OREGON MEDICAL BOARD
REPORT

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September 5, 8 a.m.
Investigative Committee

September 11, 5 p.m.
Administrative Affairs Committee

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

OMB Welcomes Two New Members

The OMB welcomed two new members during the April Board meeting: Ileana Esquivel, PA-C, and Joan Kapowich, a Public Member.

Ileana Esquivel, PA-C, is a physician assistant currently practicing at the Knight Cancer Institute at Oregon Health & Science University (OHSU), caring for hospitalized patients with hematologic malignancies and those receiving bone marrow transplant.

Ms. Esquivel earned her Master of Physician Assistant Studies from OHSU in 2003. She has dedicated her 20-year career to serving Oregonians at the bedside, initially specializing in Thoracic Surgery, and by helping to grow the future medical workforce by serving as a clinical preceptor, lecturer, advisor, and Director of Clinical Education for the OHSU PA program.

She has also been an advocate for the PA profession by serving as the PA representative to the Oregon Medical Association and one of the Oregon delegates to the American Academy of Physician Associates House of Delegates.

Joan Kapowich is a volunteer senior health insurance counselor who also serves on several advisory groups focused on financial wellbeing, physical and behavioral health, and homelessness. In 2023, she became the Chair of the Homelessness Strategic Initiatives, a group that provides objective data and research to inform decisions and effective policy.

Ms. Kapowich has a degree with honors from the University of California at Santa Barbara, a nursing degree from Lane Community College, and completed graduate coursework at the University of Oregon. In 2015, she joined Providence Health System as the Director of Accountable Health Care, overseeing program development, contracting, and quality outcomes metrics. She has also worked as the administrator of the Oregon Educators Benefit Board and the Public Employees Benefit Board, the largest public health care purchaser in Oregon. ✚

2023 OMB Annual Report Now Available

The Oregon Medical Board recently published its 2023 Annual Report, which provides a recap of the Board's accomplishments and in-depth analysis of licensing, investigations, and financial statistics for 2023. Click **here** to read the report. ✚

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.

PA Title Change to "Physician Associate" in Oregon: FAQs

Oregon House Bill 4010 (2024) changes the "Physician Assistant" title to "Physician Associate" throughout Oregon statute starting June 6, 2024. Oregon is the first state to adopt this PA title change.

When can an Oregon-licensed PA start to use the title "Physician Associate" in Oregon?

On June 6, 2024, the title "Physician Assistant" will change to "Physician Associate" throughout Oregon law by operation of HB 4010 (2024). At that time, a PA may begin using the title "Physician Associate" under Oregon law. The bill does not require OMB to take any specific action before a PA can start using "Physician Associate" on June 6, 2024. The OMB suggests a PA align with their employer's/facility's implementation plans.

When will OMB reflect this title change?

It will take several months to fully reflect this title change in the OMB's informational materials and regulations. Starting in June 2024, the OMB will begin updating its website and external forms. The OMB expects to be able to update the external license verification service and begin the process of updating OMB rules in late Summer 2024.

Does the title change impact PA collaborative practice or a PA's scope of practice?

No. The PA title change is not substantive and does not impact any component of a PA's practice or scope of practice in Oregon. See the **PA collaborative practice webpage** for more information on PA practice in Oregon.

Why was the PA title changed in Oregon?

The Oregon Legislature passed HB 4010, see the **legislative history** for information about this process. The national American Academy of Physician Associates (AAPA) changed the organization's name on May 24, 2021. See the **AAPA's PA Title Change website** and the **Oregon Society of Physician Associates website** for information about the purpose of the title change.

Does a PA's collaboration agreement need to be updated to include the title change?

No. Collaboration agreements are not submitted to the OMB. The OMB will not require collaboration agreements to be updated with the title change. See the **PA collaborative practice webpage** for more information on PA practice in Oregon.

Can an Oregon PA licensed in other states use the title "Physician Associate" outside of Oregon?

The Oregon law only changes the title for PAs licensed and practicing in Oregon. Check the other state's licensing board for PA title requirements in that state.

How should health care facilities make the PA title change?

The OMB does not regulate facilities and cannot direct facilities on implementation of HB 4010. The OMB cannot provide legal advice; facilities may need to seek their own legal counsel regarding the PA title change. PAs and the public may direct any questions or concerns directly to the health care facility.

Can Oregon PAs continue to use the title "Physician Assistant" in Oregon practice?

HB 4010 (2024) does not leave any reference to the title of "Physician Assistant" in Oregon statutes. However, other state and national regulations (e.g. DEA) continue to reference "Physician Assistant." PAs in Oregon should be aware of the difference in Oregon law from other state and federal regulations and take care to ensure patients understand the role of each member in their care team.

Is there a deadline by which Oregon-licensed PAs must begin using the title "Physician Associate" in Oregon practice?

There is no implementation timeline or deadline to stop using the "Physician Assistant" title; however, the statutory changes are effective June 6, 2024.

Board Member Perspective: PA Title Change Implications

Erin Cramer, PA-C | Board Member

I have been thinking a lot about artificial intelligence this year, and I could not help wading into two topics when I was asked to write about the implications of the PA title change, from "Physician Assistant" to "Physician Associate." This change was a part of HB 4010 this spring, and it takes effect in Oregon on June 6.

A year ago, I listened to an AI expert give a talk and the one pearl that has remained with me since then is his assertion that AI does not give you the right answer, but it does give you the answer that feels right. So I asked ChatGPT what the possible positive or negative implications of the PA title change to "Physician Associate" in Oregon might be, and it came back with: "Overall, the implications of the title change to "Physician Associate" in Oregon will depend on various factors, including the reception within the health care community, the effectiveness of communication and education efforts, and any accompanying policy or regulatory adjustments." I find that to be a plausible and safe human answer, so the computer has really dialed it in without committing to a position.

Advocates of the change, such as the AAPA, focus on the potential positive implications of this branding strategy, noting the title may clarify the collaborative nature of the relationship between PAs and physicians, and the gravity of their roles and responsibilities better than the old title did. They also hope the change is a part of a positive evolution toward improved standing as professionals in the health care community.

Skeptics of the change tend to focus on fears that the change will cause patient confusion or lead to expansion in scope or authority which they feel is inappropriate. Some do not look forward to the additional administrative work now required to change rules and regulations, amend processes, and educate others of the change. Others suspect not much will really change at all, and that the effort will have little value overall.

Oregon has already recognized the absolute responsibility that PAs have for the care they give. An Oregon PA, like a physician, cannot pass the buck of responsibility to another professional. But every state has a different flavor of licensure, and in some states that lag our level of recognition, a name change may be a harbinger of further changes to become more like Oregon.

On the matters of clarity and identity, ChatGPT waffled, stating both that the name change could help by "clarifying their roles and responsibilities to patients and other health care professionals" but also could hurt because "Some physician assistants may feel that the new title does not accurately reflect their role or may be concerned about potential identity issues arising from the change." Simply, some fear that patients may become more likely to mistake PAs for physicians than they are currently.

This matter of identity is really at the core of the issue; some seek clarity of professional identity while others fear dilution or misrepresentation of identity. Building a trusting relationship with a patient or a colleague takes time and effort. Building credibility can be helped or hindered by a name, so it is not a trivial matter. Patients deserve an easy understanding of the professional helping them, and confidence in the quality care that each of our licensees can provide. It remains to be seen if a PA (Physician Associate) will be an improvement on a PA (Physician Assistant) from the patient's point of view.

My role as a Board member in this issue is to remain an advocate for the public citizens of Oregon. If the name change causes confusion and resistance for patients or friction within the medical community, then my role is to support educating patients and support OMB licensees as they collaborate in care while also diminishing confusion and misinformation.

It remains OMB's role to continue ensuring all licensees maintain the responsibilities and high standards of care that are the hallmarks of the medical profession.

Together, we will weather change and maintain excellence, for this is the right answer, and not just the answer that feels right. ✚

Oregon Registration Fee Increases Effective July 1

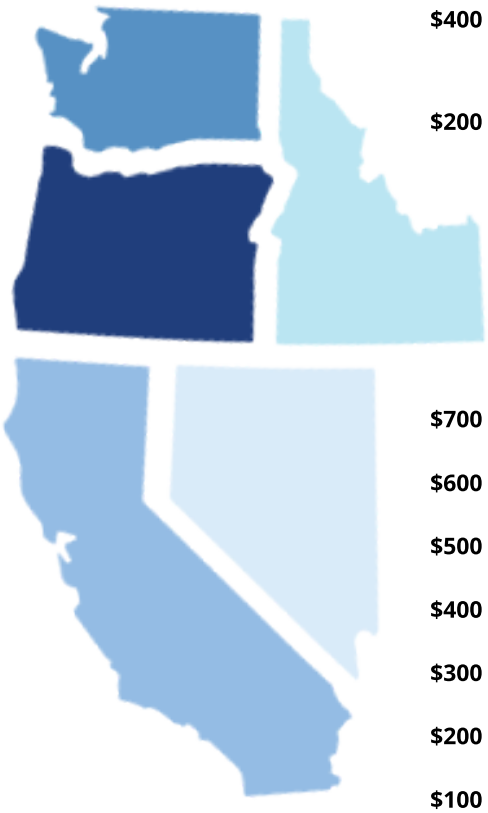
The OMB will increase most license registration and renewal fees beginning July 1, 2024 (application fees will remain unchanged). Licensees will see this change at their next license renewal.

The OMB does not receive tax funding and relies on licensing and service fees to provide the services and resources necessary to ensure that only qualified and competent individuals are licensed to practice medicine in Oregon, remediate licensees who pose a threat to patient safety, and inform members of the public about their medical providers.

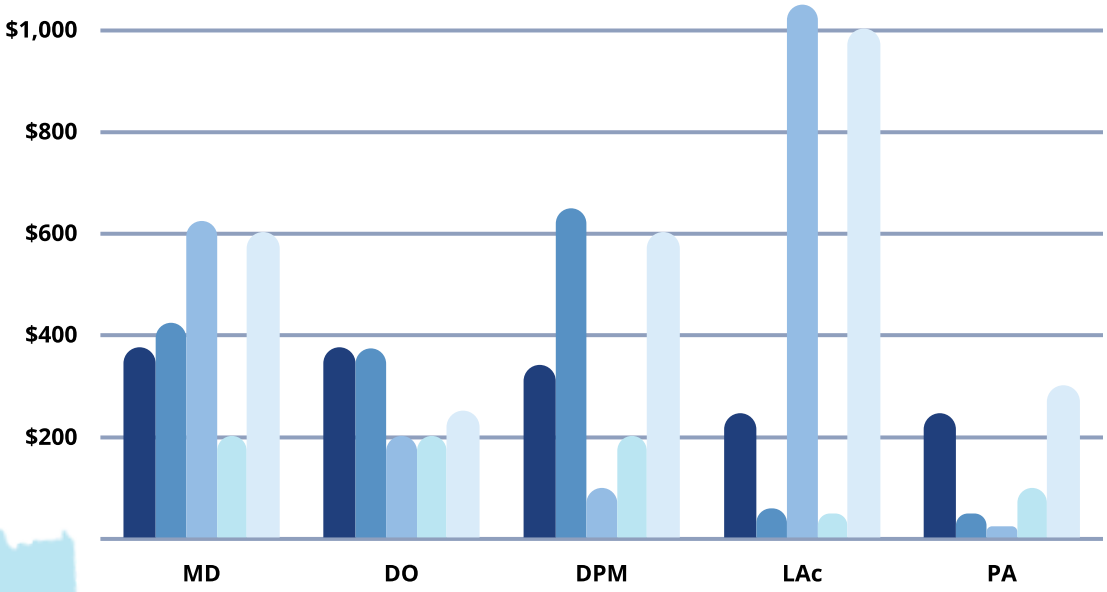
The Board last raised licensing fees in 2013 and has worked hard to keep from doing so again. However, due to rising expenses, the agency cannot continue to fulfill its mission of public protection without increasing revenue.

	Current Fee	New Fee
MD DO DPM	$243/year	$304/year
PA	$191/year	$239/year
LAc	$161/year	$201/year

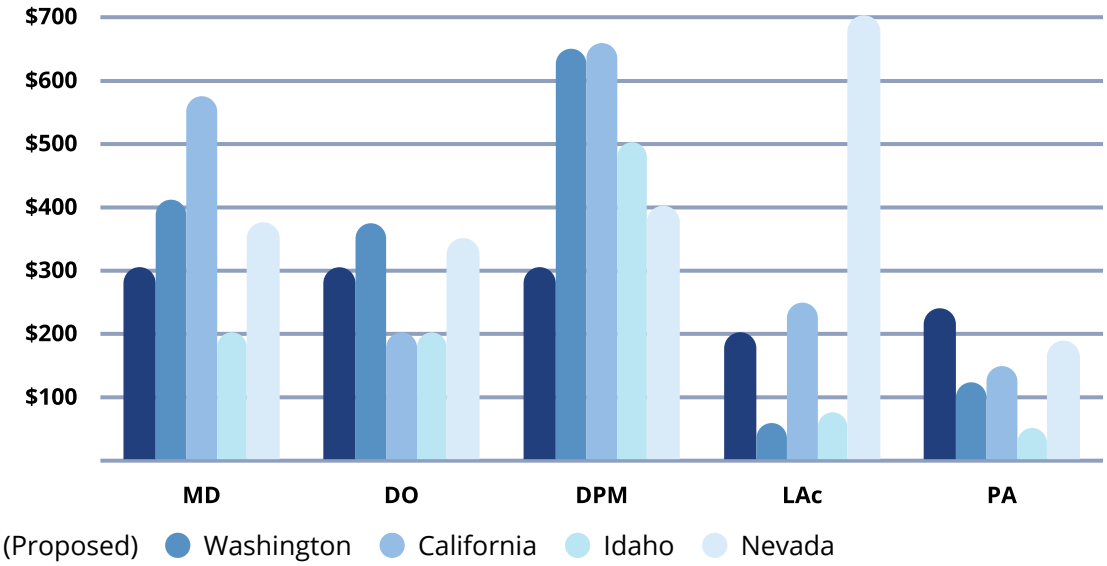
How OMB Fees Compare to Neighboring States



Application Fees by State



Annual Registration Fees by State



Required Reporting to the Oregon Medical Board

Oregon health care providers and health care institutions have an obligation to report unprofessional conduct or incompetent care to the Oregon Medical Board. Mandatory reports are critical for keeping the profession strong and upholding the system and privilege of self-regulation. Please carefully review the following guidelines.

Official Actions: A health care facility must report any official action taken against a licensee.

- Official action means a restriction, limitation, loss or denial of privileges of a licensee to practice medicine, or any formal action taken against a licensee by a health care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity, or impairment.
- Official action does not include administrative suspensions of seven or fewer calendar days for failure to maintain or complete records, but these administrative suspensions must be reported as an official action when the suspensions occur more than three times in any 12-month period.
- Reports are required within 10 business days of the date of the official action.
- The facility is subject to a possible $10,000 penalty for each failure to report.
- ***References:*** *ORS 677.415(5), ORS 677.415(10), OAR 847-010-0073*

Voluntary Actions Under Investigation: A health care facility must promptly report a licensee's voluntary withdrawal, resignation, or limitation of staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the facility for any reason related to possible medical incompetence, unprofessional conduct, or physical incapacity or impairment.

- ***References:*** *ORS 677.415(6), OAR 847-010-0073(1)(d)(B)*

Report Contents: A report must include the licensee's name and certain additional information.

- Name, title, address and telephone number of the health care facility/person making the report;
- Date of the official action taken against the licensee or the licensee's voluntary action while under investigation; and
- A description of the official action or the licensee's voluntary action, including the effective date(s).
- These reports may not include privileged peer-review information.
- ***References:*** *ORS 677.415(7)-(8), OAR 847-010-0073(7), ORS 41.675*

Submitting a Report: Reports must be made in writing and directed to the Oregon Medical Board's Investigation Unit, Executive Director, or Medical Director.

- **Mail:** Oregon Medical Board, 1500 SW 1st Ave, Suite 620, Portland, OR 97201
- **Fax:** 971-673-2669
- **Email:** complaintresource@omb.oregon.gov

A licensee may be subject to an investigation and discipline for failing to report information that appears to show another licensee's incompetence, unprofessional conduct, or impairment. Making a report to the Health Professionals' Services Program (HPSP) does not satisfy the duty to report. Additional details about reporting to the OMB and other state agencies are available **here**.

A report to the Board is not a finding of wrongdoing. Instead, the Board will look into the matter and decide whether a violation has occurred. Only the Board can determine if discipline is warranted. A report made in good faith is protected from civil liability, and reporters are entitled to confidentiality (*ORS 676.150-676.175 and 677.415*).

The OMB thanks you for your continued partnership and the work you do to provide Oregonians with access to quality health care. ✚

Topic of Interest: Health Care Interpreter Requirements

As part of the passage of **House Bill 2359 (2021)**, health care providers who are reimbursed with public funds are required to work with health care interpreters certified by the Oregon Health Authority (OHA). Qualified interpreters can be found in OHA's **Health Care Interpreter Registry**.

The law intends to ensure that people for whom English is a second language are able to receive the same quality health care as other Oregonians through access to high-quality interpreting services.

The law also lays out recordkeeping requirements for health care providers and interpreting services companies when they work with a health care interpreter. The OHA's rule, **OAR 333-002-0250**, and the Oregon Medical Board's rule, **OAR 847-010-0140**, outline the requirements for OMB licensees.

There are some exceptions provided in the rules:

- The health care provider is proficient in the preferred language of the person with limited English proficiency.
- The person with limited English proficiency has an interpreter they prefer to work with who is not on OHA's registry (such as a family member).
- The health care provider tried to find an interpreter using OHA's registry, but no interpreters were available. See **OHA's Guidance Document for Compliance with "Good Faith Effort"** for more information.

For more information about this requirement, OHA's central registry, or health care interpreter services, visit the **Health Care Interpreter Program website**. ✚

From the Desk of the Medical Director

David Farris, MD | OMB Medical Director

Gentle Reader, it would hardly be right for me to exit stage left without addressing opiate prescribing one last time—an arena that has occupied an outsized portion of my hours, attention, and reeducation—not without reason. Though we prescribers have for the most part ceased contributing to opioid addiction with the swipe of a pen (keyboard), our misguided (sold-a-bill-of-goods) legacy persists.

I was recently handed an article by Ann W. Latner, JD, published in *Clinical Advisor*: "Should Clinicians Be Liable for Patient Suicide After Failing to Prescribe Pain Medications?" I wouldn't presume to answer the tort law question, but the case described is worth considering.

Ms. Latner begins, "Mr. M. was a 48-year-old married man with 3 children. He had been seeing his primary care physician (PCP) regularly since 2005 for chronic, debilitating cervical pain." Let me summarize: Multi-level degenerative disc disease and cervical radiculopathy arising from injuries. Opioid medications by his previous PCP beginning 2005. A fully compliant Mr. M. By 2017, a maximum opiate MME of 225. Zolpidem 10 mg at night.

In February 2017, Mr. M. was informed his PCP was retiring in a few weeks and he should find a new provider. He found one, but the first available appointment was that May. He ran out of medication. Unable to get an earlier appointment and in severe, intractable pain, Mr. M. went to the ED. It was the day before his appointment. He explained his dilemma to the ED providers. He was given one dose of morphine.

The next morning, he went to his appointment and was assessed, but his prescriptions were denied. Mr. M. experienced severe withdrawal, and, feeling hopeless, died by suicide the following day.

Ms. Latner faults the retiring PCP for failing to provide clear instructions or a referral to a pain specialist; he should have helped Mr. M. find a new provider who would continue the opioids, or he should have helped the patient taper off his medications before leaving practice.

She finds negligence by the new PCP in failing to "treat" an opioid-dependent patient. "Mr. M. was not offered anything to help with his pain or offered medical management of his opioid withdrawal, a short prescription for pain relief, or a referral to a pain specialist. He was sent home in physical pain with no recourse."

Clearly any suicide from any cause is tragic. An iatrogenic suicide (assuming such is the case) is doubly so. Further, the specter colors the need to reduce opiates in at-risk patients. As one pain specialist wrote to me, the threat becomes "unveiled" whenever non-consensual, "forced tapers" are mentioned. Social media "ricochets unverified anecdotes."

How common is it? A search of PubMed for suicidality specific to abrupt stoppage of prescription opiates finds it is described anecdotally, never quantified re: incidence. Suicidality in the setting of chronic pain itself is estimated to be double that of the general population, but as another

Patient Medical Record Requests & OMB Subpoenas

When patients have access to their health information, they are empowered with regard to their health and wellbeing. With the increasing use and continued advances in health information technology, there are more opportunities in this area.

Licensees of the Oregon Medical Board must make protected health information in the medical record available to the patient or the patient's representative upon their request as provided in OAR 847-012-0000, except as otherwise provided by law. OMB licensees may use the written authorization form provided by ORS 192.566 and should comply with a request within a reasonable time, not to exceed 30 days. For more information, please see the OMB's patient records webpage, **omb.oregon.gov/record**.

Additionally, OMB licensees must comply with a subpoena for medical records issued by the Oregon Medical Board. Subpoenas are one tool the OMB utilizes to investigate complaints and uphold its mission to protect the health, safety, and wellbeing of Oregon citizens. Failure to comply with a subpoena may be a violation under ORS 677.190(17) and grounds for OMB disciplinary action.

If you have additional questions about your responsibility to fulfill patient medical record requests and/or comply with an OMB subpoena for medical records, please contact the OMB's Legislative & Policy Analyst, Elizabeth Ross at **elizabeth.ross@omb.oregon.gov**.

From the Desk of the Medical Director

specialist wrote to me, "Attempting to tie suicide solely to pain is akin to nailing Jello to a tree." Too many psychiatric comorbidities. Those discussed range from insomnia to serious mental health conditions. Then there are data suggesting chronic pain and depression share certain neural networks.

Paul Coelho, MD, a pain medicine specialist in Salem, has rigorously analyzed events in his panel of 3000 patients. In a seven-year period there were 212 deaths by any cause. The strongest correlates (calculated by an independent statistician), were 1.) advanced age (OR 31.6), 2.) high MED (OR 5.7), and 3.) COPD/OSA (4.1). The strongest correlates for ~302 suicide attempts (SA) where major psychiatric conditions. The multivariate logistical regression found no predictive value from opioid tapering.

No one would suggest an N of 3000 proves a negative (nor can a negative be proven). SA cannot be taken lightly – it is not – but nor is it per these data common. What may be of more use are the data predicting death not associated with tapers. Dr. Coelho also writes, "This isn't to say that tapers can't be performed too fast, and doing so could lead to destabilization and crisis, I believe they can, but not when performed cautiously…with pauses and a buprenorphine rescue arm." It is hoped data such as these will be further developed to the benefit of patients dealing with chronic pain and especially those suffering suicidality.

I was recently invited to attend a keynote address by Andrew Suchocki, MD, to the Oregon Academy of Family Physicians describing the state of the art in pain management. He ended his talk referring to the Board as the elephant in the room. Dr. Suchocki made the points I wish to emphasize here: The Board supports active pain treatment. The Board does not set standards of practice in any endeavor—that is determined by specialists in the field; our consultants tell us what it is, which is particularly vital in shifting landscape. The current expectations are explicit in the CDC guidance of November, 2022. (Notably, years before the 2022 revision OMB consultants were finding extremely high MME prescribing reasonable in a few highly unusual instances, finding fault only in the lack of regular monitoring.) Finally, in instances where a prescriber leaves the field, creating a panel of opiate-dependant people with no resource, the OMB supports—expects, even—that other prescribers accept such people "where they are," at least as a starting point.

Despite the title, the OMB's **Statement of Philosophy on Pain Management** focuses almost entirely on opiates. However, the document on which the SOP specifically relies, "CDC Clinical Practice Guideline for Prescribing Opioids for Pain," once again despite the title, advises condition-specific use of non-pharmacological modalities. We're all familiar with RICE – Rest, Ice, Compression, Elevation. Also advised for certain conditions are acupuncture, acupressure, exercise, heat, massage, non-cervical spine manipulation, TENS, and remote electrical neuromodulation for acute pain related to episodic migraine. Non-opiate meds are discussed, including NSAIDs, SSRIs, etc. The full guidelines, including journal references, are available **here**.

2024-2026 Acupuncture License Renewal

Online license renewal is now available. Current licenses expire on June 30, 2024. An $80 late fee will be assessed for any renewals not submitted and paid for prior to this date.

Visit **omb.oregon.gov/renew** to get started.

A renewal notification is not required for you to renew your license. Use our online system to renew your license and, if necessary, update your home, mailing, and practice addresses in our records.

A license not renewed by 11:59 p.m. on June 30 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. Please note: Paper renewals are not offered. Staff are available to assist by phone. Staff will be available to assist walk-ins to renew their license during business hours only.

Ease the Burden of Stress, See a Coach

Paula Lee-Valkov, MD | Board Member

As health care providers, we must be aware of the slippery slope presented by our duty to provide the highest possible care to our patients: overlooking our own wellbeing. The demands of modern medicine can lead to burnout that not only affects our professional lives but our personal ones, too—not to mention the lives of those of our families and loved ones.

The good news is there is a way to address the burden of increasing professional stress: *See a coach.*

Studies have shown that an eight-week coaching program can decrease burnout by at least 33%. A coach doesn't just talk through your problems; they identify the root causes, validating your thoughts and feelings, and equipping you with actionable tools to enact meaningful change.

Coaching differs from counseling in its proactive approach toward personal and professional development, focusing on setting goals, building skills, and enhancing your mindset. In other words, coaching isn't only for physicians facing serious challenges.

Seeking the services of a coach even when things are going well can be incredibly beneficial for health care providers. Think of it as proactive health maintenance for your mind and career: Medicine 3.0 for personal growth and sustainability in your practice. A good coach can help you optimize performance and navigate the complexities of the health care system. Whether it's improving charting practices, honing negotiation skills, or fostering better interactions with colleagues and administrators, coaching offers practical strategies tailored to your needs.

It's an evidence-based intervention that has been studied in peer-reviewed settings for years now. For example:

- A randomized control study published in the *Journal of the American Medical Association* (*JAMA*) in May 2022 showed that coaching improved emotional exhaustion, impostor syndrome, and self-compassion in female residents (available **here**).
- A randomized control trial published in *JAMA* in 2019 demonstrated that coaching improved physicians' quality of life (available **here**).
- A 2020 randomized control study from primary care physician coaching at Beth Israel Hospital and UNC showed that coaching improves wellbeing and decreases burnout during the period of active coaching and has a sustained benefit for at least up to six months of intervention. In *JAMA*, there was another paper citing coaching as a sign of a more mature physician wellness program and stated its positive return on investment.

Coaching allows practitioners to normalize asking for help before it is needed by being proactive instead of waiting until the fire is out of control. A fellow life coach based in Salem, OR, cited examples of clients who left the office at 5:30 p.m. with all charts completed following a day full of patients after taking her "Eliminate After Hours Charting" course. Many of these clients would previously chart well into the night and on weekends as their charts were left undone until the end of the day and they were done seeing patients. The dread that many physicians and other practitioners would feel about beginning the work week has been left behind for good.

Additionally, the Oregon Wellness Program (OWP) is a resource that is freely available to all OMB licensees. It provides confidential access to coaches and therapists who can help all of us in whatever career phase we find ourselves, and in whichever way our profession challenges us. The OWP is distinctly different from the Health Professionals' Services Program (HPSP), which is specifically meant for practitioners with diagnoses who need some accountability to continue practicing in a safe manner. Contact the OWP at 503-222-1960 or visit **oregonwellnessprogram.org**.

In the past, Oregon licensees have been hesitant to access resources such as the OWP due to the misconception that the OMB had access to the details of their visits and records of when they accessed the program. However, this program is completely confidential and patient information is not shared with the OMB. In fact, in the continuous quest to improve the quality of our questions to licensees, the OMB has removed all questions related to mental health in both its initial and renewal applications for licensure, replacing them with an attestation stating that licensees agree to take care of their physical and mental health.

It's time to change the narrative that accessing mental health resources—specifically via coaching—is a sign of weakness or crisis. Instead, it's a proactive step towards maintaining resilience and vitality in our demanding profession.

I encourage you to view coaching as a gift to yourself and your practice. Just as we advocate preventive measures in medicine, coaching serves as preventive care for our mental and professional health. Let's embrace this opportunity for growth, resilience, and joy in our medical journey. Together, we can embark on a path towards healthier physicians and a more sustainable health care system. ✚

Mentorship and the OMEF

Carin Mateyko | Executive Director, Oregon Medical Education Foundation (OMEF)

Mentorship has a profoundly positive impact on a medical or PA student's education. A mentor's encouragement can aid decision-making around rotation choice and practice field, and warm introductions to a mentor's network can influence a student's ultimate career trajectory. Mentors also benefit - your mentee's passion for learning helps rekindle your own joy in the practice of medicine and their fresh curiosity helps you stay current.

Mentors are instrumental in shaping the future of medicine.

In the wake of COVID-19 pandemic, not only are students' opportunities to interact with prospective mentors restricted, the events of recent years have taken a severe toll on the bandwidth of so many senior practitioners who otherwise wouldn't hesitate to say Yes to becoming a mentor. Unfortunately, students of color, who are often the first in their family to go into medicine and/or who are from an underrepresented-in-medicine background, have been disproportionately affected in finding a good mentor match as well. OMEF is committed to solving this problem.

What is involved:

- Actively listen to and take a genuine interest in your mentee
- Keep all conversations confidential
- Freely share your own experiences and advice when asked
- Be active in your professional networks and willing to introduce your mentee to others
- Make time to meet at least monthly and respond promptly between meetings
- Provide regular feedback to OMEF and share any wins/challenges as they arise.

OMEF will seek the closest match across a range of factors, including but not limited to:

- Background and demographics
- Medical specialty
- Career goals
- Passion projects and special interests
- Communication style and frequency
- Compatibility on a personal level

Apply online at **theomef.org/mentor**. Once your application is received, OMEF will reach out to schedule an intake interview. ✚

Contact the OMEF:
Carin Mateyko | **carin@theomef.org** | 503.819.6126

IAMRA, WHO Form Historic Partnership

On February 19, 2024, the International Association of Medical Regulatory Authorities (IAMRA) signed a historic Memorandum of Understanding (MoU) with the World Health Organization (WHO) in a ceremony in Geneva.

The MoU was signed by Dr. Tedros Adhanom Ghebreyesus, Director General of the WHO, and Joan Simeon, Chair of IAMRA and CEO of the Medical Council of New Zealand. Oregon Medical Board Executive Director Nicole Krishnaswami, JD, is currently serving as Chair-Elect of IAMRA.

The MoU sets out a framework for collaboration between the WHO and IAMRA on a range of strategic projects and common goals including:

- The identification of priority evidence gaps and related research in health workforce regulation
- The inclusion of regulatory perspectives into areas of development by the WHO
- The provision of technical support for capacity building in medical regulation in countries and assistance in identifying appropriate technical advisers
- Closer collaboration on sponsored participation of low- and middle-income countries at IAMRA global meetings
- The development of a webinar series with a focus on issues for medical regulators in low- and middle-income countries
- Support for the implementation and uptake of the WHO Guidance on Health Practitioner Regulation

Read more about the MoU **here**. ✚

Dr. Tedros Adhanom Ghebreyesus and Joan Simeon

Statements of Philosophy

The following Statements of Philosophy were adopted or amended during the April 4, 2024, Board meeting ✚

Artificial/Augmented Intelligence

Artificial/Augmented Intelligence (AI) is a tool, or set of tools, residing on a spectrum. AI may be as simple as a chatbot on a smartphone or as complex as a complex, algorithmic black box capable of suggesting treatment pathways for cancer. AI is developing rapidly in reach, capability, and quality, and medical providers and regulators must prepare for the ubiquity of AI, which is sure to envelop medical care with astonishing speed.

AI has tremendous promise. It will undoubtedly advance the standard of care, and clinicians who carefully embrace AI tools will ultimately detect pathologic subtlety, improve accuracy, and spend more quality time in face-to-face patient care than those who do not. AI can improve patient access and engagement by shifting administrative tasks away from the clinician while simultaneously increasing empathy shown to patients in spite of pervasive health care provider shortages.

Despite these technological advancements, the Oregon Medical Board will continue to hold licensees responsible for the care they provide to patients and expects licensees to use technology – including AI – responsibly and ethically. Regardless of who introduces AI into the practice, OMB licensees are expected to possess basic AI literacy in order to understand the technology and how to use it, explain its capabilities and limitations, assess the quality of AI outputs, and identify and guard against bias in AI algorithms. OMB licensees must guard against complacency and not compromise their own medical decision making by becoming overly reliant on AI.

The Oregon Medical Board recommends that clinicians become "tech-fluent" in relevant AI tools and incorporate them into their practice responsibly to keep pace with the increasing standard of care.

- Adopted April 4, 2024

Diversity, Equity, and Inclusion in Medical Practice

The Oregon Medical Board's mission is to regulate the practice of medicine in a way to promote access to safe, quality care for all Oregon citizens. Oregonians are growing increasingly diverse, and inequities in access to quality health care are apparent. Achieving equity of health outcomes requires that we first acknowledge that current inequities are not acceptable, that we gain a better understanding of what contributes to inequities, and that we commit to addressing inequities.

Discrimination in the practice of medicine, podiatry, or acupuncture violates the standard of care and presents a risk of harm to patients. The Oregon Medical Board recommends the following as a basis for inspiring positive change for the benefit of all patients:

1. Focus on self-reflection and culturally competent practice. Licensees are encouraged to engage in self-reflection, understand their own conscious and unconscious biases, and consider the impact on the provider-patient relationship. The extent to which providers engage in self-reflection, consider how their own cultural view and biases influence patient care, and then adjust their practice, depends heavily on provider self-motivation to make change. Initiatives to embed cultural competency into all areas of practice, professional development, policies, and processes are essential.

2. Acknowledge systemic racism. Some patients may have difficulty engaging with health professionals or with the treatment prescribed due to systemic issues. It is important to acknowledge that systemic racism and privilege exist in the health sector in order to meaningfully address this problem. Providers can reflect on their own cultural views and biases as a first step, then work to influence and support positive changes in their institutions and organizations.

3. Collect and use data for equity monitoring. Health care providers need access to robust and accurate data to identify inequities and address problematic structures and processes.

4. Overcome structural barriers to individualize care. Short clinical visits focused on only the patient's immediate needs results in a relationship which is largely transactional. To strengthen the provider-patient relationship and provide culturally competent care, providers must consider the individual patient's practices, values, and beliefs. Tailoring the clinical visit to the individual can ensure the patient's input is respected and valued.

All OMB licensees are required to complete cultural competency continuing education to care effectively for patients from diverse cultures, groups, and communities. Engaging in cultural competency continuing education and experiences is a way to gain a better understanding of Oregon's socially and culturally diverse communities and to foster a commitment to addressing health care inequities.

The Oregon Medical Board is committed to addressing inequities in access to care, ensuring equitable licensure and disciplinary processes for all applicants and licensees, and confronting systemic disparities in health outcomes.

- Adopted October 2013; Amended April 4, 2024

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 9.121 Racial and Ethnic Health Care Disparities; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism-Competency; and Oregon Association of Acupuncturists' Code of Ethics: 1.1 Competence. ORS 677.190(1)(a) and ORS 677.188(4)(a).

Telemedicine

The Oregon Medical Board supports a consistent standard of care and scope of practice for physicians, physician assistants, and acupuncturists, 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, podiatry, or acupuncture through means of electronic communication, information technology, or other means of interaction between a provider 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, podiatry, or acupuncture occurs at the patient's location when technology is used to provide care. The provider must possess appropriate licensure in all jurisdictions where the patient receives care. Therefore, with a few exceptions provided in ORS 677.060 and 677.137 and detailed below, providers practicing via telemedicine on patients located in Oregon must be licensed in Oregon.

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

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

A physician or physician assistant licensed in another state may provide temporary or intermittent follow up care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person located in Oregon as described in ORS 677.060 or 677.137. The OMB understands that the patient's needs are often best served by allowing continuity of care with the physician or physician assistant who knows the patient and has access to the patient's medical records provide follow up care under these circumstances.

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

How to Conduct a Visit

The Board recognizes that delivery of services through telemedicine conveys potential benefits and potential challenges for patients, and that the delivery method does not alter the scope of practice, the professional obligations, the setting, or the manner of practice of any provider, beyond that authorized by law. Physicians, physician assistants, and acupuncturists 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 physician, PA, or acupuncturist is expected to:

- Maintain an appropriate provider-patient relationship. At each telemedicine encounter, the provider 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.
- 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.
- Provide 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.
- Immediately direct the patient to the appropriate level of care when referral to acute or emergency care is necessary for the safety of the patient.
- 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.
- Be transparent in:
  - Specific services provided;
  - Contact information;
  - Licensure and qualifications;
  - Fees for services and how payment is to be made;
  - Financial interests;[1]
  - 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.
- 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.

- Adopted January 2012; Amended April 4, 2024

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

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

U.S. Dept. of Health and Human Services: Letter to the Nation's Teaching Hospitals and Medical Schools

By Xavier Becerra, Secretary, U.S. Department of Health and Human Services; Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services; and Melanie Fontes Rainer, Director, Office for Civil Rights. Originally published April 1, 2024.

The Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), recently released new guidance to reiterate and provide clarity regarding hospital requirements for informed consent from patients as it relates to medical professionals performing sensitive examinations, particularly on patients under anesthesia. Please share this guidance with your members.

The Department is aware of media reports as well as medical and scientific literature highlighting instances where, as part of medical students' courses of study and training, patients have been subjected to sensitive and intimate examinations – including pelvic, breast, prostate, or rectal examinations – while under anesthesia without proper informed consent being obtained prior to the examination. It is critically important that hospitals set clear guidelines to ensure providers and trainees performing these examinations first obtain and document informed consent from patients before performing sensitive examinations in all circumstances. Informed consent includes the right to refuse consent for sensitive examinations conducted for teaching purposes and the right to refuse to consent to any previously unagreed examinations to treatment while under anesthesia.

In addition, the Office for Civil Rights (OCR) investigates complaints alleging that patients' protected health information was used or disclosed to medical trainees in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. The HIPAA Privacy Rule safeguards protected health information (PHI) from impermissible use and disclosure and further gives individuals the right to restrict who has access to their PHI, including in scenarios where they may be unconscious during a medical procedure. OCR recently issued a Frequently Asked Questions document explaining this right.

OCR also enforces federal civil rights laws, such as Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of sex, race, national original, age, and disability. OCR has previously worked with, and will continue to work with, covered entities to ensure that their policies and practices related to sensitive examinations do not discriminate against patients on any of these bases.

While we recognize that medical training on patients is an important aspect of medical education, this guidance aligns with the standard of care of many major medical organizations, as well as state laws that have enacted explicit protections as well. Informed consent is the law and essential to maintaining trust in the patient-provider relationship and respecting patients' autonomy. We welcome the opportunity to work with providers to promote compliance with existing federal laws and plan to hold a webinar regarding this requirement soon. ✚

Pelvic Examinations & Informed Consent in Oregon

Oregon law provides specific requirements for pelvic examinations and informed consent. Review the OMB's **Informed Consent webpage** for more information.

ORS 676.360 Pelvic examinations. (1) A person may not knowingly perform a pelvic examination on a woman who is anesthetized or unconscious in a hospital or medical clinic unless:

(a) The woman or a person authorized to make health care decisions for the woman has given specific informed consent to the examination; **(b)** The examination is necessary for diagnostic or treatment purposes; or **(c)** A court orders the performance of the examination for the collection of evidence.

(2) A person who violates subsection (1) of this section is subject to discipline by any licensing board that licenses the person. [2011 c.200 §1]

ORS 677.097 Procedure to obtain informed consent of patient. (1) In order to obtain the informed consent of a patient, a physician or physician assistant shall explain the following:

(a) In general terms the procedure or treatment to be undertaken; **(b)** That there may be alternative procedures or methods of treatment, if any; and **(c)** That there are risks, if any, to the procedure or treatment.

(2) After giving the explanation specified in subsection **(1)** of this section, the physician or physician assistant shall ask the patient if the patient wants a more detailed explanation. If the patient requests further explanation, the physician or physician assistant shall disclose in substantial detail the procedure, the viable alternatives and the material risks unless to do so would be materially detrimental to the patient. In determining that further explanation would be materially detrimental the physician or physician assistant shall give due consideration to the *standards of practice of reasonable medical or podiatric practitioners* in the same or a similar community under the same or similar circumstances. [1977 c.657 §1; 1983 c.486 §8; 2011 c.550 §8; 2013 c.129 §9] ✚

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

Questions may be submitted via email to **elizabeth.ross@omb.oregon.gov**. Additional information can be found at **omb.oregon.gov/rules**.

847-010-0073; 847-010-0070: Clarifies a reporting timeframe, updates NCCAOM code of ethics, and amends definition of unprofessional conduct.
The proposed rule amendment: (1) Clarifies that a licensee and health care facility must report a voluntary withdrawal from practice, resignation, or limitation of privileges while the licensee is under investigation within 30 calendar days. The 30-day requirement aligns with the ORS 677.172(1) requirement that all licensees notify the Board of any practice address changes within 30 days. (2) Updates the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) code of ethics to the 2023 version. (3) Updates the definition of "unprofessional conduct" to include within the practice of acupuncture the failure to meet the standard of care. (4) Updates the definition of "unprofessional conduct" to include discrimination in the practice of medicine, podiatry, and acupuncture, which would make discrimination a ground for discipline. (5) Updates an outdated "Board of Medical Examiners" reference in OAR 847-010-0070.

847-050-0021; 847-070-0022; 847-080-0017: Updating documents submitted for PA, DPM, and Acupuncture licensure.
The rule amendments align recent updates to the MD/DO rule regarding employment verifications submitted for licensure in OAR 847-020-0160. For physician assistant, acupuncture, and podiatric physician applicants, the rule amendments clarify an evaluation of overall performance for an employer verification must include a statement of good standing or a statement regarding eligibility for rehire.

847-035-0030: Implementing HB 2395 (2023) and adding administration of levalbuterol to the EMT scope.
The rule amendment implements HB 2395 (2023) allowing all emergency medical services (EMS) providers to distribute and administer a short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800. "Kit" is defined in ORS 689.800. Also, the proposed amendment adds administration of levalbuterol to the Emergency Medical Technician scope, similar to albuterol. Levalbuterol was also added to an Advanced Emergency Medical Technician's scope to prepare and administer certain listed medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

PERMANENT RULES

847-005-0005: Increasing Oregon Medical Board license registration fees by 25% for all licensees.
The rule amendments implement SB 5522 (2023) to increase the Oregon Medical Board's license registration fees by 25% for all licensees, effective July 1, 2024. The rulemaking also removes obsolete fees for the prior PA supervision practice model.

847-001-0005: Timeframe to file a written answer for a hearing request.
The rule amendments update the timeframe by which a party who requests a hearing must file a written answer. The amended timeframe would allow filing within 30 days of a timely hearing request, or 30 days after production, whichever is later.

847-008-0055, 847-020-0110, 847-025-0050, 847-050-0015, 847-070-0015, 847-080-0002: Adding payment of civil penalties and costs due to the OMB as an application requirement.
The proposed rule amendments add payment of any civil penalties and costs due to the Oregon Medical Board as an application requirement. This would apply to applicants with a surrendered, retired, or revoked license seeking to be relicensed. Applicants would have to pay in full any civil penalties and costs due to the Oregon Medical Board before being relicensed. ✚

Board Actions: January 16, 2023 – April 15, 2024

Many licensees have similar names. Please review Board Action details carefully to ensure that it is the intended licensee.

NON-DISCIPLINARY BOARD ACTIONS

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 identified concerns.*

O'SULLIVAN, Lauren J., DO; DO26683 | Bend, OR
On April 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete pre-approved courses regarding professional ethics and boundaries, contraceptive devices, and patient autonomy and communication.

SIEVERT, Frank A., MD; MD28172 | Maryville, TN
On April 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses in toxicology and evidence-based medicine and to enter into a mentorship with a pre-approved physician prior to providing care to any Oregon patient for the prevention and treatment of COVID-19.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

These actions are not disciplinary and are not reportable to the national data banks. They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

BERZINS, Uldis J., MD; MD14288 | Salem, OR
On January 23, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

BOUVARD, Paige E., LAc; AC219145 | Cottage Grove, OR
On April 4, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 120 hours and submit 45 hours of NCCAOM-approved continuing education units.

DUNPHY, John E., Jr., MD; MD12250 | Eugene, OR
On March 13, 2024, 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 500 hours and submit 76 hours of Category 1 CME.

GU, Zhen, LAc; AC217133 | Beaverton, OR
On February 6, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 1,200 hours and complete 450 hours of NCCAOM-approved continuing education units.

KO, Edalyn M., DPM; DP00360 | Eugene, OR
On March 7, 2024, 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 podiatric physician mentor for 500 hours.

MARGOLIS, Amy B., PA; PA216394 | Bend, OR
On January 22, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 2,000 hours.

RAO, Rajesh G., PA; PA213810 | Portland, OR
On February 23, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 1,200 hours.

SALAZAR, Lupe G., MD; MD214524 | Cornelius, OR
On February 5, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours and obtain certification from the American Board of Internal Medicine.

SHAW, Dereck D., LAc; AC216398 | Grants Pass, OR
On January 17, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 400 hours.

INTERIM STIPULATED ORDERS

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

BROOKS, Karen M., MD; MD157329 | Salem, OR
On April 9, 2024, 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. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

KNIGHT-KING, Zachary J., PA; PA150255 | Tualatin, OR
On January 26, 2024, 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 medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

LIPPERT, Dennis M., MD; MD27941 | Portland, OR
On March 27, 2024, Licensee entered into an Interim Stipulated Order in which he agreed to voluntarily place his license at Administrative Medicine status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

MARKS, Daniel L., MD; MD21193 | Portland, OR
On February 2, 2024, 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 medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

NERNESS, Curtis R., MD; MD18127 | Happy Valley, OR
On February 13,2024, 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 medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

DISCIPLINARY ACTIONS

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

BENTLEY, Keri M., MD; MD197946 | Denver, CO
On April 4, 2024, the Board issued a Default Final Order for failure to report felony convictions to the Board within 10 days; conviction of offenses punishable by incarceration in a federal prison; fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration; reciprocal discipline; violation of the Controlled Substances Act; and failure to report to the board any adverse action taken against the licensee by another licensing jurisdiction or governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the Oregon Medical Practice Act. This Order revokes Licensee's medical license and assesses a $10,000 civil penalty.

KNOPF, Gregory M., MD; MD10780 | Troutdale, OR
On April 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; repeated acts of negligence in the practice of medicine; and gross negligence in the practice of medicine. This Order reprimands Licensee; assesses a $10,000 civil penalty, with $5,000 held in abeyance; requires Licensee to follow the American Psychiatric Association's Clinical Practice Guidelines for management of psychiatric disorders; requires Licensee to complete a CPEP education plan; requires Licensee to complete courses regarding prescribing, geriatric prescribing, and mental health management; and subjects Licensee's medical practice to no-notice chart audits.

MOHAMED, Khaled, MD; MD215947 | Eugene, OR
On April 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; violation of the federal Controlled Substances Act; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or record keeping. With this Order, Licensee surrenders his medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

PAO, Dorothy M., MD; MD25026 | Clackamas, OR
On April 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; obtaining any fee by fraud or misrepresentation; permitting or allowing any person to use the licensee's license; and making a fraudulent claim. With this Order, Licensee surrenders her Oregon medical license while under investigation, and agrees never to reapply for a license to practice medicine in Oregon, and is assessed a civil penalty of $10,000, with $2,500 held in abeyance.

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

POPOWICH, Yale S., MD; MD26661 | Portland, OR
On April 4, 2024, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 2, 2020, Stipulated Order. ✚

Current and past public Board Orders are available on the OMB's website.

*National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.

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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**).

Office Closures

Wednesday, June 19 - **Juneteenth**

Thursday, July 4 - **Independence Day**

Monday, September 2 - **Labor Day**

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

- Acupuncture Interested Parties
- 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, and more:
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**

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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.