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Upcoming Meetings

August 21, 9 a.m. EMS Advisory Committee
September 3, 7:30 a.m. Investigative Committee
September 9, 5 p.m. Administrative Affairs Committee
October 1-2, 8 a.m. Board Meeting
November 5, 7:30 a.m. Investigative Committee
November 20, 9 a.m. EMS Advisory Committee

Keeping Up with Testing Recommendations for COVID-19

Melissa Sutton, MD, MPH | Public Health Physician/Senior Health Advisor COVID-19 for OHA

It has been more than 150 days since the first case of COVID-19 was diagnosed in Oregon. During this time, our understanding of COVID-19 has grown significantly; as a result, Oregon Health Authority (OHA) guidance has evolved. We know it can be challenging to keep up!

OHA's testing guidance has changed perhaps more than any other guidance document. In the initial weeks of the pandemic, due to severe testing shortages, COVID-19 testing was reserved for hospitalized patients with viral pneumonia, in whom influenza had been ruled out. As testing supplies have increased, criteria for testing have loosened. We are now fortunate to have a relatively open supply chain and recommend testing of all patients with symptoms consistent with COVID-19, regardless of severity. If your symptomatic patient does not have access to testing, you may swab them and send their COVID-19 swab to the Oregon State Public Health Laboratory (OSPHL) for free testing. OSPHL's testing criteria may be found [here](#).

We receive many questions around testing of asymptomatic patients. The most appropriate use of testing in asymptomatic patients is as part of a COVID-19 case, cluster, or outbreak investigation. Asymptomatic testing is also recommended in migrant and seasonal workers upon arrival in Oregon. This is because of higher rates of COVID-19 infection in these populations.

General testing of asymptomatic patients is not recommended at this time. That said, providers may consider case-by-case testing of asymptomatic patients in the following groups, whose communities may suffer

a disproportionate burden of COVID-19 infection:

1. Persons who identify as Black, African-American, Latinx, American Indian/Alaska Native, Asian, Asian-American, or Pacific Islander;
2. Persons who identify as having a disability; and
3. Persons whose first language is not English.

We also receive many questions around antibody testing. At this time, we do not recommend antibody testing outside of surveillance. We have begun a series of serosurveillance projects and will publish our first seroprevalence estimates soon. We believe that the seroprevalence in Oregon is very low. For this reason, even with a very specific antibody test, there is a very high rate of false positive results. In fact, false positives may be more common than true positives at this time. We are concerned that patients with positive antibody results may consider themselves immune to COVID-19 and behave accordingly. Unfortunately, in the case of a false positive, this could be dangerous and lead to an increased risk of infection. And, even in the case of a true positive, we do not know if immunity protects against COVID-19 infection or, if so, for how long. Please understand that antibody testing may be more harmful than helpful at this time.

OHA's testing guidance will continue to evolve throughout the COVID-19 pandemic. The most updated version may be found [here](#). +

Former Executive Director Wins Distinguished Service Award



The Oregon Medical Board is proud to announce former OMB Executive Director Kathleen Haley, JD, as a recipient of the 2020 Distinguished Service Award.

The Distinguished Service Award is presented by the Federation of State Medical Boards (FSMB) to an individual in recognition of the highest level of service, commitment, and contribution to the FSMB; the advancement of the profession of medical licensure and discipline; and the strengthening and enhancement of public protection.

Ms. Haley led the OMB for 24 years, earning the profound respect of health care professionals and policy makers in Oregon and abroad. During her tenure as a leader in medical regulation, she served on the Board of Directors for both the FSMB and Administrators in Medicine (AIM).

Ms. Haley is also a winner of AIM's Board of Directors Service Award and Doug Cerf Executive Director's Award; in 2016, the Citizen Advocacy Center of Washington, D.C., awarded her the prestigious Ben Shimberg Public Service Award. +

Rural Health Pioneer Retires After 46 Years



After 46 years of practice as a physician assistant, Dennis Bruneau, PA-C, retired at the end of 2019. In September 1980, Mr. Bruneau and his partner in practice Dave Jones, PA-C, became the first PAs allowed to practice remotely from a supervising physician, including independent prescribing and dispensing authority, in the country.

Mr. Bruneau spent 30 years serving the people of Condon, OR, and eight in Christmas Valley and Moro, OR. While working in Condon, Mr. Bruneau helped establish the first documented municipal health district in the nation. He then went on to assist other states in establishing their own health districts, allowing access to underserved communities by financing health care facilities and practitioners.

Mr. Bruneau also served on the OMB's Physician Assistant Committee for nine years, acting as Chair for two. During this time, he worked closely with the Board to define its role in licensing PAs in the state.

The OMB would like to thank Mr. Bruneau for his many years of dedication and service. +

2020 Acupuncture License Renewal & Lapsed License Information

The acupuncture license renewal period ended on June 30, 2020. Acupuncturists whose licenses have lapsed have until September 30 to submit a late renewal application.

Due to the COVID-19 declared emergency, the \$80.00 late fee has been waived for the current renewal cycle.

A license not renewed by September 30 will remain at lapsed status, 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 September 1 to ensure Board staff have time to review and process the renewal application.

Visit the Board's [License Renewal](#) page to start your renewal.

Acupuncture information about practice during COVID-19 and updates for the acupuncture license renewal process are on the Board's [COVID-19 webpage](#). Please contact OMB staff at renewal@omb.oregon.gov or 971-673-2700 with questions. +

2020 Acupuncture License Renewal by the Numbers

Renewed by Deadline:
1,512 (92%)

Total Acupuncture
Licenses:
1,641

Lapsed Licenses:
129* (8%)

*Includes 19 late renewals

OMB Reporting Requirements

Licensed health care providers in Oregon are part of a professional community with an ethical obligation to self-regulate. Notifying the Board of concerns about medical professionals upholds the profession's integrity and allows the Board to protect the public and offer remediation or resources whenever possible.

Reporting to the Board means making a report to the OMB's Investigation Unit, Executive Director, or Medical Director. Making a report directly to the Health Professionals' Services Program (HPSP) or HPSP's Medical Director does not satisfy the duty to report to the Board. Address changes and retirement notices are made to the Board's Licensing Unit.

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.

The table below is a summary of required reports to the Board. The list may be updated and revised at any time. +

Future OMB newsletters will cover required reports to other agencies and a Q&A on reporting requirements. Reporting questions for consideration can be submitted to info@omb.oregon.gov.

What Must be Reported to the Board

What Must be Reported to the Board				
Self-Report	Arrests and Convictions: Licensee must self-report if convicted of a misdemeanor or felony or if arrested for a felony crime. <ul style="list-style-type: none">References: ORS 676.150(3), ORS 676.150(5)	Other Licensee/Association Report	Prohibited or Unprofessional Conduct: Licensee who has reasonable cause to believe another health care professional has engaged in prohibited or unprofessional conduct must report the conduct to the board responsible for that person, unless prohibited by law. <ul style="list-style-type: none">References: ORS 677.092, ORS 676.150(2), ORS 676.150(5), OAR 847-010-0073(1)	
	Adverse Actions: Licensee must self-report any adverse action taken by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for discipline as described in the Medical Practice Act (ORS 677). <ul style="list-style-type: none">References: ORS 677.190(26), OAR 847-010-0073(1)		Medically Incompetent, Unprofessional or Dishonorable Conduct, Physical Incapacity: Licensee or medical association must report any information that appears to show that a licensee is or may be medically incompetent, guilty of unprofessional or dishonorable conduct, or has a physical incapacity. This report may not include privileged peer review data, see ORS 41.675. <ul style="list-style-type: none">References: ORS 677.415(3), OAR 847-010-0073(1)	
	Official Actions: Licensee must self-report any official action taken against the 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 government agency or a health care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity or impairment. This includes reporting official actions from any state or other licensing board. <ul style="list-style-type: none">References: ORS 677.415(4), ORS 677.205(1), OAR 847-010-0073(1)	Facility Report	Official Actions: A health care facility must report any official action taken against a licensee. The facility is subject to a penalty of not more than \$10,000 for each failure to report. <ul style="list-style-type: none">References: ORS 677.415(5), ORS 677.415(10), OAR 847-010-0073(1)	
	Voluntary Actions Under Investigation: Licensee must promptly self-report 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. <ul style="list-style-type: none">References: ORS 677.415(6), ORS 677.205(1), ORS 677.190(27), OAR 847-010-0073(1)		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. <ul style="list-style-type: none">References: ORS 677.415(6), OAR 847-010-0073(1)	
	Office-Based Surgery Complications and Incidents: Licensee performing office-based surgery must self-report complications and adverse incidents, if the complication occurred within 30 days of the procedure. <ul style="list-style-type: none">References: OAR 847-017-0037	Insurance Report	Alleged Professional Negligence: Insurer or self-insurer must report claims of alleged professional negligence. Incidents and inquiries not leading to claims need not be filed. <ul style="list-style-type: none">References: ORS 742.400(2), OAR 847-010-0075(1)	
Address Changes: Licensee must notify the Board of changes to residence address, practice location, or mailing address. May be subject to an automatic lapse of license to practice for failure to notify the Board. <ul style="list-style-type: none">References: ORS 677.228(1), ORS 677.190(18), ORS 677.172, OAR 847-008-0060	Settlements, Awards, or Judgments: All settlements, awards, or judgments against a physician paid as a result of alleged professional negligence must be reported. <ul style="list-style-type: none">References: ORS 742.400(4), OAR 847-010-0075(2)			
Retirement from Practice: Licensee must notify the Board of the intention to retire. <ul style="list-style-type: none">References: ORS 677.175		<p><i>Most reports are required to be made within 10 days of the occurrence. Please review the associated references for specific requirements.</i></p> <p><i>For reporting definitions, including official action, medical incompetence, unprofessional conduct, and licensee impairment, see OAR 847-010-0073(3) and ORS 677.415(1).</i></p>		

Acupuncture Advisory Committee Meeting Summary

On June 5, 2020, the Board's Acupuncture Advisory Committee met to review and make recommendations to the Board on issues related to acupuncture in Oregon. Meeting topics and discussion included:

- **Internal Pelvic or Genital Massage:** In 2014, the Committee and Board established that the practice of internal pelvic massage or genital massage is not within the acupuncture scope of practice in Oregon. Rulemaking on this issue was undertaken at the December 2019 meeting. Public comments were received and reviewed in June 2020. The definition of "Oriental Massage" was amended to state that the practice of internal pelvic massage (intravaginal, intra-anal, or intra-rectal) or genital massage is not within the acupuncture scope of practice. Future requests to include this practice within the scope of acupuncture should include information on education and training requirements, informed consent, and other patient safety procedures specific to this practice.
- **Point Injection Therapy:** Point injection therapy with substances such as saline, sterile water, or herbs was reviewed. In 2020, Washington's Legislature considered including lidocaine as a substance used for point injection therapy, but the bill was ultimately vetoed. The committee established that point injection therapy with any substance is not within the acupuncture scope of practice in Oregon at this time.
- **Sale of Cannabidiol (CBD):** The committee reviewed current regulations on CBD products containing less than 0.3 percent THC derived from industrial hemp. In Oregon, CBD products are regulated by the Oregon Department of Agriculture. The Food and Drug Administration provides that it is currently illegal to market or label CBD products as a dietary supplement or to generally make claims that CBD products can treat medical conditions.
- **Acupuncture Programs:** The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) implemented a policy in March 2020 to recognize and accredit only two types of acupuncture education and training doctoral programs – entry-level doctoral programs (Doctor of Acupuncture) and advanced practice doctoral programs (Doctor of Acupuncture and Oriental Medicine). The committee will work on drafting a proposed rule amendment to allow Doctor of Acupuncture degree recipients to identify as doctors of acupuncture.

The Committee welcomes information and proposals from licensees and professional organizations on issues related to acupuncture in Oregon for future consideration. Submissions may be made via email to info@omb.oregon.gov. +

Volunteer Today to Save Lives During COVID-19

As the COVID-19 pandemic continues to evolve, health care resources remain strained. To help offset these obstacles, Oregon licensees are encouraged to register with SERV-OR to join the response to COVID-19.

What is SERV-OR?

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide pool of licensed physicians, nurses, pharmacists, emergency medical technicians (EMTs), behavioral health providers, respiratory therapists, and other health professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.

How can you help?

There are several ways to help, depending on the need. Volunteers may be asked to:

- Staff an alternate care site to decrease pressure on hospitals
- Operate a health information hotline
- Help with contact investigation around known COVID-19 cases
- Support administrative or logistical needs within the OHA Agency Operations Center
- Lend your skills in a wide variety of other volunteer roles

To find out more, visit [SERV-OR](#) and [register today](#). +

Travel-Free CME from OHSU



To help meet the needs of busy providers, OHSU's Continuing Professional Development program has developed a series of live, internet-based Continuing Medical Education talks for primary care providers.

Sessions are held via Webex Events on Wednesdays at noon and are free to attend.

For more information and to register, visit the [OHSU Continuing Professional Development website](#). +

Specialty Consultants are Key to OMB Deliberations

David Farris, MD | OMB Medical Director

None of us knows enough.

The OMB examines hundreds of complaints every year. A substantial portion allege substandard care. For example, by law we must review malpractice allegations. Although a large majority of these cases do not involve substandard care, some do.

For questions on standards of care, we rely heavily on experts in the field – our consultants. Determining whether the care met, fell below, or even exceeded standards is necessarily the province of PAs, physicians, and acupuncturists in the relevant field: primary care practitioners, specialists, subspecialists, or even those deep in a tiny niche. (I used to do pediatric cardiac anesthesia. There were seven others in the state doing the same. Turns out that's not all that small.)

This article has three parts. First, to acknowledge our consultants. It is difficult work. It is always serious and they treat it with appropriate gravity. The OMB could not function without their dedication – they write clear-eyed, fact-based opinions.

Second: Everyone should know the consultants' findings are not the final word. The Board members consider them

with equal gravity, then review the facts; they parse and discuss and argue. It is they, the Governor-appointed representatives of the public, who decide on next steps. If any.

Finally, we are always looking for the best consultants. I encourage physicians, acupuncturists, and PAs with interest to contact me. Experience in peer review and/or medico-legal considerations is helpful, but not absolutely necessary. Send an email with a CV and your area of expertise.

That said, there are a few things you should know. It's not a career. Though the hours are paid, it is significantly less than acting as an expert witness in a civil malpractice case. Second, consultants are asked to review one, sometimes two cases a year. Some consultants aren't called at all. Complaints have a way of cropping up just about anywhere, but some arenas have more proclivity than others.

Every consultant I've spoken to has found the work uniquely educational, often gratifying, and undeniably an important part of the profession. Again, thank you to all who've worn the mantel. +



The Oregon Office of Rural Health (ORH) will host its 37th Annual Conference online in a streamlined, interactive environment that includes enhanced opportunities for learning.

The conference will be held during the month of November, culminating on November 19, National Rural Health Day.

For details and information, visit the [ORH Conference website](#) or contact Laura Potter at potterla@ohsu.edu or 503-494-5244. +



Even before the unprecedented challenges created by the COVID-19 pandemic, research showed approximately 40% of physicians experience burnout and related mental health problems.

The Oregon Wellness Program offers free, confidential counseling and telemedicine resources for physicians, physician assistants, and advanced practice providers who may be dealing with increased feelings of stress, anxiety, depression, or other mental health or substance abuse issues.

Visit OregonWellnessProgram.org for more information. +

Questions for the Board: Can Physicians Prescribe Epi-Pens to an Entity? —

The OMB was recently contacted by a physician wondering if it was appropriate to prescribe Epi-Pens to a local nonprofit that runs outdoor camps.

Physicians may write prescriptions for Epi-Pens or epinephrine auto-injectors to an entity (such as a camp) where someone could be stung by a bee or exposed to another trigger for severe allergic reaction. The Oregon Board of Pharmacy offers specifics about how the prescription must be written in OAR 855-041-2320. A DEA number is not required to prescribe an Epi-Pen or auto-injector.

To be eligible to receive the prescription, anyone at the entity who might administer the medication must complete the Oregon Health Authority's training referenced in OAR 333-055-000 to 333-055-035. The course is designed for lay persons to administer epinephrine (in auto-injector form only) to unknown recipients. Taking another first aid course that covers administration of epinephrine, such as those offered by the Red Cross or American Health Association, DOES NOT meet OHA requirements. Additionally, the course must be taught by a registered nurse, paramedic, nurse practitioner, or physician, and the health care professional teaching the course must sign the Statement of Completion. If the trainee wants to obtain the prescription themselves, they need to have a nurse practitioner or physician sign the back of the card. This does not apply to entities who already possess the medication.

If the prescribing physician wants to teach the training course, they can access the training protocols [here](#). Paper copies of the protocols and the Statement of Completion can be obtained at no cost by contacting Dan Nielsen at daniel.m.nielsen@state.or.us or 971-673-1230. +

FSMB Amends Sexual Misconduct Policy —

The relationship between a physician and patient is inherently imbalanced. Patients tend to view physicians as holding a position of power over them due to the vulnerability created by sharing deeply personal information and undergoing intimate physical examination. Additionally, the ability to deliver care, prescribe treatment, and refer for appropriate specialty care often creates a strong feeling of trust for the physician within the patient.

It is critical that physicians act in a manner that promotes mutual trust with patients to ensure the delivery of quality health care. Violations of this relationship through sexual misconduct 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.

In 2017, the Federation of State Medical Boards (FSMB) created the Workgroup on Physician Sexual Misconduct to establish sensible standards and expectations to properly and effectively address sexual misconduct by physicians. The workgroup collected and reviewed disciplinary data related to sexual misconduct; identified and evaluated barriers to reporting sexual misconduct to state medical boards; evaluated the impact of state medical board public outreach and reporting; reviewed the FSMB's policy statement; and assessed the prevalence of sexual boundary and harassment training in undergraduate and graduate medical education. The workgroup also established the following guiding principles:

- **Trust:** The physician-patient relationship is built upon trust, understood as a confident belief on the part of the patient in the moral character and competence of their physician. In order to safeguard this trust, the physician must act and make treatment decisions that are in the best interests of the patient at all times.
- **Professionalism:** The avoidance of sexual relationships with patients has been a principle of professionalism since at least the time of Hippocrates. Professional expectations still dictate today that sexual contact or harassment of any sort between a physician and patient is unacceptable.
- **Fairness:** The principle of fairness applies to victims (also sometimes described as survivors) of sexual misconduct, who must be granted fair treatment throughout the regulatory process and be afforded opportunities to seek justice for wrongful conduct committed against them. Fairness also applies to physicians who are subjects of complaints in that they must be granted due process in investigative and adjudicatory processes; proportionality should be considered in disciplinary actions.
- **Transparency:** The actions and processes of state medical boards are designed in the public interest to regulate the medical profession and protect patients from harm. As such, the public has a right to information about these processes and the bases of regulatory decisions.

According to the workgroup, "effectively addressing physician sexual misconduct requires widespread cultural and systemic changes that can only be accomplished through shared efforts across the medical education and practice continuum." To achieve this goal, the workgroup established a series of best practice recommendations to address and prevent sexual misconduct while highlighting key issues and existing approaches. The recommendations include specific requests of individual entities and general guidelines that apply to multiple parties, including state medical boards, the FSMB, and other relevant stakeholders. The full report is available [here](#).

The FSMB requested comments from the OMB and other state licensing boards during the drafting of this policy statement. In January 2020, the OMB provided comments, which were incorporated into the final draft. The FSMB formally adopted the recommendations from the report as policy in May 2020.

In addition to following the guidance established in the FSMB's policy on Sexual Misconduct, the Board amended its Sexual Misconduct Statement of Philosophy in 2019 and Board members and staff participated in sexual misconduct training earlier this year. +

Statement of Philosophy: Provider-Patient Relationship

Oregon providers have medical, legal, and ethical obligations to their patients. In light of these obligations, it is the philosophy of the Oregon Medical Board that:

- Regardless of whether an act or failure to act is determined entirely by a provider, or is the result of a contractual or other relationship with a health care entity, the relationship between a provider and a patient must be based on trust, and must be considered inviolable. Included among the elements of such a relationship of trust are:
 - Open and honest communication between the provider and patient, including disclosure of all information necessary for the patient to be an informed participant in their care.
 - Commitment of the provider to fundamentally serve as an advocate for the patient's interest, without regard to secondary interests, whether personal, financial, or institutional and in avoidance of any conflict of interest with that of the patient.
 - Provision by the provider of that care which is necessary and appropriate for the condition of the patient, following community standards and best practices.
 - Avoidance of the creation or encouragement of any inappropriate relationships outside that of the therapeutic relationship, whether personal, financial, political, sexual, or other.¹
 - Respect for, and careful guardianship of, any intimate details of the patient's life, which may be shared with the provider.
 - Dedication by the provider to continually maintain professional knowledge and skills.
 - Respect for the autonomy of the patient.
 - Respect for the privacy and dignity of the patient.
 - Compassion for the patient and their family.
- Any act or failure to act by a provider that violates the trust upon which the relationship is based jeopardizes the relationship and may place the provider at risk of being found in violation of the Medical Practice Act (ORS Chapter 677).
- The philosophies expressed herein apply to all licensees regulated by the Oregon Medical Board, as well as those who make decisions, which affect Oregon consumers, including health plan medical directors and other providers employed by or contracting with such plans. +

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 1.1.1 Patient-Physician Relationships; 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: 1.5 Personal Relationships with Patients.

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

- Adopted 1998
- Revised 2020

1. Additional information is available in the Board's Statement of Philosophy on Sexual Misconduct.

Learn More About the OMB's Statements of Philosophy

Statements of Philosophy are adopted by the Board to express its position and intentions regarding the practice of medicine in Oregon. Currently, the Board has adopted 22 Statements of Philosophy that cover topics such as Cultural Competency, Pain Management, Sexual Misconduct, Telemedicine, and more.

All licensees are strongly encouraged to review and familiarize themselves with the Board's Statements of Philosophy, available [here](#). +

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

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

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

PROPOSED RULES

First Review. Written comments accepted as provided for each rule via email to elizabeth.ross@omb.oregon.gov.

OAR 847-035-0030: Scope of Practice

The proposed rule amendment would allow EMT level and above providers to administer over-the-counter medications in unit dose packaging for immediate use under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician. **Written comments due by 8 a.m. on August 21, 2020.**

OAR 847-035-0032: Emergency Medical Services Providers in the Event of an Emergency

The proposed rule amendment would make the temporary rule permanent to provide flexibility in the scope of practice for emergency medical services (EMS) providers during the period of a declared emergency. The temporary rule and proposed rule provide this flexibility only under a supervising physician's standing orders and within the protocols established by the State of Oregon EMS Medical Director or designee, subject to such limitations and conditions as the Governor or Oregon Medical Board may prescribe. **Written comments due by 8 a.m. on August 21, 2020.**

OAR 847-001-0050: Address of Record

The proposed rule codifies the Board's policy that a licensee's mailing address is their Address of Record. The Board will mail official notices to the licensee's Address of Record, and the mailing under the proposed rule will serve as sufficient notice for the Board to proceed with disciplinary action. **Written Comments due by 5 p.m. on August 28, 2020.**

OAR 847-010-0068: Practice in Oregon by Physicians and Physician Assistants in the Event of an Emergency

The proposed rule amendment would make the temporary

rule permanent to increase the potential number of physicians and physician assistants who can care for patients in Oregon during a declared emergency. The temporary rule and proposed rule reduce practice restrictions for Locum Tenens and Emeritus status licensees during the declared emergency. The rule also provides a streamlined reactivation process for a qualified group of physicians and physician assistants during a declared emergency. **Written Comments due by 5 p.m. on August 24, 2020.**

OAR 847-010-0073: Reporting Requirements

The proposed rulemaking clarifies for reporting requirements that "official action" does not include administrative suspensions of seven or less calendar days for failure to maintain or complete records. These administrative suspensions of seven or less calendar days are not related to the licensee's competence to practice medicine. These types of administrative suspensions are used by employers to induce licensees to perform certain functions. The proposed rule requires reporting these administrative suspensions as an official action when the suspensions occur more than three times in any 12-month period. When a licensee is repeatedly suspended for these reasons over a 12-month period, the cumulative acts may constitute unprofessional conduct. **Written Comments due by 5 p.m. on August 28, 2020.**

ADOPTED RULES

OAR 847-070-0005: Amends massage definition to clarify acupuncture scope of practice.

The proposed rule amends the definition of "Oriental Massage" to clarify that the practice of internal pelvic massage (intravaginal or intra-anal or intra-rectal) or genital massage is not within the acupuncture scope of practice.

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

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

Board Actions

April 16, 2020 - July 15, 2020

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

INTERIM STIPULATED ORDERS

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

FLORES, Gonzalo M., LAc; AC00643
Portland, OR

On June 29, 2020, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all clinical encounters with female patients in the presence of a medically trained chaperone, and after 30 days 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.

NEPVEU, Laura, MD; MD18304
Portland, OR

On May 18, 2020, Licensee entered into an Interim Stipulated Order to voluntarily cease the initiation of chronic pain treatment with opioids; taper current chronic pain patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and obtain an annual EKG for all patients taking methadone pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

PACKER, Tiarha, PA; PA130018
Corvallis, OR

On May 4, 2020, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her physician assistant license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

WIEBE, Jonathon P., MD; MD170579
Portland, OR

On July 7, 2020, 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.

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.*

LUKACS, Jozsef, MD; MD25998
Lake Oswego, OR

On July 10, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on medical records documentation and obstetrical ultrasound and, if he intends to return to the practice of interventional radiology, to submit a re-entry plan to the Board.

MEIER, Douglas L., MD; MD21730
Milwaukie, OR

On July 10, 2020, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on professionalism.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

COSTELLO, Mae C., LAc; AC00936
Portland, OR

On May 4, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to complete a 120-hour mentorship with a Board-approved clinical supervisor.

REAVIS, David R., PA; PA01357
Salem OR

On April 17, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to specific supervision and chart review requirements by his supervising physician; reports to the Board from his supervising physician; Board approval of his supervising physician and practice setting; maintenance of NCCPA certification; and completion of 10 hours of CME.

DISCIPLINARY ACTIONS

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

AANDERUD, Paul J., DO; DO157838

Troutdale, OR

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order reprimands Licensee; assesses a \$10,000 civil penalty; places Licensee on probation for 10 years; restricts Licensee from performing Mohs surgery; places restrictions on Licensee's performance of histological analysis; requires Licensee and his employees to photograph any lesions prior to removal; requires Licensee to notify all patients of histologic results within ten business days; requires Licensee to complete pre-approved courses on ethics, professionalism, and documentation; and subjects Licensee's practice to no-notice chart audits and office visits by the Board's designee.

CURRIER, Nathan R., MD

Applicant

On July 10, 2020, Applicant entered into a Stipulated Order with the Board for failure to provide evidence sufficient to establish that he is of good moral character; disciplinary action by another state; unprofessional or dishonorable conduct; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for record keeping. With this Order, Applicant withdraws his application for licensure while under investigation.

HILL, Andrew J., LAc; AC01243

Portland, OR

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. With this Order, Licensee surrenders his acupuncture license while under investigation.

JOYNER, Lisa C., MD; MD21092

Milwaukie, OR

On July 10, 2020, the Board issued a Default Final Order for unprofessional or dishonorable conduct; willful violation of a Board order, statute, or rule; failing to comply with a board request; and failing to report the change of the location of practice. This Order revokes Licensee's medical license.

LAWS, Craig R., MD; MD171675

Bend, OR

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence; willful violation of a Board order or Board rule; and failure to report official actions. This Order surrenders Licensee's medical license while under investigation and assesses a \$4,000 civil penalty.

LU, Kang, MD; MD165578

Athol, MA

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for or procuring a license to practice medicine in this state; disciplinary action by another state; and willful violation any provision of any Board rule. With this Order, Licensee surrenders his medical license while under investigation.

ORTIZ, Orlando R., MD; PG195626

Portland, OR

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment; and willfully violating a board rule. This Order requires Licensee to remain enrolled and in good standing in a monitoring program.

SAKS, Seldon K., MD; MD15511

Tualatin, OR

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willful violation any Board rule or order. With this Order, Licensee surrenders his medical license while under investigation.

SHARMA, Anjmun, MD; MD160466

Monument, CO

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; fraud or misrepresentation in applying for or procuring a license to practice medicine in this state; gross or repeated negligence; willful violation of a Board order or Board rule; and failure to report to the Board any adverse action taken against the Licensee. This Order reprimands Licensee; assesses a \$10,000 civil penalty; withdraws Licensee's application for reactivation; and surrenders Licensee's medical license while under investigation.

**SOLDEVILLA, Francisco X., MD; MD14348
Portland, OR**

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and willful violation of any rule adopted by the Board. This Order reprimands Licensee; assesses a \$6,000 civil penalty; and requires Licensee to complete pre-approved course on professionalism.

**TILLEY, Robert J., MD; MD14698
Tigard, OR**

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. With this Order, Licensee retires his medical license while under investigation.

**WARDEN, Craig R., MD; MD16181
Portland, OR**

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and impairment. With this Order, Licensee retires his medical license while under investigation.

**YATES, Ati B.U., MD; MD27986
The Dalles, OR**

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. With this Order, Licensee retires her medical license while under investigation.

**ZHAI, Juan, MD; MD22940
Portland, OR**

On July 10, 2020, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment; willfully violating a board rule; and failure to notify the Board of the voluntary limitation of Licensee's hospital privileges while under investigation. This Order reprimands Licensee; assesses a \$5,000 civil penalty; and requires Licensee to remain enrolled and in good standing in a monitoring program.

PRIOR ORDERS MODIFIED OR TERMINATED**COMPAGNO, John, MD; MD125514
Portland, OR**

On July 10, 2020, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's June 7, 2017, Order of License Suspension.

**DEYO-BUNDY, Brittany J., MD; MD168555
Coburg, OR**

On July 10, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 11, 2019, Stipulated Order by removing terms 4.5 and 4.7.

**GRANDI, Renee E., MD; MD23645
Enterprise, OR**

On May 7, 2020, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's October 3, 2019, Stipulated Order.

**REAGAN, Charles P., MD; MD19027
Coos Bay, OR**

On May 7, 2020, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's August 3, 2017, Interim Stipulated Order.

**SMUCKER, Lonnie L., MD; MD17893
Portland, OR**

On July 10, 2020, the Board issued an Order Terminating Stipulated Order and Order Modifying Stipulated Order. This Order terminates Licensee's March 4, 2010, Stipulated Order, and September 2, 2010, Order Modifying Stipulated Order.

Current and past public Board Orders are available on the [OMB website](#).

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

**Coming Soon: One-Year License Renewals
and Continuing Medical Education Audits —**

License renewals begin in October for medical, osteopathic, and podiatric physicians and physician assistants with one-year licenses. This includes licensees at emeritus status. If you have a one-year license, you may log in to complete your renewal on the [Board's website](#). The deadline to complete your renewal without penalty is December 31, 2020. +



Oregon Medical Board

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www.oregon.gov/OMB

No Cost Virtual MAT Data Waiver Training Opportunity

Date & Time: August 26, 2020, 8 a.m. - 12:30 p.m.

Registration: eventbrite.com/e/mat-data-waiver-training-virtual-8262020-tickets-111030914454

Please note if you are unable to register to this event due to capacity issues, additional training opportunities will be available throughout the year. +

Office Hours

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

Office Closures

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

Monday, Sept. 7 - **Labor Day**

Wednesday, Nov. 11 - **Veterans Day**

Thursday & Friday, Nov. 26 & 27 -
Thanksgiving

Register for Email Notices

Administrative Rules

omb.oregon.gov/subscribe-rules

Board Actions Reports

omb.oregon.gov/subscribe-actions

EMS Interested Parties

omb.oregon.gov/subscribe-ems

OMB Report (quarterly newsletter)

omb.oregon.gov/subscribe-newsletter

Public Meeting Notice

omb.oregon.gov/subscribe-meetings

Quarterly Malpractice Report

omb.oregon.gov/subscribe-malpractice

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. - 12 p.m. & 1 - 3 p.m.

Phone: 971-673-2700

Email: licensing@omb.oregon.gov

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Front Page Photo: Smith Rock State Park

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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.