administering routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program from the EMT Intermediate's scope of practice to the Advanced Emergency Medical Technician's (AEMT) scope of practice. The proposed rule amendment adds training and retention of training records to these tasks. Comments provided prior to May 18, 2022, will be reviewed by the EMS Advisory Committee on May 20, 2022.

All Licensees

847-001-0015: Delegates authority for Executive Director to issue Qualified Protective Order for discovery materials.
The proposed rule amendment delegates authority to the Oregon Medical Board's Executive Director to issue a Qualified Protective Order (QPO) prior to referring the case to the Office of Administrative Hearings (OAH) to protect the confidentiality of the Board's investigative materials produced for discovery, which is necessary to facilitate settlement negotiations.

PERMANENT RULES

All Licensees

847-010-0069: Licensee compliance with OHA masking and vaccination rules to control COVID-19 in healthcare settings.
Given the pandemic, the Oregon Health Authority (OHA) implemented administrative rules, at the direction of the Governor, mandating compliance actions by healthcare workers including providers licensed by the Oregon Medical Board. The Oregon Medical Board adopted a temporary rule to require licensees to comply with the OHA's rules requiring masking and vaccination to control COVID-19 in health care settings. This rule permanently adopts the OMB's temporary rule to provide continued clarification for OMB licensees regarding compliance with the OHA rules. If the OHA updates their related rules, the OMB will update this rule.

847-010-0073: Medical incompetence and unprofessional or dishonorable conduct definitions and incorporate recognized ethics standards.
The rule amendments further define "medical incompetence" to clarify that evidence of medical incompetence also includes failure to pass a competency exam/program or complete a course/program when required by the Board or a health care facility. The rulemaking breaks out the nine separate types of conduct within the definition of "unprofessional or dishonorable conduct" in ORS 677.188(4). The rulemaking clarifies that a licensee may not intentionally contact the known complainant, until the licensee has requested a contested case hearing and the Board has authorized the taking of the complainant's deposition. Lastly, the amendments incorporate by reference the ethics standards of the Board's regulated professions.

EMS Providers

847-035-0011: EMS Advisory Committee Requirements and Compensation.
The Emergency Medical Services (EMS) Advisory Committee advises the Oregon Medical Board on scope of practice and other EMS-related matters. To expand the pool of candidates for this committee, the rule amendment allows Oregon-licensed EMS providers who reside within 50 miles of the Oregon border to qualify to serve on the EMS Advisory Committee. The rule amendment defines "rural" and "frontier" Oregon and adds the geographic requirement for the physician or EMS members is met by practicing in rural or frontier Oregon. The amendments also align with the Board's other advisory committee rules. Lastly, the amendment clarifies that EMS Advisory Committee members are compensated by contract with the Board, which may be different than board member compensation.

Board Members

847-003-0200: Board Member Compensation Implementing HB 2992.
The rule amendments implement HB 2992 (2021), which requires that qualified board members to be compensated at a rate at least equal to the daily per diem rate paid to state legislators.

TEMPORARY RULE

847-010-0066: Limited License, Visiting Provider.
The temporary rule automatically grants a 90-day limited license to physicians and PAs who held a temporary authorization at the end of the declared emergency. The temporary rule is needed to provide time for providers to apply for Oregon licensure. For more information, see these **Frequently Asked Questions**. The temporary rule is valid from March 10, 2022 until September 5, 2022.

RULEMAKING UPDATES

847-010-0130: Proposed Rulemaking for Medical Chaperones.
The Board's Administrative Affairs Committee will review the work of the Sexual Misconduct Workgroup at its meeting on June 8, 2022. See the **Workgroup's webpage** for information.

Board Actions | January 16, 2022 - April 15, 2022

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

INTERIM STIPULATED ORDERS

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

YOSHIOKA, Kyle K., LAc; AC203458
Portland, OR
On March 31, 2022, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice acupuncture.

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, Matthew W., MD; MD175931
Portland, OR
On April 7, 2022, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on perioperative anesthesia/sedation, risk assessment, and medical documentation.

RUSHTON, Michele C., MD; MD150273
Medford, OR
On April 7, 2022, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses in charting and prescribing; complete the OHSU ECHO Addiction Medicine Certificate Program; and enter into a mentorship with a pre-approved physician practice mentor who will meet with Licensee twice monthly, review charts, and provide quarterly reports to the Board.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

GREGG, Sonya, LAc; AC209229
Portland, OR
On February 4, 2022, 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 and complete 34 hours of NCCAOM-approved CEUs.

LADD, Bruce P., LAc; AC207669
Yachats, OR
On April 1, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 160-hour mentorship with a Board-approved clinical supervisor.

SCHWARTZ, Dana A., LAc; AC208525
Bend, OR
On February 4, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 240-hour mentorship with a Board-approved clinical supervisor and complete 31 hours of NCCAOM-approved CEUs.

WATTS, David J., LAc; AC208510
Bend, OR
On February 8, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 240-hour mentorship with a Board-approved clinical supervisor and complete 48 hours of NCCAOM-approved CEUs.

WHORRALL, Stephen E., PA; PA209324
Portland, OR
On April 6, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to

Practice with the Board. In this Agreement, Applicant agreed to specific supervision and chart review requirements by a Board-approved physician mentor; reports to the Board from his physician mentor; and to obtain NCCPA certification.

ORDER FOR HEARING

JUTLA, Rajninder K., MD; MD27622
Seattle, WA
On April 7, 2022, the Board issued an Order for Hearing, which grants Licensee a contested case hearing on the alleged violations in the September 13, 2019, Complaint and Notice of Proposed Disciplinary Action.

DISCIPLINARY ACTIONS

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

ALLEN, George S., MD; MD24825
Vancouver, WA
On February 24, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, specifically sexual misconduct; gross and repeated negligence in the practice of medicine; and willful violation of any rule adopted by the board. This Order revokes Licensee's Oregon license.

AMES, Stephan A., MD; MD16281
Springfield, OR
On February 8, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct specifically sexual misconduct, and gross and repeated acts of negligence. With this Order, Licensee surrenders his Oregon medical license and agrees to never reapply for an Oregon medical license.

ANDERSON, John M.J., DO; DO26732
Hermiston, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order requires Licensee to have a pre-approved board-certified orthopedic surgeon who will act as proctor for a number of joint replacement surgeries and submit reports to the Board; requires Licensee to complete a pre-approve documentation course; and subjects Licensee's practice to no-notice chart audits and office visits by Board designees.

BEIL, Kurt G., LAc; AC150791
Sandy, OR
February 28, 2022, 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.

BILBAO, Christopher J., DO; DO176610
Springfield, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional conduct and gross or repeated negligence. With this Order, Licensee surrenders his Oregon medical license while under investigation.

GHITEA, Oliver, MD; MD21941
Portland, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment; and gross negligence in the practice of medicine. With this Order, Licensee surrenders his Oregon medical license while under investigation.

HARMON, Elizebeth R., MD; MD15582
Salem, OR
February 24, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making statements that Licensee knew, or with the exercise of reasonable care should know, are false and misleading regarding efficacy or value of the medicine, treatment or remedy prescribed or administered by Licensee; gross and repeated acts of negligence; and willfully violating any board rule or order. This Order reprimands Licensee; assesses a $2,500 civil penalty; prohibits Licensee from treating male patients with any hormone except insulin; requires Licensee to perform at least five Level II or Level III office-based surgeries with a co-proceduralist before performing Level II or Level III office-based surgeries as a the sole proceduralist; subjects Licensee's practice to no-notice audits for two years; and requires Licensee to meet certain conditions when treating female patients with testosterone.

JAIN, Sanjeev, MD; MD162938
Gresham, OR
On February 24, 2022, Licensee entered into a Stipulated Order with the Board for disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts which are actionable in this state; and willful violation of any Board statute or Board rule. This Order reprimands Licensee; assesses a $5,000 civil penalty; prohibits Licensee from acting as the supervising physician for any medical student, physician assistant student, or medical resident; subjects Licensee's practice to no notice chart audits; requires Licensee to complete an ethics course that has been pre-approved by the Board's Medical Director; requires Licensee to submit to the Board all correspondences with the Washington Medical Commission regarding his compliance with his Stipulation to Informal Discipline; and requires Licensee to submit to the Board all correspondences with the Medical Board of California regarding his compliance with his Stipulated Settlement and Disciplinary Order.

JOHNSON, Deborah M., MD; MD16845
Salem, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order places Licensee's medical license at Emeritus status; prohibits Licensee from performing abdominal or transvaginal surgical procedures on any patient; and if Licensee intends to resume a clinical practice, requires that she submit a re-entry plan for approval to include a surgical mentorship with a pre-approved board-certified obstetric and gynecologic physician.

MAJOR, Jonathan M., LAc; AC155574
Jacksonville, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; conviction of any offense punishable by incarceration; fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration; and willful violation of any rule adopted by the board. This Order revokes Licensee's Oregon Acupuncture license.

MUCHA, Terrace R., MD; MD153918
Redmond, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for willful violation of any Board rule or Board order. This Order reprimands Licensee and assesses a $1,000 civil penalty.

NEPVEU, Laura, MD; MD18304
Portland, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated negligence in the practice of medicine. This Order prohibits Licensee from prescribing opioid medications, buprenorphine, benzodiazepines, or carisoprodol (Soma) to any Oregon patient; and requires that prior to returning to the practice of medicine in Oregon, Licensee must complete a pre-approved prescribing course.

PATEL, Jitendra C., MD; MD15202
Brookings, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for fraud or misrepresentation in applying for or procuring a license; disciplinary action by another state; willful violation of any Board rule; failure to report to the Board any adverse action taken against the licensee by another licensing jurisdiction; and failure of licensee to report an official action taken against the licensee within 10 working days. This Order reprimands Licensee and assess a $1,000 civil penalty.

PHAM, Nhan V., DO; DO168404
Coos Bay, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for repeated negligence in the practice of medicine and failure to promptly report to the Board a voluntary resignation from the staff of a health care facility if that voluntary action occurs while the license is under investigation by the health care facility for any reason related to possible medical incompetence, unprofessional conduct, or physical incapacity or impairment. With this Order, Licensee retires his Oregon medical license while under investigation.

REYES, Vincent P., MD; MD16883
Hillsboro, OR
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; gross or repeated acts of negligence; and failure to report an adverse action taken by a health care facility. This Order prohibits Licensee from performing or providing any interventional cardiology procedure, including but not limited to coronary angioplasty,

cardiac stent placement, or rotational atherectomies; requires that Licensee have a pre-approved board-certified cardiologist serve as co-proceduralist for at least 20 pacemaker procedures; and requires Licensee to report any complications from any pacemaker procedure to the Board's Medical Director within one calendar week.

SMOLENS, Iva A., MD; MD196424
Mesa, AZ
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for fraud or misrepresentation in applying for or procuring a license to practice; disciplinary action by another state; failure to report to the Board any adverse action taken by another licensing jurisdiction; and failure to report an official action taken against Licensee within 10 working days. This Order reprimands Licensee and assesses a $5,000 civil penalty with $3,000 held in abeyance.

WOLPOE, Matthew E., MD; MD202201
Fort Lauderdale, FL
On April 7, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct specifically sexual misconduct; fraud or misrepresentation in applying for or procuring a license to practice in this state; willful violation of any rule adopted by the Board; and failure to report any official action taken against the licensee. With this Order, Licensee surrenders his Oregon medical license while under investigation and agrees never to reapply for a license to practice medicine in Oregon.

PRIOR ORDERS MODIFIED OR TERMINATED

AMES, Stephan A., MD; MD16281
Springfield, OR
On February 7, 2022, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 8, 2015, Stipulated Order.

DELABRUERE, Beverly A., MD; MD15031
Damascus, OR
On March 3, 2022, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's July 30, 2018, Interim Stipulated Order.

GRANDI, Renee E., MD; MD23645
Enterprise, OR
On April 7, 2022, the Board issued an Order Terminating Order Modifying Stipulated Order. This Order terminates Licensee's May 7, 2020, Order Modifying Stipulated Order.

HU, Chester C., MD; MD166528
Vancouver, WA
On April 7, 2022, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 7, 2021, Stipulated Order.

LUKACS, Jozsef, MD; MD25998
Lake Oswego, OR
On April 7, 2022, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's July 10, 2020, Corrective Action Agreement by removing terms 4.1 and 4.2.

Current and past public Board Orders are available on the OMB's website.
**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.*

Safe + Strong

Safe+Strong is a free, 24-7 helpline that offers emotional support during disasters such as COVID-19 and wildfires. Callers are connected with a counselor who can provide emotional support, mental health triage, drug and alcohol counseling, crisis counseling, or just human connection.

This statewide program offers services in 12 languages and is available to anyone who needs it, not just those experiencing a mental health crisis.

For more information, visit SafeStrongOregon.org or call **800-923-HELP (4357)**.

Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201
971-673-2700
info@omb.oregon.gov
oregon.gov/OMB

Office Hours

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

Board staff are also available by phone (**971-673-2700**) or email (**info@omb.oregon.gov**).

Questions about COVID-19? Visit **omb.oregon.gov/COVID-19**.

Office Closures

Monday, May 30 - **Memorial Day**

Monday, June 20 - **Juneteenth**

Monday, July 4 - **Independence Day**

Register for Email Notices

Visit **omb.oregon.gov/subscribe** to register for any of the following notices from the Oregon Medical Board:

- Administrative Rules
- Board Action Report
- EMS Interested Parties
- OMB Report Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

Applicant/Licensee Services

For new license applications, renewals, address updates, practice agreements, and supervising physician applications: **omb.oregon.gov/login**

Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)
Phone: **971-673-2700**
Email: **licensing@omb.oregon.gov**

OMB Report Staff

Nicole Krishnaswami, JD | Executive Director
David Farris, MD | Medical Director
Gretchen Kingham | OMB Report Coordinator
Nathan Divers | OMB Report Editor/Designer
Cover Photo: Portland, OR

Oregon Medical Board Members

Robert Cahn, MD - Chair | Portland

Christoffer Poulsen, DO - Vice Chair | Eugene

Erin Cramer, PA-C - Secretary | Stayton

Anthony Domenigoni, DPM | Happy Valley
Rick Goldstein, MD | Bend
Kathleen Harder, MD | Salem
Paula Lee-Valkov, MD | The Dalles
Charlotte Lin, MD | Bend

Patti Louie, PhD - Public Member | Portland
Ali Mageehon, PhD - Public Member | Coos Bay
Chere Pereira - Public Member | Corvallis
Jill Shaw, DO | Portland
Sudeep Taksali, MD | Wilsonville

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.