OREGON MEDICAL BOARD
REPORT

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Upcoming Meetings

February 18, 9 a.m.
EMS Advisory Committee

February 25, Noon
Acupuncture Advisory Committee

March 3, 8 a.m.
Investigative Committee

March 9, 5 p.m.
Administrative Affairs Committee

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

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

Implementation of PA Modernization

During the 2021 Oregon Legislative Session, House Bill 3036 passed, thus moving physician assistant regulation from a supervisory to a collaborative model. The Oregon Medical Board is charged with implenting these changes.

The first phase for HB 3036 became operational on January 15, 2022, focusing on PA telemedicine, dispensing authority, and on-site supervision. The first phase:

- Allows Oregon Active status PAs to practice via telemedicine for patients located in Oregon (see the OMB's Telemedicine webpage for more information).
- Removes requirement for PAs to include a supervising physician's information on their prescriptions.
- Removes monthly requirement for eight hours of on-site supervision.
- Removes limit on PA practice to the scope of practice of their supervising physician.
- Removes requirement that a supervising physician apply for a PA to dispense prescription drugs. HB 3036 allows PAs to register directly with the OMB to dispense prescription drugs.
- Adds a PA Telemedicine Active status license for PAs who are physically located outside of Oregon but render medical treatment to patients in Oregon via electronic means.

Although some requirements on PA practice were removed as of January 15, many existing requirements are still in effect until the second phase for HB 3036 begins on July 15, 2022. The second phase will shift PA practice from a supervisory to a collaborative model and establish collaboration agreements. All PAs will need to transition to a collaboration agreement by the end of 2023.

Additionally, the OMB has organized a workgroup to review proposed draft rules that will go into effect on July 15. The workgroup consists of Board members, provider association representatives, PAs, and supervising physicians.

For more details on meetings, draft rules, and the rulemaking process, visit the OMB's **HB 3036 webpage**.

OMB Welcomes New Board Member

The Oregon Medical Board is pleased to announce Dr. Sudeep Taksali as its newest member. Dr. Taksali was sworn in on January 6, 2022.

Continued on page 3.

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

New Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder

In April 2021, the Department of Health and Human Services (HHS) released new buprenorphine practice guidelines to expand the availability of evidence-based treatment to more Americans with opioid use disorder.

To be eligible to prescribe medication-assisted therapy (MAT) for opioid use disorder, federal law requires physicians and PAs to complete training and attest to having counseling and other ancillary services available. HHS's April 2021 Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder hope to ease perceived barriers in access to care by exempting providers from some – but not all – of these federal requirements.

Before treating patients with buprenorphine for opioid use disorder, practitioners are still required to submit a Notice of Intent to the Substance Abuse and Mental Health Services Administration (SAMHSA) under established protocols. The recent practice guidelines, however, ease the following training, counseling, and other ancillary services requirements:

- For prescribing certain medications covered under the Controlled Substances Act (CSA), such as buprenorphine, practitioners, including physicians and PAs who possesses a DEA registration, may be exempt from the requirements related to training, counseling, and other ancillary services.
- Practitioners utilizing the exemption are limited to treating no more than 30 patients at any one time. Time spent practicing under the exemption will not qualify the practitioner for a higher patient limit.
- Under the exemption, PAs are required to be supervised by, or work in collaboration with, a DEA registered physician if required by state law to work in collaboration with, or under the supervision of, a physician when prescribing medications for the treatment of opioid use disorder.
- Practitioners who do not wish to practice under the exemption and 30 patient limit may seek a waiver per established protocols. The exemption applies only to the prescription of Schedule III, IV, and V drugs or combinations of such drugs, covered under the CSA, such as buprenorphine. It does not apply to the prescribing, dispensing, or the use of Schedule II medications such as methadone for the treatment of opioid use disorders.

Upcoming MAT Waiver Training Dates:

- Friday, April 22, 2022
- Friday, August 19, 2022

For more resources and information, visit the Board's **Pain Management webpage**.

Updated Pain Management Continuing Education Course, Resources

Starting January 1, 2022, all Board licensees must complete the pain management continuing education course offered by the Oregon Pain Management Commission (OPMC) every 24 months. See the OMB's continuing education page for details.

The Oregon Pain Management Commission (OPMC) recently launched a new version of "Changing the Conversation About Pain," a continuing education course that will be required every two years for all Oregon clinicians beginning January 1, 2022. The updated course now includes topics such as health equity. **Oregon Medical Board licensees will first report completion of the course during the Fall 2023 renewal cycle.**

Additionally, a workgroup comprised of representatives of the OPMC, Oregon Health Authority (OHA) Public Health, and Providence Health & Safety, as well as six clinical experts, has developed the Pain Education Toolkit, which offers patient and provider educational resources on topics such as sleep, nutrition, and medications.

Visit OregonPainGuidance.org/paineducationtoolkit to access the toolkit.

Sudeep Taksali, MD, Joins Oregon Medical Board

Dr. Sudeep Taksali is a board-certified orthopedic trauma surgeon. He practiced at Kaiser Permanente in Southern California before joining Hope Orthopedics of Oregon in Salem in 2012 where he currently serves on the Board of Directors. Dr. Taksali has degrees in Biology and Economics from Stanford University and earned his medical degree from Rush Medical College. Dr. Taksali went on to complete his Orthopedic Residency at Yale and his orthopedic trauma fellowship at the University of Texas Southwestern. He also completed leadership training through the University of Chicago School of Business, as well as Salem Health's Physician Leadership Institute.

Throughout his career, Dr. Taksali has been focused on high quality care and has chaired a number of quality improvement projects. He was a member of the American Academy of Orthopedic Surgeons committee that developed national guidelines for the care of hip fractures and currently serves as the medical director for Orthopedic Trauma at Salem Health. He is also an examiner for the American Board of Orthopedic Surgery and serves on the board of directors for the Oregon Association of Orthopedic Surgeons. Dr. Taksali is passionate about health equity and the social determinants of health and recently joined the Diversity, Equity, and Inclusion Committee for the city of Wilsonville.

At his confirmation hearing he said, "I hope that my diverse background and unique experiences will help me serve the Board and public well. If confirmed, I intend to make fair and impartial decisions with a firm commitment to public safety and the highest standards for patient care."

Outside of work, Dr. Taksali loves spending time with his family and enjoys music and photography.

Also in January, Robert Cahn, MD, was sworn in as Board Chair, and Christoffer Poulsen, DO, was sworn in as Vice Chair. ✚

Statement of Philosophy: Licensee Responsibilities to Share Evidence-based Information

Oregon Medical Board licensees are respected members of our communities with the power to impact the health and wellbeing of Oregonians. As experts in the field of medicine and health care, they are looked to for advice and guidance, and the public relies on our trusted health care professionals for reliable, unbiased information. OMB licensees are therefore expected to use their voices to share factual, evidence-based information and to correct any misinformation or disinformation that has a potential to harm the public.

- Adopted January 6, 2022

The Oregon Medical Board holds licensees to recognized standards of ethics in the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Chapter 8 on Community Health and Opinion 8.11 Health Promotion; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: PA Role and Responsibilities; and Oregon Association of Acupuncturists' Code of Ethics: Practitioner Responsibilities.

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

All Statements of Philosophy are available **here**. ✚

From the Desk of the Medical Director

David Farris, MD / Medical Director, OMB

Kafka wrote, "The point of life is that it ends." We in medicine do not prevent death, but do our best to postpone it.

One of the recurring themes in the 800 complaints the Board examines every year comes from aggrieved family members who are convinced the attending clinicians failed to do all they could to prevent the death of a loved one. They say they were not listened to. The dying person was ignored. The signs were there. Sometimes, they say they were lied to. Even that the chart notes were falsified.

These are heartbreaking. Per our responsibility, we examine the records in detail. When a licensee is asked for a response, they are inevitably distressed. Certain instances linger in my memory. An 80-year-old man spent three years in a library looking up the relevant laws, ultimately accusing the caregivers of murder. Upon review of the investigative file, the record supported an entirely different version, but compounding the tragedy, the man will go to his grave believing his wife was – literally – murdered, and no one lifted a finger.

I asked Nancy Boutin, MD, former Medical Director of inpatient palliative care at Salem Health, current Medical Director of home-based palliative care at Willamette Valley Hospice, if she had any advice. I am not naïve enough to think we can eliminate these complaints, but rather it is my hope to lessen, where we can, a family's grief, or at least some of the anger, and secondarily, perhaps save a licensee a complaint.

Nancy's short answer: Put the patient in the driver's seat. Read on. ✚

Grief Preparation

Nancy Boutin, MD, MBA | Hospice & Palliative Medicine Specialist, Willamette Valley Hospice

Discussion near the end of life can be some of the most difficult and important interactions we have with patients and families. The discussions take time and are fraught with uncomfortable emotion, but they are a tremendous investment in managing expectations and helping families feel included, involved, and cared for, no matter the outcome.

Although we're the ones with decades of education and experience, they're the ones with the most at stake. They may have goals and values we never imagined. There is always the risk of us saying or doing the wrong thing and never knowing about it—until they bring it up to someone. We improve the odds for a good emotional outcome, even if the patient dies, when we put the patient and family in the driver's seat as much as possible. Unless we've been in their position personally, it's hard to remember how helpless families feel when their loved one is in critical condition.

The daughter of a physician friend was diagnosed with leukemia many years ago. He and his wife went with her to OHSU, where, he said, they spent 23 ½ hours every day ruminating on the questions they wanted to ask the oncologist during morning rounds. Your patients' families most likely do the same thing. Until they get those questions answered, they cannot hear a single thing you say.

Make it easy for everybody and ask them to set the agenda. Open with something like, "Before we get started I want to know what questions you have today." This sets the expectation that they should have questions. If you ask if they have "any," they may very well say "no," and then the bedside nurse will call you later when they remember.

Be aware that the first thing they ask is probably not the most important. Ask, "what else" a couple of times, and try to get all the questions out on the table before you respond. Once they're satisfied, you can tell them what you think they need to know. If it's bad news, ask permission to bring it up. "Is it okay if we talk about some hard things now?" They may need to get reinforcements on the phone or from the coffee shop. At the end of your visit, do a quick review of their questions and ask "Did we answer everything?"

I coached an ED physician to use this technique and his Press Gainey scores went from the bottom quartile to the 99th percentile – on every survey item – almost overnight.

Patients and families remember what they said much more clearly than they remember what you said, so get them to tell you the difficult information. Ask them what they see, or notice, or think is happening. It opens the door to real conversation. If they're close to accurate, you can agree with them. If they're way off base, you can gently redirect. The phrase, "I'm concerned" is pure magic. It puts you and the patient/family on the same side. It's easier for them to hear than, "I have bad news," or "I'm worried." After you've explained the situation, try, "I want to make sure I explained it in a way that made sense. What did you hear me say?"

No matter how well patients and families sling the lingo, they may not actually understand our language. I once stood at the bedside of an ICU patient on a vent, pressors, and a balloon pump, having a technically sophisticated discussion with his wife. She nodded and said "yes" at all the right places. Just as I started to leave, she said, "You know, he really didn't want to come to the ICU, but at least he's not on life support."

That's when I started using the teach back technique I learned from my nurse colleagues. Now say, "When your (fill-in-the-blank) calls later today and wants to know what the doctor said, what will you tell them?" It's a very quick way to find out if they heard me and understood. There's time to refresh the information I want them to know. During the first half of my career, as a radiation oncologist, every time I asked a new patient if they had any questions, they always said "no." I only found out later that they retained less than 40% of what I thought they understood. If they were stressed, sick, or in any way cognitively impaired, the number went down—especially for bad news.

Remember that the patient is the one with the disease. No matter how skilled you are, you can't make a patient immortal. Acknowledge the patient's part in the process without blaming. "He's trying as hard as he can, and three failing organs is tough for anybody, much less a 95-year-old." Since Americans love to report their loved ones are "fighters," be ready to say something like, "I can see that, but even the strongest fighter gets tired."

Avoid softening any bad news with statements like, "I'll be thrilled if he's the one in a million who beats this. If he comes back to see me in five years, we'll throw a party." It is almost guaranteed the family will call home and say, "His doctor thinks (or promised) he's got five years."

When a patient dies on your watch, consider making a call to the family in the next day or two. It may be the last thing you want to do, but it can change their whole view of what happened. A study some years ago showed that a personal phone call from an ED physician retroactively improved the patient's recollection of their ED experience. It is also possible to reframe the meaning of the death, focusing on the patient's agency. "He may have waited until you left. Some people prefer privacy when they die, even from family. It's okay you went to the bathroom."

I once tried to discharge a prominent elderly woman back to her upscale care facility with hospice support. The family wanted her to stay in house on "comfort care" forever, and said she wanted it, too, although she was nonverbal. They finally agreed to send her home and transportation was arranged. When I left the hospital for a few hours, the hospitalist canceled the woman's discharge. Later, as I walked past her room on the way to meet with her family, a nurse looked up from the bedside to tell me she had just died—probably a ventricular arrhythmia, given her co-morbidities. I could just hear the family's scathing assessment of me—and my hospital—at their next ten cocktail parties. On the way back to the patient's room with her daughters I said, "Help me understand. Your mother liked to get her own way?" They agreed whole heartedly. "So, when Dr. Doe said she could stay. . ."

The daughters burst out laughing. Their mother died doing what she loved—being in charge. It made for a very different, and happier, story for the family to tell. Such is the power of reframing.

For more information, check out *Mastering Communication with Seriously Ill Patients: Balancing Honesty with Empathy and Hope* by Anthony Back, MD, et al. Online, look for their "Onco Talk" curriculum or the many specialty-specific spin-offs. ✚

Note from the Medical Director: For further reading, see this recently-published article from Healio.com about reducing grief for relatives of patients dying in the ICU.

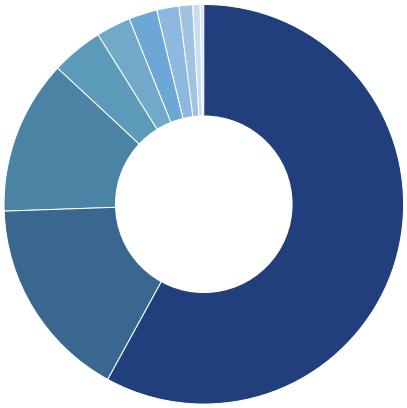
Annual Licensing Statistics

As of December 31, 2021, the OMB had a total of 25,565 licensees. Of that number, 22,888 held active licenses to practice in Oregon. Another 973 indiviudals held limited licenses of various kinds. ✚

Status	MD	DO	DPM	PA	LAc
Active*	16,528	1,932	217	2,645	1,566
Inactive	1,326	134	10	154	80
Limited (all types)	777	184	12	0	0
Total	18,631	2,250	239	2,799	1,646

**Active licenses include: Active, Emeritus, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring, Teleradiology, Administrative Medicine, and Volunteer Emeritus*

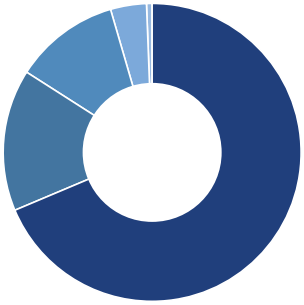
Active Licensees by Racial and Ethnic Background



- White: **58.1%**
- Decline to Answer: **16.4%**
- Asian: **12.5%**
- Unknown: **4.2%**
- Hispanic or Latino: **2.8%**
- Other: **2.2%**
- Black or African American: **1.8%**
- Middle Eastern or Northern African: **1.1%**
- American Indian or Alaska Native: **0.6%**
- Native Hawaiian or Pacific Islander: **0.3%**

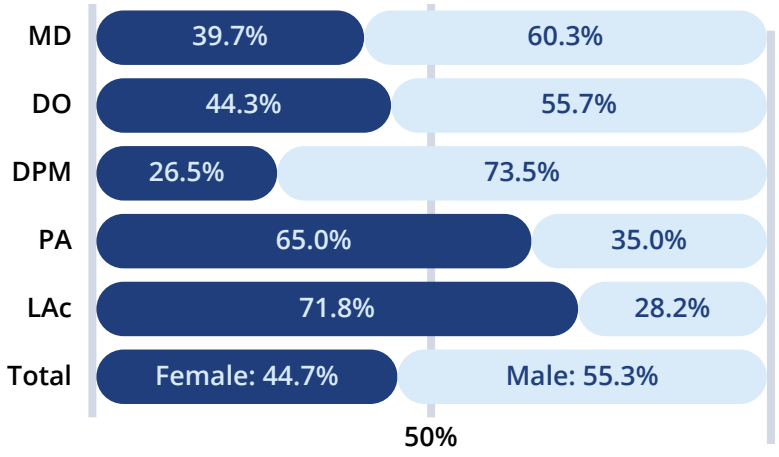
New Licensees

The OMB welcomed 1,818 new licensees in 2021.



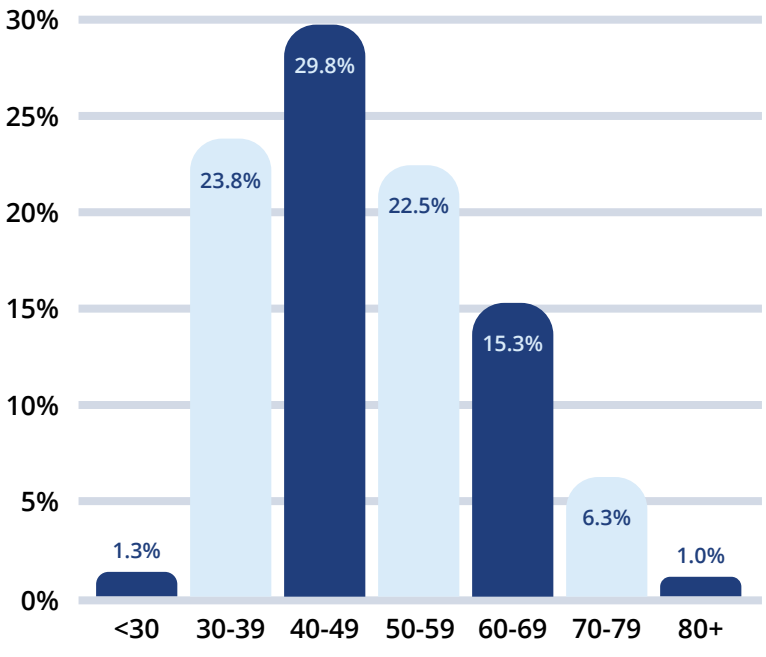
- MD: **1,248 (68.7%)**
- PA: **280 (15.4%)**
- DO: **208 (11.4%)**
- LAc: **71 (3.9%)**
- DPM: **11 (0.6%)**

Active Licensees by Gender*



**Not all licensees select a binary gender*

Active Licensees by Age



Licensees by County

The data below reflects current practice addresses reported by licensees who have full licenses at practicing status. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county. ✚

County (Seat)	MD	DO	DPM	PA	LAc	Total	Population
Baker (Baker City)	74	9	2	17	2	104	16,860
Benton (Corvallis)	315	106	4	91	20	536	93,976
Clackamas (Oregon City)	1,242	161	28	179	120	1,730	425,316
Clatsop (Astoria)	112	18	4	21	14	169	41,428
Columbia (St. Helens)	24	5	0	17	8	54	53,014
Coos (Coquille)	175	26	2	28	8	239	65,514
Crook (Prineville)	25	7	0	15	1	48	25,482
Curry (Gold Beach)	55	9	2	9	5	80	23,662
Deschutes (Bend)	699	98	10	215	87	1,109	203,390
Douglas (Roseburg)	231	46	7	64	7	355	111,694
Gilliam (Condon)	1	0	0	1	0	2	2,039
Grant (Canyon City)	15	6	1	1	1	24	7,226
Harney (Burns)	16	7	0	2	0	25	7,537
Hood River (Hood River)	113	7	2	20	19	161	23,888
Jackson (Medford)	692	92	11	166	68	1,029	223,827
Jefferson (Madras)	32	2	0	21	0	55	24,889
Josephine (Grants Pass)	147	34	5	60	19	265	88,728
Klamath (Klamath Falls)	161	17	2	43	7	230	69,822
Lake (Lakeview)	11	3	0	3	0	17	8,177
Lane (Eugene)	1,001	101	12	236	92	1,442	382,647
Lincoln (Newport)	100	28	4	33	11	176	50,903
Linn (Albany)	173	63	8	50	8	302	130,440
Malheur (Vale)	138	25	1	39	0	203	31,995
Marion (Salem)	854	133	19	185	50	1,241	347,182
Morrow (Heppner)	10	4	0	7	0	21	12,635
Multnomah (Portland)	4,908	444	49	772	790	6,963	820,672
Polk (Dallas)	57	18	1	21	4	101	88,916
Sherman (Moro)	3	0	0	2	0	5	1,908
Tillamook (Tillamook)	67	10	2	13	9	101	27,628
Umatilla (Pendleton)	223	33	5	25	2	288	80,463
Union (La Grande)	54	17	3	4	6	84	26,295
Wallowa (Enterprise)	19	1	1	4	7	32	7,433
Wasco (The Dalles)	86	14	1	16	11	128	26,581
Washington (Hillsboro)	1,903	176	37	403	170	2,689	605,036
Wheeler (Fossil)	2	0	0	2	0	4	1,456
Yamhill (McMinnville)	180	27	8	47	16	278	108,261

Population based on July 1, 2021, Certified Population Estimate - College of Urban and Public Affairs, Portland State University

Annual Investigative Statistics

In 2021, the Investigative Committee met eight times to review investigations and form recommendations. Review of these recommendations occurs at each quarterly Board meeting, requiring Board members to read, and staff to compile, over 10,000 pages of material for each meeting. The following statistical reports are a snapshot of the resulting work. ✚

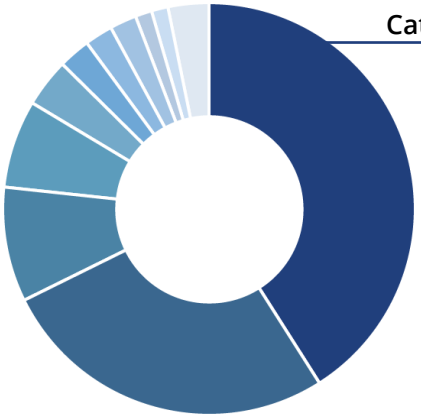
Final Dispositions of Investigations (No Violations)	2019	2020	2021
Exceptionally Closed	7	10	10
No Apparent Violation	348	298	353
Preliminary Investigation	111	90	102
Prior to Committee Appearance	107	97	122
Post Committee Appearance	2	2	10
Letter of Concern/Prior to Committee Appearance	136	149	170
Letter of Concern/Post Committee Appearance	16	12	19
After Staff Inquiry	1	1	0
Executive Staff Review of HPSP Noncompliance	2	8	7
No Violation/App Withdrawal w/ Report to Federation	2	0	0
Temporarily Closed without Board Order	0	0	0

Source of Investigations	2019	2020	2021
Oregon Medical Board	106	96	66
Board/HPSP Noncompliance	3	6	2
Co-worker/Other Staff	2	10	4
Hospital/Other Health Care Institution	25	26	28
Insurance Company	0	0	0
Malpractice Review	63	44	32
HPSP/Monitoring Entity	35	25	18
Other	56	64	71
Other Boards	3	4	3
Other Health Care Proviers	70	50	70
Patient or Patient Associate	455	413	451
Pharmacy	4	3	8
Self-Reported	27	23	14

Investigation Totals	2019	2020	2021
Investigations Opened	842	750	713
Investigations Closed	815	768	868
Investigative Committee Interviews	50	61	59
Reportable Orders	56	80	75

Public Orders & Agreements	2019	2020	2021
Automatic Suspensions	1	1	2
Consent Agreements	23	16	14
Corrective Action Agreements	8	13	14
Stipulated Orders	46	62	58
Voluntary Limitations	1	0	0
Final Orders	4	8	0

Categories of Complaints



- Unprofessional Conduct: **41.0%**
- Inappropriate Care: **26.7%**
- Other/Miscellaneous: **9.0%**
- Inappropriate Prescribing: **6.9%**
- Suspected/Known Criminal Involvement: **3.8%**
- Sexual Misconduct: **2.5%**
- Malpractice Review: **2.2%**
- Failure to Report: **2.1%**
- HPSP/Monitoring Entity: **1.3%**
- HPSP Non Compliance: **1.3%**
- **< 1.0% Each:** Physical/Mental Illness or Impairment; Substance Abuse; Board Compliance; Office-Based Surgery; Practice Without a License; No Recent Practice

2020-2021 Budget Statistics

Staff & Board Member Salaries
41.1%

Benefits
22.9%

Overhead
8.7%

Health Professionals Services Program (HPSP)
7.5%

Attorney General Costs
5.8%

Goods & Services
5.0%

Professional Services
4.8%

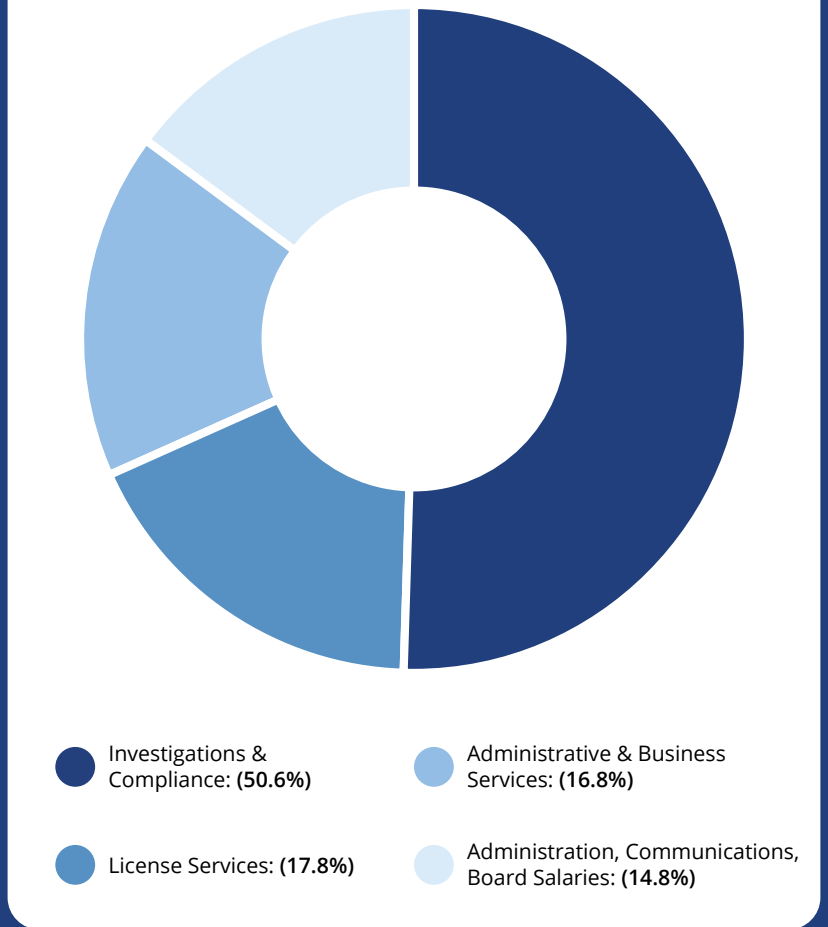
Telecommunications & Technology
2.4%

Oregon Wellness Program (OWP)
1.8%

Where The Money Goes

The OMB is an other-funded agency, meaning the majority of revenue is generated from licensing fees. The numbers to the left are a breakdown of how that money is utilized.

Expenditures by Business Unit



Expansion of Medical Marijuana Recommendation Privileges

Effective January 1, 2022, more health care providers in Oregon are able to authorize medical marijuana for patients with debilitating medical conditions.

In 2021, the Oregon Legislature passed HB 3369, expanding the definition of attending provider under the rules for the Oregon Medical Marijuana Program (OMMP). Attending providers now include:

- **Doctor of Medicine (MD) or Doctor of Osteopathy (DO)**
- **Physician assistant**
- **Nurse practitioner**
- **Clinical nurse specialist**
- **Certified registered nurse anesthetist**
- **Naturopathic physician**

The above health care providers are considered to have primary responsibility for the care and treatment of patients.

Having primary responsibility means the attending provider has one of the following roles:

- Provides primary health care to the patient.
- Provides medical specialty care and treatment to the patient.
- Is a consultant who has been asked to examine and treat the patient by the patient's primary care physician licensed under ORS chapter 677, the patient's physician assistant licensed under ORS chapter 677, or the patient's nurse practitioner licensed under ORS chapter 678.

The provider must also have reviewed a patient's medical records at the patient's request and conducted a thorough physical examination of the patient; provided or planned follow-up care; and documented these activities in the patient's medical record.

For more information, visit the OMB's **Medical Marijuana page** or **the OMMP website**. Information specific to attending providers can be found under the Attending Provider link. ✚

Legislative Items Effective January 1, 2022

During the 2021 Legislative Session, the following bills passed that may be relevant to OMB licensees and are effective as of January 1, 2022:

- **SB 438: Physician Assistants Receive Blood Test Results.** Allows PAs to receive blood test results of a source person when another individual (while performing official duties) comes into contact with blood, bodily fluid, or other infectious material of the source person.
- **HB 2075: Radiation Devices and Equipment Fees.** Increases OHA's Radiation Protection Services X-ray device registration fees and adds X-ray vendor fees.
- **HB 3159: REALD Data Collection.** Requires coordinated care organizations, licensed health care providers, and health insurers to collect and submit to OHA data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity from patients. ✚

Update: Sexual Misconduct Workgroup

The OMB's Sexual Misconduct Workgroup reconvened on November 17, 2021, and January 27, 2022, to hear public comment and to continue reviewing the draft of the medical chaperone rule, written rulemaking comments, and draft patient brochure.

Members of the public who wish to participate in upcoming Sexual Misconduct Workgroup meetings may contact Gretchen Kingham at **gretchen.kingham@omb.oregon.gov**.

Additional written comments for the workgroup's review may be submitted to Elizabeth Ross at **elizabeth.ross@omb.oregon.gov**.

Please see the **Workgroup's webpage** for the most current and detailed information. ✚

Oregon Administrative Rules

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

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

PROPOSED RULES

First Review. Written comments for all proposed rulemakings are due by 5 p.m. on February 22, 2022, via email to **elizabeth.ross@omb.oregon.gov**.

847-003-0200: Board Member Compensation Implementing HB 2992

HB 2992 (2021) requires board members, based on their gross income in the previous tax year, to be compensated for their board service at a rate equal to the daily per diem as state legislators. The Board may adopt a rule setting this as the per diem rate for all members (regardless of income). The Oregon legislative per diem is currently $155 per day. The board's rule currently compensates all members a maximum of $250 for each day, or $31.25 per hour. The proposed rule increases the preparation day compensation to from $100 to $155 or the current Oregon legislative per diem. The Board will continue the usual practice of providing all members compensation and expense reimbursement; however, HB 2992 does specify that members may decline to accept compensation and expenses.

847-010-0069: Compliance with the Oregon Health Authority's COVID-19 Requirements

Given the current pandemic, the Oregon Health Authority (OHA) implemented temporary administrative rules mandating compliance actions by healthcare workers including providers licensed by the Oregon Medical Board. OHA is going through a rulemaking process to permanently adopt these administrative rules. The Oregon Medical Board adopted a temporary rule, that will expire April 10, 2022, to require licensees to comply with the OHA's rules requiring masking and vaccination to control COVID-19 in health care settings. The proposed rule permanently adopts the OMB's temporary rule to provide continued clarification for OMB licensees regarding compliance with the OHA administrative rules.

847-015-0050: Expedited Partner Therapy for Sexually Transmitted Disease

The Oregon Health Authority has determined that sexually transmitted chlamydia and gonorrhea infections are appropriately addressed with expedited partner therapy; see OHA's Expedited Partner Therapy for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Oregon. As allowed in ORS 676.350, the proposed rule allows an Oregon Medical Board licensed physician or physician assistant, otherwise permitted by law to prescribe or dispense controlled substances, to practice expedited partner therapy for the treatment of sexually transmitted chlamydia and gonorrhea infections as provided in the rule.

847-035-0011: EMS Advisory Committee Requirements and Compensation

The Emergency Medical Services (EMS) Advisory Committee advises the Oregon Medical Board on scope of practice and other EMS-related matters. To expand the pool of candidates for this committee, the proposed rule amendment allows Oregon-licensed EMS providers who reside within 50 miles of the Oregon border to qualify to serve on EMS Advisory Committee. The proposed rule amendment defines "rural" and "frontier" Oregon and adds the geographic requirement for the physician or EMS members is met by practicing in rural or frontier Oregon. The proposed amendments also align with the board's other advisory committee rules regarding removal of a member, selection of a chairperson, and how to manage vacancies. Lastly, the proposal includes an amendment based on HB 2992 (2021), to clarify that EMS Advisory Committee members are compensated by contract with the Board, which may be different than board member compensation.

PERMANENT RULES

847-005-0005: Updating Licensure Fees
The rule updates agency licensure fees based on 2021 legislation, HB 3036 and HB 2074. The rule adds the new PA telemedicine license status within the existing PA Registration/Renewal fee of $191/year. Second, the rule increases the Oregon Health Authority's Prescription Drug Monitoring Program (PDMP) fee from $25 to $35 per year per licensee with prescribing authority. Lastly, the rule removes an obsolete fee that is no longer applicable.

847-008-0075: Updating Mandatory Pain Management Education
The rule implements HB 2078 (2021) requiring pain management continuing education on an ongoing basis starting January 1, 2022. The Oregon Pain Management Commission provides the education program through a free, online, one-hour course updated every two years. Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, the rule requires all actively licensed Board licensees to complete the one-hour of training at initial licensure and every 24 months thereafter. The 24-month timeframe aligns with the board's license registration renewal cycle. The Board would first audit this requirement for most licensees during the Fall 2023 renewal cycle.

847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0040, 847-025-0050, 847-025-0060: Creating Physician Assistant Telemedicine License as Provided in HB 3036
The rulemaking implements House Bill 3036 (2021) sections 3 through 6 to add a physician assistant telemedicine license to allow a physician assistant to practice medicine across state lines when providing care to patients located in Oregon.

847-050-0035, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041: Updating Physician Assistant Rules as Provided in HB 3036
The rulemaking implements House Bill 3036 (2021) sections 1 and 2. The rules remove the requirement that a supervising physician apply to the Board for a physician assistant to dispense prescription drugs, rather the physician assistant would register directly with the Board to dispense prescription drugs. The rules also update requirements for a physician assistant to provide medical services and removes the requirement that the supervising physician's contact information be included on prescriptions written by a physician assistant. See the **HB 3036 webpage** for more information

847-070-0050: Updating Oregon Association of Acupuncturists Name
The rule amendment updates the association name from "Oregon Association of Acupuncture and Oriental Medicine" to "Oregon Association of Acupuncturists."

RULEMAKING UPDATES

HB 3036 Workgroup
A workgroup will review and recommend edits and additions to draft rules implementing HB 3036 (2021) sections 10 and 11A shifting physician assistant practice from a supervision to a collaboration model starting July 15, 2022. For meeting dates and times, see the **HB 3036 webpage**.

847-010-0073: Medical Incompetence and Unprofessional or Dishonorable Conduct Definitions and Incorporate Recognized Ethics Standards
The rulemaking will be further reviewed by the Administrative Affairs Committee on March 9, 2022 and the full Board on April 7-8, 2022.

847-010-0130: Establishes Requirements for Oregon Medical Board Licensees to Use Medical Chaperones
The Board extended the comment period and reconvened the Sexual Misconduct Workgroup to review comments and make recommendations. See the **Workgroup's webpage** for details.

Board Actions | October 16, 2021 - January 15, 2022

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

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.*

ALBERTS, Michelle S., MD; MD21760
Oregon City, OR
On January 6, 2022, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on prescribing, and agreed to enter into a mentorship with a pre-approved physician practice mentor who will meet with Licensee at least twice a month, review charts, and provide quarterly reports to the Board.

LEE, Michael J., MD; MD15362
Tualatin, OR
On January 6, 2022, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on testosterone therapy and agreed to review and follow the Endocrine Society Clinical Practice Guidelines for testosterone treatment.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

BARBOSA, Jessica A., PA; PA160160
Portland, OR
On October 22, 2021, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to 100% chart review by her Supervising Physician for 30 days, and completion of 10 hours of CME.

BOURESSA, Elizabeth A.H., MD; MD20189
Eugene, OR
On December 3, 2021, 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 1,000 hours and obtain certification from the American Board of Pediatrics.

STICKER, Carol L., PA; PA194156
Tigard, OR
On December 13, 2021, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to specific requirements regarding supervision and chart review from her supervising physician, and that her supervising physician would submit reports to the Board regarding her progress in her return to the practice of medicine.

VOLUNTARY LIMITATIONS

FORSYTHE, Kevin, MD; MD157535
Springfield, OR
On January 6, 2022, Licensee entered into a non-disciplinary Voluntary Limitation with the Board, under which Licensee agreed to not prescribe radiation treatments or directly supervise patient care.

LOGENDRAN, Verni, DO; DO183356
Portland, OR
On January 6, 2022, Licensee entered into a non-disciplinary Voluntary Limitation with the Board, under which Licensee agreed to practice under the supervision of a pre-approved practice monitor who will perform chart reviews and submit reports to the Board and agreed to limit the hours of practice per week.

DISCIPLINARY ACTIONS

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

ALLCOTT, John V., III, MD; MD11435
Eugene, OR
On January 6, 2022, Licensee entered into a Stipulated Order with the Board for any conduct or practice which does or might constitute a danger to the health or safety of a patient; willful performance of any medical treatment contrary to medical standards; utilizing medical service or treatment which is or may be considered inappropriate or unnecessary; repeated acts of negligence; willful violation of any rule adopted by the Board or any Board order; and prescribing controlled substances without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; assesses a $5,000 civil penalty with $4,000 held in abeyance; requires Licensee to cease new opioid prescriptions, not increase the dosage of current opioid prescriptions, and identify all current patients on potentially dangerous regimens who must be seen and evaluated for possible taper, transfer, or co-management with a second physician; subjects Licensee's practice to no-notice chart audits and office visits; and requires Licensee to complete the Oregon Health & Science Univeristy Addiction Medicine ECHO Certificate Program and New England Journal of Medicine Pain Management and Opioids CME.

ERICKSON, Carl M., DO; DO12690
Portland, OR
On January 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willful violation of any rule adopted by the Board; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or for record keeping. In this Order, Licensee agrees to not begin treatment for chronic pain with opioids; not begin treatment for substance use disorder with scheduled medications; cease prescribing opioids, suboxone, and benzodiazepines within three months; complete annual CME on chronic pain management; complete a pre-approved course on professionalism; and not supervise or proctor any medical student.

GOWEN, Paul C., MD; MD21370
Portland, OR
On January 6, 2022, 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 his medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

GREEN, Roland H., Jr., MD;MD190366
Conyers, GA
On January 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; obtaining any fee by fraud or misrepresentation; disciplinary action by another state; and failure by the licensee to report to the board any adverse action taken against the licensee. 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.

HAMBY, John E., MD; MD15314
Beaverton, OR
On December 2, 2021, Licensee entered into a Stipulated Order with the Board. With this Order, Licensee withdraws his reactivation application while under investigation.

JOVANOVICH, Alexandar, MD;MD190733
Chicago, IL
On January 6, 2022, 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 in this state; and disciplinary action by another state of a license to practice. This Order reprimands Licensee, and assesses a $5,000 civil penalty with $3,000 held in abeyance.

KLOS, Martin M, MD; MD18059
Springfield, OR
On January 6, 2022, 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 following accepted procedures for examination of patients or for 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.

ORTIZ, Orlando R,, MD; MD201294
Portland, OR
On January 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment; and willful violation of any Board order or any rule adopted by the Board. 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.

SHERMAN, Michael G., MD; MD24253
Corvallis, OR
On January 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and violation of the federal Controlled Substances Act. This Order assesses a $2,500 civil penalty, and requires Licensee to complete a pre-approved course on ethics.

PRIOR ORDERS MODIFIED OR TERMINATED

KLOS, Martin M., MD; MD18059
Springfield, OR
On January 6, 2022, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's May 26, 2021, Interim Stipulated Order.

KENNY, Rose J., MD; MD23253
Redmond, OR
On January 6, 2022, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 6, 2016, Stipulated Order.

NELSON, Timothy N., LAc; AC161759
Durham, OR
On January 6, 2022, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 11, 2019, Stipulated Order.

ROBERTS, Warren G., MD; MD153449
Salem, OR
On January 6, 2022, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's January 9, 2020, Corrective Action Agreement by removing terms 4.1 and 4.3.

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

Coming Soon: CDC Public Comment Opportunity

The CDC is updating its Guideline for Prescribing Opioids for Chronic Pain and expects the updated draft will be posted in the Federal Register for a public comment period by early 2022. This comment period will provide another critical opportunity for diverse input from the public. Visit the CDC's website for more information.

Safe + Strong

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

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

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

OREGON WELLNESS PROGRAM

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.

More information on the Oregon Wellness Program is available at **OregonWellnessProgram.org**. Call **541-242-2805** to schedule an appointment today.

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Office Hours

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

OMB offices are currently closed to the public; however, Board staff are available by phone (**971-673-2700**) or email (**info@omb.oregon.gov**).

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

Office Closures

Monday, Feb. 21 - **President's Day**

Monday, May 30 - **Memorial Day**

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

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

Applicant/Licensee Services

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

Licensing Call Center

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

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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.