

REGULATIONS & RESPONSIBILITIES

A HANDBOOK FOR PHYSICIAN ASSISTANTS PRACTICING MEDICINE IN OREGON



A Publication of the OREGON MEDICAL BOARD

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Portland, Oregon

Please see www.oregon.gov/OMB for most current edition.



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Suite 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2670
www.oregon.gov/omb

Dear Oregon Physician Assistant:

On behalf of the Oregon Medical Board, we are delighted that you have chosen to practice medicine in Oregon.

The Board, which is comprised of physicians, a physician assistant, and public members, has the duty to ensure Oregonians receive appropriate medical care from qualified professionals. The licensing process helps us honor that responsibility. Our primary source verification of your qualifications are relied upon by patients, employers, hospitals, and insurers in this State.

This handbook provides general information on the Board as well as the laws and rules governing the practice of medicine in Oregon and the Board's Statements of Philosophy on important issues in the practice of medicine. Familiarizing yourself with these regulations and guidelines will help ensure your successful practice in Oregon.

In addition to the Board's regulatory functions, it works with programs such as the Health Professionals' Services Program, the Foundation for Medical Excellence, educational institutions, and professional associations to assist medical professionals in personal health and provide educational resources.

If you have additional questions or concerns, please visit the Board's website at www.oregon.gov/OMB or call the Board office in Portland at (971) 673-2700 or Toll Free in Oregon (877) 254-6263.

We wish you the very best in your professional life in Oregon.

Sincerely,

Kathleen Haley, JD
Executive Director

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OREGON MEDICAL BOARD

Mission Statement:

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.

Statement of Purpose:

Recognizing that to practice medicine is not a natural right of any person but is a privilege granted by legislative authority, it is necessary in the interests of the health, safety, and welfare of the people of this state to provide for the granting of that privilege and the regulation of its use, to the end that the public is protected from the practice of medicine by unauthorized or unqualified persons and from unprofessional conduct by persons licensed to practice under the Medical Practice Act, ORS 677.

CONTACT INFORMATION

Oregon Medical Board

1500 SW 1st Ave., Suite 620

Portland, OR 97201-5847

www.oregon.gov/OMB

Email: omb.info@state.or.us

Phone: 971-673-2700

Toll-free in Oregon: 1-877-254-6263

Fax: 971-673-2670

Office Hours: 8 a.m. – 5 p.m.

Licensing Call Center: 9 a.m. – 3 p.m.

Both closed 12 – 1 p.m.

Health Professionals' Services

Program: 1-888-802-2843

ACCESS THE OMB AT [WWW.OREGON.GOV/OMB](http://www.oregon.gov/OMB)

The Board's website provides information on the Board and its various functions, including a description of the Board's licensing programs, fees, forms, the disciplinary process, and how to file a complaint. There are also links to the statutes, administrative rules, and Statements of Philosophy.

Submit applications, renewals and address changes through the site or by using the shortcut <http://omb.oregon.gov/login>.

You can verify a license on the Board's website or by using the shortcut <http://omb.oregon.gov/verify>. The verification will show the license status, professional education and training, and any disciplinary orders or malpractice claims.

THE BOARD & COMMITTEES

Board members provide a critical public service for patients and the medical profession. The thirteen-member Board oversees all agency functions and makes all final decisions on the regulation of the practice of medicine in Oregon.

Each member is appointed by the Governor and confirmed by the Oregon Senate. The Board is composed of seven MDs, two DOs, one DPM, one PA and two public members. They represent a wide range of specialties and practice locations. Current Board member bios are available at www.oregon.gov/OMB/Board.

The Board works through committees. Each committee reviews information in its subject area and makes recommendations to the full Board, which makes all final decisions.

- *Investigative Committee* considers all investigative and disciplinary matters.
- *Administrative Affairs Committee* reviews administrative rules and applicants for licensure.
- *Acupuncture Advisory Committee* reviews matters related to acupuncture.
- *Emergency Medical Services Advisory Committee* reviews requested changes to the scope of practice and other matters related to EMS providers.
- *Editorial Committee* reviews Board publications for content and accuracy.
- *Legislative Advisory Committee* develops and responds to legislative proposals.

Oregon Medical Board 13 Board Members

<u>Investigative Committee</u> 4 physician Board members 1 public Board member <i>Meets monthly</i>	<u>Administrative Affairs Committee</u> 4 physician Board members 1 public Board member <i>Meets quarterly</i>	<u>Acupuncture Advisory Committee</u> 3 LAcS, 2 physicians 1 Board liaison <i>Meets biannually</i>
<u>EMS Advisory Committee</u> 3 EMSs, 2 MD/DOs <i>Meets quarterly</i>	<u>Editorial Committee</u> 2 Board members <i>Reviews publications as needed</i>	<u>Legislative Advisory Committee</u> 3 Board members <i>Meets at call of Chair</i>

HISTORY

In 1889, the Oregon Legislature created the Board of Medical Examiners to regulate the practice of medicine by medical doctors. Osteopathic physicians were soon added in 1907.

In the 1970s, physician assistants and acupuncturists became newly regulated health professions of the Board. Podiatric physicians then transitioned to the Board's oversight in 1981. In 2008, the Board's name changed to the Oregon Medical Board.

Since its beginnings over 125 years ago, the Board has gone from three Board members to now 13. In 1900, it was responsible for 627 licensees; by 2016, the number of licensees has grown to nearly 20,000. Despite these changes, the mission of the Board remains constant - to ensure the people of Oregon receive appropriate medical care from qualified professionals.

FUNDING

Even though it is a state agency, the Board does not receive any money from the general fund (tax dollars). Instead, the Board is completely self-supporting with all income generated from licensing, registration, other fees or fines, and data requests.

Every two years a budget is prepared and sent to the Governor for review and possible modification. The budget is then sent to the Legislature for consideration and approval.

ACTIVITIES & RESPONSIBILITIES

The Board's services are provided by its professional staff, which handles all Board activities via the administration, business, licensing, and investigations departments. The Board also works with the *Health Professionals' Services Program* that oversees the treatment and rehabilitation of licensees who suffer from substance abuse disorders and/or mental health disorders.

LICENSURE

LICENSES & CERTIFICATES

Your license and certificate of registration will be mailed to you at the mailing address you provide to the Board. Please ensure that the address is accurate and you are able to receive mail at that location. Keep the Board apprised of all address changes.

You are required by law to display your license in a prominent place in your office. If you have more than one office, you may make copies of your license. If you lose your certificate of registration, you may contact the Board to request a duplicate.

LICENSE STATUS

Oregon medical licenses have a “status.” The most common statuses are:

- **Active** – actively practicing in Oregon with current practice address in Oregon or within 100 miles of Oregon’s border
- **Emeritus** – retired licensee practicing in Oregon for no pay or any other type of compensation in return for their services
- **Inactive** – licensed in Oregon but either not practicing in Oregon or not practicing in any location
- **Locum Tenens** – residing out of state and practices intermittently in Oregon
- **Retired** – fully-retired and not practicing in any state in any capacity, whether paid, volunteer, or writing prescriptions
- **Telemedicine, Telemonitoring or Teleradiology** – physicians located out-of-state who provide care to Oregon patients

To change your license status, please contact the Board. You may be required to submit a reactivation application. More details are available at www.oregon.gov/omb/licensing, “Reactivate a License.”

Limited Licenses are granted to licensed professionals in a training program (e.g. postgraduate, resident, fellow, visiting professor, and medical faculty).

LICENSE FEES

Licensing fees vary by profession and license status. For example, an emeritus license has a reduced registration fee. All current licensing fees are available at www.oregon.gov/OMB/licensing/Pages/Fees.aspx.

ADDRESS REQUIREMENTS

Most license statuses require an Oregon practice address; a practice address must be a physical location, not a P.O. Box. You may have as many practice addresses as needed. If you request active status but do not provide an Oregon practice address within six months, your license will be changed to inactive status. **Note:** Licensees with inactive status may *not* practice medicine in Oregon.

Changes in practice address or other contact information must be reported to the Board within 30 days of the change. Failure to do so is a violation of the Medical Practice Act. Addresses can be updated at <http://omb.oregon.gov/login>. Be sure to update your practice address and mailing address if both have changed.

Note: A licensee's practice address and mailing address are public records.

MAINTAINING LICENSURE (RENEWAL & CME)

Oregon Medical Board licensees are licensed for a one- or two-year period. To maintain licensure, you must renew your license before the registration period ends. With few exceptions, physician and PA license renewal is October-December of odd-numbered years. Acupuncture license renewal is April-June of even-numbered years. Late renewals are subject to additional fees.

Licensees must show continuing competence in one of two ways. First, licensees may engage in maintenance of certification by a Board-recognized specialty board (i.e. ABMS, AOA-BOS, ABPM, ABPS, NCCPA, or NCCAOM). Alternatively, licensees may obtain 30 hours (15 hours for acupuncturists) of continuing medical education (CME) each year. CME must be relevant to the licensee's practice area. Additional details and exceptions are available in OAR 847-008-0070. **New licensees must obtain CME in pain management as described in OAR 847-008-0075.** More information on CME is available at www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx.

RE-ENTRY TO PRACTICE

Applicants re-entering practice after more than two years of clinical inactivity collaborate with the Board to establish a re-entry plan. This non-disciplinary Consent Agreement for Re-Entry to Practice may include terms such as mentorship by another licensee and continuing education. Consent Agreements end upon successful completion. See www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx for more details.

INVESTIGATIONS & DISCIPLINE

INVESTIGATION PROCESS

The Board receives hundreds of inquiries and complaints each year from patients, families, health professionals, healthcare institutions, insurance companies, governmental agencies, and medical associations. Each complaint gets an initial investigation to determine if there is an allegation of a violation of the Medical Practice Act. If not, the complaint is closed without further investigation or referred to other agencies. Cases alleging a violation of the Medical Practice Act are fully investigated.

OMB MAY investigate	OMB <i>usually</i> MAY NOT investigate
Quality of care; inappropriate or substandard care	Complaints about providers not licensed by the Board
Impaired licensee	General billing issues
Inappropriate prescribing	Complaints that a licensee's staff was rude
Inappropriate relationship with patient or patient family member	Complaints about medical <i>facilities</i>
Inappropriate boundaries by a licensee	Complaints about Independent Medical Examinations (IME)
Criminal activity (also report to law enforcement)	Complaints about insurance companies or health plans

In an investigation, information and documentation is collected from the licensee, hospitals, pharmacies, and any other person or entity with relevant information. All information is reviewed by the Board's Chief Investigator, Medical Director and Executive Director and then forwarded to the Investigative Committee for review and direction.

If the Investigative Committee determines that the information ***does not support a violation of the Medical Practice Act***, the case is forwarded to the full Board for review and a decision regarding case closure. Sometimes, the Board sends a confidential Letter of Concern to the licensee highlighting concerns that were raised during the investigation but did not rise to the level of requiring disciplinary action.

If the Investigative Committee determines the information ***supports a possible violation of the Medical Practice Act***, it may request further evaluation of a licensee's practice, review by an independent consultant, or an interview of the licensee. Once the investigation is complete, the Board will decide whether the evidence supports a

violation of the Medical Practice Act and disciplinary action is warranted. If so, the Board will issue a Complaint and Notice of Proposed Disciplinary Action outlining the specific allegations. The Board and its investigative staff are assisted by an Assistant Attorney General assigned to the Board. The licensee then has 21 days to request a hearing. The licensee may also enter into settlement discussions with the Board in an effort to find a mutually acceptable resolution at this time. The vast majority of disciplinary orders are reached through agreements between the Board and the licensee.

See *Anatomy of Complaint* on the next page or visit the Board's website at www.oregon.gov/omb/Investigations/Documents/anatomy-of-complaint.pdf for further information about each step.

REMEDIAL ACTIONS

The Board issues Corrective Action Agreements to licensees with issues amenable to remediation. These non-disciplinary actions are not reportable to the national data banks unless they relate to the delivery of health care or contain a negative finding.

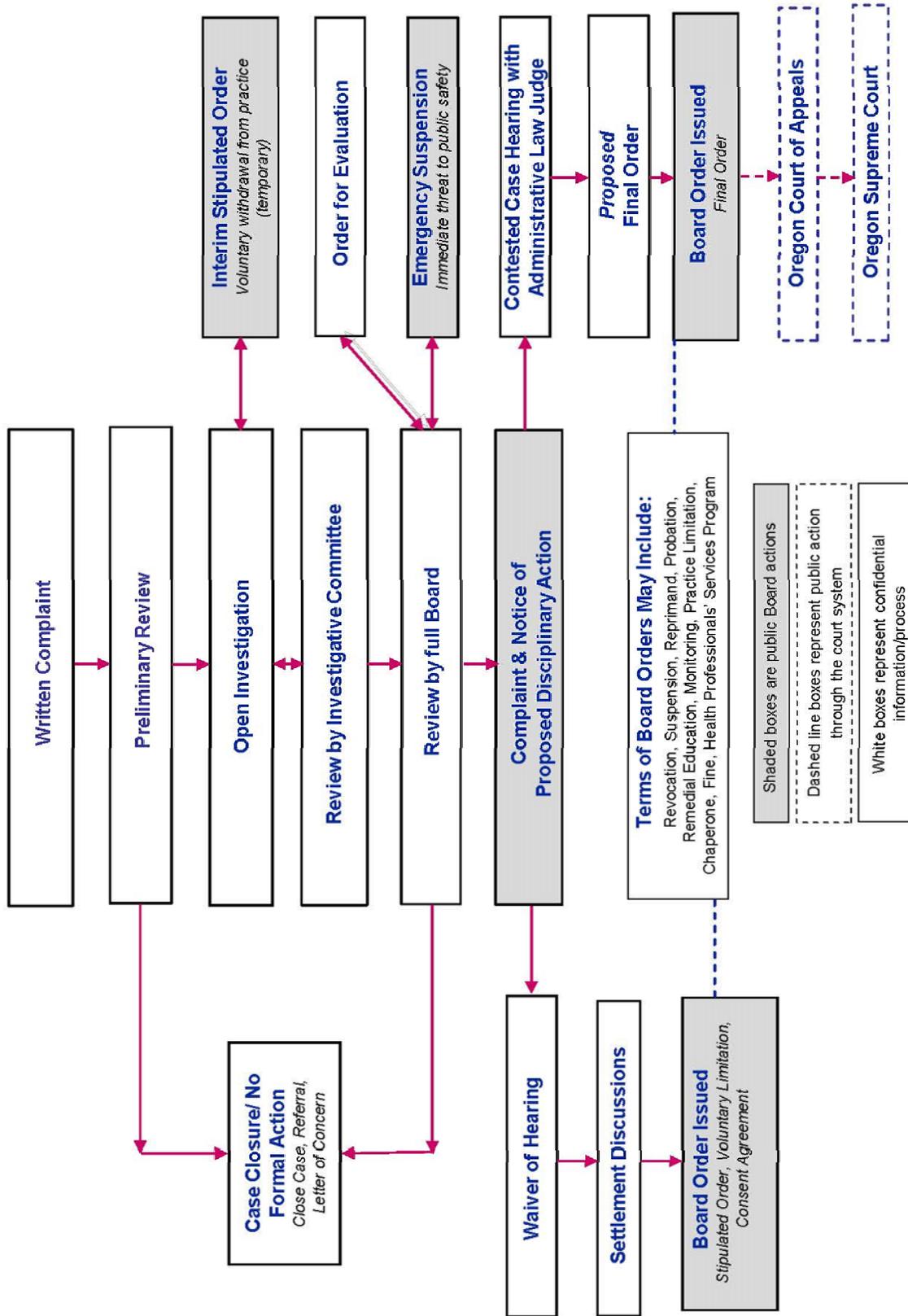
DISCIPLINARY SANCTIONS

Disciplinary sanctions imposed by the Board may include:

- Educational program or coursework
- Requirement for a practice mentor
- Chaperone requirement
- License limitation(s) (*activities restricted*)
- Referral to the Health Professionals' Services Program (HPSP)
- Fines (*maximum of \$10,000*)
- Assessment of hearing costs
- Probation
- Suspension of license for a period of time determined by the Board
- Denial or revocation of license

If a licensee disagrees with the action taken by the Board, the decision may be appealed to the Oregon Court of Appeals and the Oregon Supreme Court.

ANATOMY OF A COMPLAINT



REPORTING REQUIREMENTS

REPORTS TO THE BOARD

Impaired/ Incompetent Licensees: The Medical Practice Act (ORS 677.415) requires licensees to report within 10 days any information that another licensee is or may be:

- Medically incompetent
- Guilty of unprofessional or dishonorable conduct
- Unable to safely practice

Adverse Actions or Crimes: Licensees must report any adverse actions taken against them by another licensing board, government agency, or healthcare organization or facility. In addition, licensees must report any criminal conviction or felony arrest. These reports must be made to the Board within 10 days. (ORS 676.150)

Failure to report may result in investigation and discipline.

OTHER REPORTING REQUIREMENTS

Child Abuse: Report any reasonable belief that a child has been abused, including assault, physical abuse, neglect, sexual abuse or exploitation, threats of harm, and mental abuse, to the local office of Oregon Department of Health Services (DHS) Child Protective Services or a law enforcement agency. (ORS 419B.005-419B.050) www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE

Seniors & People with Disabilities: Report any reasonable belief that a person 65 years or older or an adult with a disability has suffered abuse to Oregon DHS, county program, or law enforcement. (ORS 124.050-124.095, 430.735-430.765) Abuse includes physical injury that does not appear to be accidental, neglect, abandonment, or willful infliction of pain or injury. www.oregon.gov/DHS/ABUSE

Violence: Report a reasonable suspicion that an injury was caused by a weapon or non-accidental means to law enforcement. (ORS 146.710-146.780)

Toy-Related Injury or Death: Report to the Oregon Health Authority. (ORS 677.491)

At-Risk Drivers: Report any patient whose persistent or episodic cognitive or functional impairment may affect the person's ability to safely operate a motor vehicle to the Department of Transportation. (ORS 807.710)

Vaccinations: Report adverse reactions to the Vaccine Adverse Event Reporting System (VAERS). For more information, contact the Oregon Immunization Program at 971-673-0300 or 800- 422-6012 or www.oregon.gov/DHS/ph/imm/index.shtml.

PUBLIC HEALTH REPORTING

Oregon law¹ requires public health reporting to enable follow-up for patients, help identify outbreaks, and provide a better understanding of morbidity patterns. HIPAA does not prohibit reporting to public health authorities for the purpose of preventing or controlling disease. Reports should be made to the patient's local health department² or a state epidemiologist at 971-673-1111.

Report Immediately – day or night:

Anthrax	Marine intoxication	SARS
Botulism	Measles (rubeola)	Smallpox (variola)
Cholera	Plague	Tularamia
Diphtheria	Poliomyelitis	Yellow fever
Hemorrhagic fever	Rabies (human)	Outbreaks and uncommon illnesses
Influenza (novel)	Rubella	

Report Within 24 Hours (including weekends/holidays):

<i>Haemophilus influenzae</i>	<i>Neisseria meningitides</i>	Pesticide poisoning
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Report Within One Business Day:

Amebic infections	Enterobacteriaceae	HUS	Psittacosis
Animal bites	<i>E. coli</i> (Shiga-toxigenic)	Influenza death	Q fever
Arthropod-borne disease	Giardiasis	Lead Poisoning	<i>Rickettsia</i>
Brucellosis	Gonorrhea	Legionellosis	<i>Salmonella</i>
Campylobacteriosis	<i>Grimontia</i>	Leptospirosis	Shigellosis
Chancroid	Hantavirus	Listeriosis	Syphilis
Chlamydiosis	Hepatitis A	Lyme disease	<i>Taenia</i> infection
Coccidioidomycosis	Hepatitis B	Malaria	Tetanus
Creutzfeldt-Jakob	Hepatitis C	Mumps	Trichinosis
Cryptosporidiosis	Hepatitis D (delta)	Nontuberculosis mycobacterial inf.	Tuberculosis
Cryptococcosis	Hepatitis E	Pertussis	Vibrosis
Cyclosporiasis	HIV/AIDS	PID (acute, non-gonococcal)	Yersiniosis

1. ORS 409.050; ORS 433.004; OAR 333-018-0000 - OAR 333-018-0015.
2. <http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources>.

Acute and Communicable Disease Prevention

800 NE Oregon St, Suite 772

Portland, OR 97232

971-673-1111 Fax: 971-673-1100

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease>

REGULATING MEDICAL PRACTICE IN OREGON

OREGON REVISED STATUTES (APPENDIX A)

In Oregon, physicians, PAs and acupuncturists are governed by the Medical Practice Act (Oregon Revised Statutes (ORS) Chapter 677). These laws are enacted by the State Legislature, which delegates enforcement to the Board. The Medical Practice Act is available at www.oregonlegislature.gov/bills_laws/ors/ors677.html.

ORS chapter 677 is the Medical Practice Act and includes:

- Definition of the practice of medicine
- Administration of controlled substances for pain
- Informed consent requirements
- Qualifications for licensure
- Practice of medicine across state lines (*telemedicine*)
- Grounds for suspending or revoking a license
- Disciplinary and investigatory procedures

In addition, ORS 676.110-676.556 impacts licensees' practice in several ways (https://www.oregonlegislature.gov/bills_laws/ors/ors676.html), including:

- *Doctor Title Law* (ORS 676.110) specifies how health care professionals may present themselves to the public
- *Health Professionals' Services Program* (ORS 676.185-676.200) establishes the impaired health professional program
- *Liability cap for donated services* (ORS 676.340 - ORS 676.345)

OREGON ADMINISTRATIVE RULES (APPENDIX B)

The Board establishes administrative rules to further define and regulate the practice of medicine and acupuncture. These Oregon Administrative Rules (OARs) are online at http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_tofc.html.

STATEMENTS OF PHILOSOPHY

Statements of Philosophy are adopted by the Board to express its philosophy and intentions regarding the practice of medicine in the state of Oregon. Statements of Philosophy reflect the diversity of issues addressed by the Board, issues of state and national concern. In discussing these matters, Board members review the work of medical experts, consider the policy statements of national medical associations, and request input from other state licensing boards and state professional associations. The Board also consults existing Oregon Revised Statutes and Oregon Administrative Rules.

New Statements of Philosophy are discussed and drafted as the particular topics of interest arise. When adopted, Statements of Philosophy are published in the quarterly *OMB Report* newsletter, and added to the Board's website at <http://omb.oregon.gov/philosophy>.

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ADVERTISING

In 1975, the Federal Trade Commission (FTC), through a court decision, established that professional associations were subject to antitrust scrutiny in their attempts at regulating advertising. This has also pertained to any attempts by medical boards to establish rules governing advertising.

The FTC has stated that honest and fair advertising promotes safe and fair competition. Restraints on legitimate advertising are restraints against legitimate competition.

However, it is accepted that any false or deceptive representation or statement a physician makes to mislead consumers as perceived by the consumer, to the consumer's detriment, will be considered unacceptable. There must be a reasonable basis for any claims made as to safety and quality of care. All statements must be true and confirmable. Although testimonials are not prohibited, they must not be fraudulent or misleading. Photographs may not be used so as to distort actual results. Claims of medical supervision must represent actual physician involvement in the care provided.

If a physician represents him/herself as a specialist, he/she must be prepared to demonstrate training or expertise in a legitimate specialty. Successful completion of training recognized as a prerequisite for Board certification in a medical specialty or subspecialty by either the American Board of Medical Specialties (ABMS) or the Advisory Board for Osteopathic Specialists (ABOS) shall be considered adequate. Anything less shall put the burden of proof upon the physician to legitimize the claim.

If a physician advertises him/herself as being "Board Certified," he/she must indicate the full name of the certifying board. This statement must contain the term "Not recognized" if the certifying board is not recognized by the ABMS or by the Advisory Board of the American Osteopathic Association (AOA).

-Adopted October 2007

CARE OF THE SURGICAL PATIENT

The evaluation, diagnosis and care of the surgical patient are primarily the responsibility of the surgeon. The surgeon bears responsibility for ensuring the patient undergoes a pre-operative assessment appropriate to the procedure. The assessment shall include a review of the patient's chart and an independent diagnosis by the operating surgeon of the condition requiring surgery. The operating surgeon shall have a discussion with every patient regarding the diagnosis and nature of the surgery, advising the patient that there are risks involved. It is also the responsibility of the operating surgeon to re-evaluate the patient immediately prior to the procedure.

The attending surgeon retains primary responsibility for evaluation and management of the surgical patient pre, during, and post procedure. Pre-operative assessment should include a complete history and physical examination, as well as a clearly documented Procedure, Alternatives, Risks, and Questions (PARQ) conference. Post operative care will be provided by the surgeon or designee with similar credentialing, certification, and scope of practice. It is the responsibility of the operating surgeon to assure safe and readily available post-operative care for each patient on whom he/she performs surgery.

It is not improper to involve other licensed health care professionals in post-operative care, so long as the operating surgeon maintains responsibility for such care. When non-physician, licensed health care professionals are involved in the care of the patient, the surgeon needs to ensure it is based on what is best for the patient and that the other provider practices within the lawful scope of his/her practice. If co-management is done on a routine basis for primarily financial reasons, it is unprofessional conduct and may be illegal.

Post-operative notes must reflect the findings encountered during the surgery. When identical procedures are done on a number of patients, individual notes should be done for each patient that reflects the specific findings and procedures of that operation.

-Adopted July 2010

CHELATION THERAPY

In fulfillment of the Oregon Medical Board's mission to protect the health, safety and wellbeing of Oregon citizens, the Board looks to the standard of care in determining whether a patient received appropriate medical care. In some cases, medical techniques for diagnosis and treatment of conditions vary greatly and may include alternative treatments. However, patient safety must always be the primary concern when employing any diagnostic or treatment technique.

Chelation therapy is a proven treatment for heavy metal poisoning, including lead poisoning. According to the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration, the National Institutes of Health, the Institute of Medicine, the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, and the American Heart Association, there is no scientific evidence that chelation therapy is an effective treatment for any medical condition other than heavy metal toxicity. In addition, the potential risks are serious, including toxicity, kidney damage, irregular heartbeat, bone damage, loss of vitamins and minerals or death. Relying on this treatment alone and avoiding or delaying evidence-based medical care for conditions other than heavy metal poisoning may pose serious health risks.

A provider who treats a patient with chelation therapy for any medical condition first must verify the toxic levels of heavy metals. Post-chelator challenge urinary metal testing does not meet the standard of care for diagnosis of heavy metal toxicity. Further, the American College of Medical Toxicology has concluded that post-chelator challenge urinary testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the assessment and treatment of patients in whom there is concern for metal poisoning."¹ The Board cautions providers to use chelation treatment only after a diagnosis of heavy metal toxicity, which includes a blood test or other accepted unprovoked test confirming the presence of heavy metals, and a careful determination that chelation therapy is appropriate for the particular patient.

The Board evaluates all diagnostic and treatment techniques using the standard of care and continues to consider the potential benefits and risks of chelation therapy.

¹American College of Medical Toxicology Position Statement on Post-Chelator Challenge Urinary Metal Testing. July 27, 2009.

- Adopted October 2013

CONFIDENTIAL PROGRAM FOR SUBSTANCE ABUSE & MENTAL HEALTH DISORDERS

In the interest of the health, safety and welfare of the people of Oregon, the Oregon Medical Board, "OMB" or "Board," is charged with protecting the public from the practice of medicine by unqualified, incompetent or impaired physicians and other licensees. With this principle foremost in mind, the Board has adopted a policy of rehabilitating impaired physicians and other licensees whenever possible.

The Board participates in the Health Professionals' Services Program. The HPSP was established in July 2010 as a statewide confidential referral resource for rehabilitation and monitoring. Prior to the development of HPSP, the Board maintained its own successful Health Professionals Program "HPP," for the past 20 years.

Licensees experiencing substance abuse or mental health problems who entered HPP's treatment and monitoring program experienced significant success in being able to return to practice and overcome their addiction. The typical participant spent five years in the program. Experience, in Oregon and nationally, indicates that anything short of this standard of comprehensive monitoring leads to a markedly increased failure rate.

Within health care delivery systems, there is acute awareness of the need to identify substance abuse and mental health issues. Nearly all hospitals and other delivery systems require physicians and other licensees to answer personal history questions, which include questions regarding substance use and mental health questions. In addition to system practices, state law requires that all impaired licensees be reported to the Board (ORS 676.150).

Licensees with substance abuse and/or mental health issues are encouraged by the Board to seek comprehensive treatment before becoming impaired. The Board has adopted the following policy for addressing physicians and other licensees with substance abuse and/or mental health issues:

Self-referral: Licensees will be considered "true volunteers" when they have sought affiliation with HPSP on their own or through an intervention of others without prior Board knowledge. The responsibility of individuals and organizations required by law to report impaired physicians and other licensees may be discharged if the impaired licensee voluntarily enters HPSP. Voluntary HPSP participants require no further action relative to licensure, and they will not be reported to the Board so long as they successfully participate in the program.

The Board will not be notified of the identity of voluntary participants in HPSP but will be kept informed of program information and statistics on an on-going basis. HPSP participants will not be reported to the National Practitioners Data Bank as disciplinary cases. There will be, however, a formal agreement between HPSP and the licensee.

Board referral: At the discretion of the Chief Investigator or the Board's Medical Director, in consultation with the Executive Director, licensees reported to the OMB for investigation and believed to have a substance or mental health related disorder may be offered an opportunity to participate in HPSP. Disciplinary action may be utilized for licensees determined as inappropriate for HPSP or requiring discipline in addition to HPSP monitoring.

Not all licensees with a chemical dependency or mental health problem will avail themselves of HPSP; those who choose not to participate or do not comply with the terms of the agreement with HPSP are subject to denial of license or discipline pursuant to ORS 677.190.

Chemical dependency or a mental health diagnosis does not have to be a condition that destroys a professional's career, personal life and professional standing. When in remission, chemical dependency does not adversely affect a licensee's ability to practice medicine. With proper treatment and follow-up, chemically dependent licensees or a licensee with a significant mental health disorder can continue their practice, often virtually uninterrupted.

In situations where a disciplinary action is necessary, it is often appropriate to reinstate a licensee as soon as their condition warrants it. The OMB has found that with proper in-patient treatment and good monitoring, a rehabilitation rate of approximately 90 percent is possible.

As the above policy indicates, self-referral is vastly superior to disciplinary action. By whatever method necessary, the Board strives to assure licensees with chemical dependency and/or mental health issues receive appropriate treatment. In its effort to both protect the public and rehabilitate physicians and other licensees, the Board encourages all licensees and their organizations to promote early intervention.

-Adopted 2007

-Revised October 2010

CULTURAL COMPETENCY

The Oregon Medical Board's mission is to regulate the practice of medicine in a way to promote access to safe, quality care for all Oregon citizens. However, Oregonians are growing increasingly diverse, and inequities in access to quality health care are apparent. Racial and ethnic populations, lesbian gay bisexual and transgender communities, low literacy level individuals and rural Oregonians experience severe health disparities according to the Oregon Health Authority's Office of Equity and Inclusion. Training in cultural competency is one tool to bridge this gap, improve health outcomes and enhance patient safety.

Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups and communities. The Office of Equity and Inclusion states that such training enables health care providers to work effectively in cross-cultural situations.

The Board recommends and encourages licensees to pursue ongoing continuing education opportunities for cultural competency. For purposes of maintenance of licensure, the Board considers continuing medical education (CME) in cultural competency to be relevant to the current practice of all licensees, and licensees may use this type of continuing education toward satisfying the required CME hours for license renewal. The Board will document licensees' voluntary participation in cultural competency CME through the license renewal process beginning in 2015.

In order for Oregon to achieve the triple aim of improving health, improving care, and lowering cost, providers must be responsive to the needs of diverse populations. Cultural competency training for health care providers is one method for helping Board licensees adapt to the needs of Oregon's socially and culturally diverse communities.

- Adopted October 2013

DEEP BRAIN STIMULATION

Modern medical practice has evolved in ways that could not have been foreseen when the Oregon Medical Practice Act was written, in particular, the advancements in neurosurgical procedures over the past quarter century.

Oregon Revised Statute 677.190 includes “psychosurgery” among the list of conduct that is grounds for discipline. “Psychosurgery” is defined as “any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being.”

However, the term “does not include procedures...undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.” In addition, the Board recognizes that brain surgery for other purposes is also acceptable.

Deep brain stimulation is an accepted and promising, evidence-based surgical treatment and is not grounds for discipline when performed by a qualified physician who meets the standard of care.

As with all medical care in the State of Oregon, the Board seeks to ensure that neurosurgical procedures are performed in a manner that protects Oregonians and provides them with access to quality care.

- Adopted October 2013

ELECTRONIC HEALTH RECORDS

The passage of the federal Health Insurance Portability and Accountability Act (HIPAA) in 1996 spurred further federal regulation¹ mandating electronic medical record keeping in an effort to standardize insurance claims, make medical records more portable, and eliminate medical errors. Electronic health records (EHR) were expected to facilitate the availability of test and diagnostic information, reduce space requirements and transcription costs, and ideally increase the number of patients served each day. Charged with protecting the health, safety, and wellbeing of Oregon citizens, the Oregon Medical Board shares in these goals.

To the extent that EHR and “meaningful use”² has become the standard of care, it is the responsibility of the Medical Board to ensure that the standard of care is met and to assist licensees wherever possible. The Board recognizes that licensees will need to hone computer skills, become proficient in billing and coding, and in some cases utilize voice recognition software in order to generate EHR. As with other areas in the evolving field of health care, it will be incumbent on providers to build these skill sets and adapt to the new standard.

EHR has the potential to improve health care quality and patient satisfaction. However, the Board also understands that the documentation can seem limitless, and the patient care provider, the most expensive and time stressed link in health care, may become subject to the role of data entry.

In order to not interfere with the establishment of therapeutic and compassionate communication between provider and patient, it is imperative that software developers, health care organizations, and providers work to optimize EHR as a tool for providing efficient, patient-centered care while minimizing interference in traditional provider-patient interaction.

As electronic health records progress, the Oregon Medical Board is mindful of the need to balance the goals of health care efficiency, safety, and portability with those of an informative and readable record that can be created without undue complexity or burden on the increasingly stressed healthcare professionals.

- Adopted August 2015

¹ The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009.

² www.healthit.gov/providers-professionals/meaningful-use-definition-objectives

ENDING THE PATIENT-PHYSICIAN RELATIONSHIP

The physician-patient relationship is established when the physician evaluates the patient, and a plan is established for the treatment/management of the patient's complaint(s). This relationship may be ended informally or formally, when the patient's problem is resolved. It may also be ended by mutual agreement when the agreed upon treatment plan has not succeeded and the patient is moving on to another provider. It also may be ended by the patient simply disappearing or by requesting a transfer of his/her records to another physician with or without a more formal notification of the original physician. In this situation the patient may have been seeking a second opinion on their own and may well reappear after receiving the results of the visit with the other physician.

The physician may end this relationship for reasons of changes in the physician's scope of practice, change of practice location, retirement, illness, and loss of a contract that includes a time and distance clause preventing continued practice in the area. In the latter situation, the physician may be denied a list of names and addresses of his patients to use for communicating that he/she is discontinuing practice in the area. The current American Medical Association (AMA) ethics document on discharging a patient recommends under such circumstances (in consultation with his/her attorney) the physician should provide a model patient termination letter to be given to the party withholding his/her patients' addresses, and request that the addresses and letter be merged for distribution to these patients¹.

When physician is ending the relationship for a reason other than those already described, the physician should give the patient adequate notice to allow time for the patient to establish a new relationship with another healthcare provider. This should be at least 30 days except under special circumstances. One special circumstance includes a potential lack of availability of appropriate other providers, which may well cause a significant problem in rural settings. In such a case, a longer period of time may be necessary. For patients who are significantly disruptive, threatening or considered dangerous for the physician or his/her staff, a much shorter window of time down to and including one day may be appropriate.

Notification should be accomplished in writing sent by Certified Mail with "Returned Receipt Requested" or by regular mail with "Address Service Requested" in the bottom left hand corner of the front of the envelope. It is desirable to provide in the letter to the patient and/or to the patient's responsible party some explanation of the reason for ending the doctor-patient relationship, but the decision to provide or not provide that explanation is up to the licensee.

The physician should, if possible indicate resources that might assist the patient in establishing a new physician, but the discharging physician does not have to refer the patient to a specific physician or group of physicians. The physician should make certain that the patient understands that his/her medical records will be sent to the patient's new health care provider, when the patient's signed permission to do so has been received from that healthcare provider.

¹www.ama-assn.org/ama/pub/category/4609.html

- Adopted July 2008

EXPEDITED PARTNER THERAPY FOR SEXUALLY TRANSMITTED DISEASE

The Oregon Medical Board (OMB or "Board") recognizes that the adequate treatment of sexually transmitted chlamydia and gonorrhea infections has always been a difficult public health issue. When Chlamydia and gonorrhea are identified in a patient, the adequate treatment and prevention of recurrence in the patient often depends upon treatment of the patient's partner or partners, who may not be available or agreeable for direct examination.

The OMB recognizes that it is a common practice for healthcare practitioners to provide antibiotics for the partner(s) without prior examination. This is known as Expedited Partner Therapy (EPT) and, as such, is encouraged by the Oregon Department of Human Services (DHS) Office of Family Health and the U.S. Centers for Disease Control and Prevention (CDC) in situations where a face-to-face examination of the partner by a physician is unlikely or impractical.

While this is not ideal in terms of the diagnosis and control of chlamydia and gonorrhea, the OMB recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, chlamydial and gonorrheal infections.

When using EPT, the OMB urges practitioners to use all reasonable efforts to assure that appropriate information and advice are made available to the absent, treated third party or parties.

The OMB emphasizes that the use of EPT for conditions other than sexually transmitted disease caused specifically by chlamydia or gonococcus would be considered unprofessional conduct that might lead to disciplinary action. This is based on the Board's previous determination that physicians should not write prescriptions unless they have conducted an adequate encounter with the patient, and documented this encounter in the medical record.

-Adopted April 2007

LICENSEES WITH MENTAL ILLNESS

A responsibility and obligation of the Oregon Medical Board is the licensing and regulation of physicians and other health care professionals, in order to uphold the standards of the medical profession and to protect the public from the practice of medicine or acupuncture by an impaired licensee.

The Board recognizes that a licensee, like any other member of society, is susceptible to illnesses, including mental illness. It is also known that a licensee can have a mental illness or seek counseling and not be occupationally impaired. For example, this can occur with some depression and anxiety disorders, or with marital and family problems.

However, just as with a physical illness, a licensee's ability to practice medicine or acupuncture may be compromised by his or her mental illness. This can occur with organic mental disorders, some mood and psychotic disorders and various types of character problems. Under ORS 677.190, the Board is required to refuse to grant or renew licenses, or to suspend or revoke licenses to practice medicine or acupuncture, under certain conditions. One such condition is any mental illness affecting a licensee's ability to safely practice medicine or acupuncture.

In such cases, the Board takes appropriate licensing action based on such evidence as civil adjudication or voluntary commitment to an institution for treatment of mental diseases. Supporting evidence may also include findings from an examination conducted by three impartial psychiatrists retained by the Board.

Furthermore, ORS 677.225 requires automatic license suspension when the Board learns that a licensee has been committed by civil action or admitted on a voluntary basis to a treatment facility for longer than 25 consecutive days, for a mental illness that affects the ability of the licensee to safely practice medicine or acupuncture.

The Board supports the de-stigmatization of mental illnesses in licensees. This is exemplified by the questions on the initial application and registration (renewal) forms that ask about current disabilities from mental illness rather than focusing only on the presence of a mental diagnosis and treatment. Specifically, the questions focus on the presence of serious physical or mental illnesses or hospitalizations for either illness (physical or mental) within the past five years which impairs (or impaired) the licensee's ability to practice medicine safely and competently.

If the Board has reasonable cause to believe that any licensee is or may be unable to practice medicine with reasonable skill and safety to patients, the Board may direct and order an investigation. This may include a mental, physical or medical competency examination for the purpose of determining the fitness of the licensee to practice medicine with reasonable skill and safety to patients, as outlined by ORS 677.420.

No restrictions are placed upon a licensee if the licensee is not found to be impaired by his or her mental illness.

However, if the mental illness is found to impair the licensee's ability to practice medicine or acupuncture, then the Board may take disciplinary action as outlined by ORS 677.205. This may include license limitation, probation, suspension, revocation or denial of license. All of these Board actions are reportable to the National Practitioner Data Bank (NPDB).

The Board recognizes the adverse consequences of stigmatizing mental illness, including interference with the licensee seeking treatment. The presence of current impairment from a mental illness is investigated rather than focusing on a potential mental disability. As a result, the Board can protect the public and ensure that a licensee who has a mental illness can practice safely, professionally and competently.

-Revised July 2005

MEDICAL USE OF LASERS

The U.S. Food and Drug Administration (FDA) regulates the sale of lasers under the Centers for Devices and Radiological Health. It is a device that only a licensed practitioner can purchase.

Destruction, incision, ablation or the revision of human tissue by use of a laser is surgery.

Complications from the medical use of lasers can include visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

The Oregon Medical Board adopts the position that the medical use of lasers is the practice of medicine as defined by ORS 677.085:

“(3) Offer or undertake to perform any surgical operation upon any person.”

“(4) Offer or undertake to diagnose, cure or treat in any manner or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.”

Physicians using lasers should be trained appropriately in the physics, safety and surgical techniques using lasers and intense pulsed light devices, as well as pre- and post-operative care. Any physician who delegates a procedure using lasers or intense pulsed light devices to a non-physician should also be qualified to do the procedure themselves by virtue of having received appropriate training in physics, safety and surgical techniques using lasers and intense pulsed light devices, as well as pre- and post-operative care.

Any allied health professional employed by a physician to perform a laser or intense pulsed light procedure should have received documented training and education in the safe and effective use of each system, and may carry out specifically designed laser procedures only under direct physician supervision, and following written guidelines and/or policies established by the specific site at which the laser procedure is performed.

The ultimate responsibility for performing any procedure lies with the physician. The supervising physician should be on-site, immediately available, and able to respond promptly to any questions or problems that may occur while the procedure is being performed.

The guiding principle for all physicians is to practice ethical medicine with the highest possible standards to ensure the best interest and welfare of the patients.

- Adopted January 2002

MESOTHERAPY AND INJECTION LIPOLYSIS

Background

Treatments most properly called “injection lipolysis” have been commonly associated with the term “mesotherapy” to reduce or eliminate unwanted local accumulations of fat. Various terms for treatments that purport to “dissolve” fat seem to be used interchangeably, although “mesotherapy” has gained prominence in the public vernacular.

Injection lipolysis is typically done with trade-named products such as Lipodissolve™ and Lipostabil™ or with proprietary formulations provided by compounding pharmacies. The one common ingredient in all injection lipolysis formulations is phosphatidylcholine (PPC).

In the United States, sodium deoxycholate (DC), a constituent of bile, is a second major ingredient used to keep the PPC soluble and in an injectable form without precipitating out of solution.

Phosphatidylcholine (PPC) and sodium deoxycholate (DC) are both phospholipids, emulsifiers, and surfactants. PPC is the most abundant phospholipid component of cell membranes, a precursor to acetylcholine, and a constituent of lipoproteins. DC is a constituent of bile. Both substances are naturally present in the human body.

In contrast to injections into the mesoderm, injection lipolysis treatments are delivered into the subcutaneous fat. In both cases, the depth of injection is critical to prevent damage to fascia. It has been hypothesized that treatment with PPC and DC reduces subcutaneous fat by adipocyte necrosis due to direct toxic or surfactant effects.

Phosphatidylcholine (PPC) and sodium deoxycholate (DC) are both approved by the U.S. Food and Drug Administration (FDA) for use as surfactants and drug carriers, among other applications, but neither is approved for subcutaneous injection. Lipodissolve™ and Lipostabil™ are not approved by the FDA.

Proprietary formulations of PPC/DC and other drugs have been manufactured by compounding pharmacies, yet such formulations lack standardization in terms of good manufacturing practices and sterility.

The FDA is well aware that injections to reduce fat deposits are performed, but the agency thus far has not exercised its enforcement power to restrict the use of compounded PPC/DC.

Safety and Efficacy of Injection Lipolysis

To date, reports on the safety and efficacy of injection lipolysis have been anecdotal. Any clinical study involving subcutaneous injection of these drugs requires FDA approval of an investigational new drug (IND) application plus IRB approval.

Reports of adverse events, including mycobacterium skin infections have been reported following the injection of compounded preparations for injection lipolysis.

Recommendations Regarding Injection Lipolysis

Patients must be informed that this procedure uses compounded drugs that are not approved by the FDA for injection.

The use of a PPC/DC combination is permitted in the context of a clinical trial operating under a FDA-approved IND (investigational new drug) study protocol.

Physicians may order individualized prescriptions from a compounding pharmacy designed for a specific patient for the purpose of injection lipolysis. "Bulk" purchases of the compounded drugs will not be possible. There is the risk of FDA investigation and sanctions involving compounded drugs that are not approved by the FDA.

Lipodissolve™ and Lipostabil™ are not approved by the FDA. It is illegal to import or use them.

-Adopted October 2007

PAIN MANAGEMENT

The OMB urges the skillful use of effective pain control for all patients. Providers are encouraged to treat pain within the scope of their practice and refer patients to the appropriate specialists when indicated. In all cases of pain management, practitioners should maintain records to track prescriptions and coordinate care with other treating practitioners. Health care providers are encouraged to use the Oregon Prescription Drug Monitoring Program (PDMP), a division of the Oregon Health Authority, to help guide treatment plans. The PDMP is a database that allows prescribers of controlled substances to access a patient's name, the controlled substance prescribed, the dosage, and the name and contact information of the prescriber.

The National Transportation Safety Board recommends that health care providers discuss with patients the effect their medical condition and medication may have on their ability to safely operate a vehicle in any mode of transportation.

It is important for providers to be well-informed on relevant pain management techniques and hone their skills for the optimal treatment of their patients, taking into account the etiology of the pain. Types of pain include, but are not limited to, acute, post-operative or traumatic pain, chronic non-cancer pain, chronic pain caused by malignancies and pain associated with terminal illness.

Acute Pain

Effective treatment of acute pain promotes recovery and return to normal function. The potential for addiction is low when short courses of opioids are used to treat acute pain and discontinued as the patient recovers. Inadequately managed acute pain may result in chronic pain. Patients who are not recovering as expected must be carefully assessed. Skillful pain management techniques including oral, parenteral and, when available, regional pain management techniques, can achieve maximum patient comfort and may reduce the need for opioids.

Chronic Pain

Patients with chronic pain require complex care and treatment decisions for multifaceted problems. Providers have a responsibility to diagnose and manage chronic pain while maximizing the benefits and minimizing the potential adverse effects of treatment. Opioids are not always required or effective for the treatment of chronic pain, and they should be discontinued if the patient's pain control or function does not improve with their use.

Pain management treatment must be evidence-based and individualized to the patient. Oregon statute protects providers from disciplinary action by the Board when prescribing or administering controlled substances as part of a treatment plan for pain with the goal of controlling the patient's pain for the duration of the pain. However, prescribing controlled substances without a legitimate medical purpose is prohibited.

Patient safety should be a key factor in determining a treatment plan for pain management. When the provider prescribes opioids as part of the treatment plan, the provider must consider drug safety, efficacy and treatment goals for the patient. Safe opioid prescribing requires knowledge of the pharmacology of various opioid classes, and of potential drug interactions. Opioids are most likely to be successful in reducing pain and restoring function when they are combined with other pain management approaches such as physical therapy and psychological techniques.

When prescribing opioids for chronic pain, Oregon law requires practitioners to provide careful assessment and documentation of the medical condition causing pain as well as co-morbid medical and mental health conditions. Goals for treatment should be established with the patient before prescribing opioids. The provider's assessment, diagnosis and discussion must be documented in the patient record. The

diagnosis, drugs used, goals, alternatives, and side effects must be included in a signed document demonstrating consent and understanding of the treatment plan and its risks. A sample document may be found at www.oregon.gov/OMB/pdf/forms/materialrisknotice.pdf. In addition to the signed informed consent document, a written patient-provider agreement is recommended for patients requiring opioids for chronic pain.

Terminal Illness

The OMB believes that physicians should make every effort to relieve the pain and suffering of their terminally ill patients. Patients nearing the end of their lives should receive sufficient opioid dosages to produce comfort. The physician should acknowledge that the natural dying process usually involves declining blood pressures, decreasing respirations and altered levels of consciousness. Opioids should not be withheld on the basis of physiologic parameters when patients continue to experience pain.

Some physicians express concerns that the use of opioids in these patients may hasten death through pneumonia or respiratory depression. For these reasons, at times physicians may have limited the use of opioids in dying patients out of fear that they may be investigated for inappropriate prescribing or allegations of euthanasia.

The OMB is concerned that such fear on the part of physicians may result in inadequate pain control and unnecessary suffering in terminally ill patients. The OMB encourages physicians to employ skillful and compassionate pain control for patients near the end of life and believes that relief from suffering remains the physician's primary obligation to these patients.

—Adopted January 15, 1993
—Amended April 16, 1999
—Amended July 9, 2004
—Amended April 8, 2011
—Amended January 10, 2013
—Amended April 8, 2016

PHYSICIAN-PATIENT RELATIONSHIP

An Oregon physician has medical, legal and ethical obligations to his or her patients. In light of these obligations, it is the policy of the Oregon Medical Board that:

1. Regardless of whether an act or failure to act is determined entirely by a physician, or is the result of a contractual or other relationship with a health care entity, the relationship between a physician 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 physician and patient, including disclosure of all information necessary for the patient to be an informed participant in his or her care.
- Commitment of the physician to be an advocate for the patient and for what is best for the patient, without regard to the physician's personal interests or the interests of any other healthcare entity.
- Provision by the physician of that care which is necessary and appropriate for the condition of the patient, and neither more nor less.
- Avoidance of any conflict of interest or inappropriate relationships outside of the therapeutic relationship.
- Respect for, and careful guardianship of, any intimate details of the patient's life, which may be shared with the physician.
- A career-spanning dedication by the physician 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 his or her family.

2. The relationship between a physician and a patient is fundamental, and is not to be constrained or adversely affected by any considerations other than what is best for that patient. The existences of other considerations, including financial or contractual concerns are and must be secondary to the fundamental relationship.

3. Any act or failure to act by a physician that violates the trust upon which the relationship is based jeopardizes the relationship and may place the physician at risk of being found in violation of the Medical Practice Act (ORS Chapter 677).

4. The policies expressed herein apply to all physicians in Oregon, as well as those who make decisions, which affect Oregon consumers, including health plan medical directors and other physicians employed by or contracting with such plans.

- Adopted 1998

PROFESSIONALISM

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. It fulfills its mission by, among other activities, investigating and, if necessary, imposing disciplinary action upon physicians who do not uphold the standards of professionalism.

Professionalism comprises those attributes and behaviors that serve to maintain patients' interests above the physician's self-interest.

Professionalism means the continuing pursuit of excellence (see definition below), and includes the following qualities:

Altruism is the essence of professionalism. Altruism refers to unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

Accountability and Responsibility are required at many levels – individual patients, society and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed.

One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

Duty: Acceptance of a Commitment to Service. This commitment entails being available and responsive when "on call," accepting personal inconvenience in order to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, and advocating the best possible care regardless of the patient's ability to pay.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians. A key to excellence is the pursuit of, and commitment to, providing the highest quality of health care through lifelong learning and education. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

Honesty and Integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. Honesty and integrity require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

Respect for Others is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians and professional colleagues. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members.

Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

Signs of Unprofessionalism

It is sometimes by looking at what is unprofessional behavior, that the physician can obtain greater understanding of the meaning of professionalism. The Board has seen these signs of unprofessionalism:

Abuse of Power: Physicians are generally accorded great respect by their patients. When used well, this power can accomplish enormous good. When abused, it causes the opposite. Examples of abuse of power are:

- Crossing sexual boundaries
- Breaching confidentiality
- Proselytizing a point of view in order to change a patient's mind

Arrogance: For a physician, arrogance is an offensive display of superiority and self-importance, which prevents the establishment of empathetic relationships. Examples of arrogance are:

- Failing to listen to others
- Abusing the social position of physicians
- Failing to make appropriate referrals
- Safeguarding physician interests above the patient

Greed: When money rather than patient care becomes the guiding force in a physician's practice. Examples of greed are:

- Doing procedures that have no medical indication
- Billing fraud
- Not providing medical documentation for services

Misrepresentation: In the context of unprofessional behavior, misrepresentation consists of lying (consciously telling an untruth) and fraud (conscious misrepresentation of material facts with the intent to mislead). Examples of misrepresentation are:

- Misrepresenting educational history
- Not filling out licensing and other applications for renewal truthfully
- Faking research
- Inflating credentials
- Altering charts
- Giving expert testimony that is not truthful

Impairment: This occurs when a physician is no longer able to give the patient the needed proper care. Examples are:

- Being under the influence of alcohol and/or drugs while on duty
- Having untreated physical or mental health problems
- Overworking, which may lead to the inability to concentrate

Lack of Conscientiousness: This occurs when a physician does not fulfill his/her responsibilities to patients, colleagues and society. Examples are:

- Charting poorly
- Abandoning patients
- Not returning phone calls or pages
- Not responding appropriately or refusing referrals without a good reason
- Not providing patient records in a timely manner
- Supervising trainees inadequately
- Self-medicating without documentation
- Not keeping up with the skills and knowledge advances in the scope of practice

Conflict of Interest: When the physician puts his/her interests above that of the patient and society, it is a conflict of interest. Here are a few examples:

- Ordering diagnostic procedures or treatment from businesses where the physician has an interest
- Receiving expensive gifts and/or money from drug dispensing companies, which causes undue influence

-Adopted May 2005

RE-ENTRY TO CLINICAL PRACTICE

The Oregon Medical Board (“OMB” or “Board”) has the mission to protect the health, safety, and wellbeing of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians. Consistent with this directive, the Board has adopted a policy regarding provider re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any licensed physician with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment and possible supplemental training or mentorship. Requirements for assessment and supplemental training vary depending on individual circumstances. Factors the Board uses in determining the appropriate plan include the number of years in practice before the physician’s hiatus, the number of years out of practice, the type of licensure requested, and the physician’s intended practice and specialty.

Competency assessments include the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), self-assessment exercises, computer-based simulations and direct evaluation by a board-approved clinician. Assessments should be standardized and validated.

Following the initial evaluation, a detailed re-entry plan is constructed, which may consist of mentoring, supplemental training, passing the SPEX or COMVEX exam, or other activities pertinent to the clinician’s needs. Supplemental training should focus on the intended area of practice and cover a broad scope, including areas such as managing and assessing information. The duration of participation in a re-entry program is dependent upon individual circumstances, and completion requires a letter from the program verifying fitness to return to clinical practice. In cases where clinicians are found sufficiently competent during an initial assessment, supplemental training may be deemed unnecessary. The re-entry program is not a mechanism for switching specialties.

Providers who are re-entering clinical practice after a prolonged absence may also be required to restrict the scope or volume of practice, work with a mentor, or participate in regular re-assessment of competency. Mentors participating in physician re-entry programs must be board certified, have no public record and be Board approved. Decisions to allow physician re-entry will be significantly influenced by mentor opinion and achievement of goals established at the outset of the mentorship.

Currently, there are national discussions about standardization of re-entry programs. Common objectives of a standardized re-entry program include helping providers return to practice, assuring licensure boards of competency, promoting quality care,

enhancing physician supply, and re-assessment of competency at the completion of the program. The Board supports initiatives to standardize re-entry programs and establish accreditation. Furthermore, the Board recognizes that re-entry programs may be expensive and that much of the financial burden will be borne by the clinician seeking re-entry. In some circumstances, admission to a re-entry program will be influenced by State need for clinicians in that specialty.

The Oregon Medical Board is firmly invested in ensuring provider competency to deliver safe health care to Oregonians, and every effort will be made to maintain balance between provider supply and the demand for safe, competent health care.

-Adopted April 2011

RESPONSIBILITIES OF MEDICAL DIRECTORS OF MEDICAL SPAS

The Oregon Medical Board is charged with protecting the health, safety and wellbeing of Oregonians through the regulation of the practice of medicine. As the practice of medicine in medical spas expands, it is incumbent upon licensees providing services in these settings to be aware of their responsibilities. In particular, a licensee who serves as a medical director of a medical spa or similar facility must clearly understand the duties and responsibilities of the role.

Medical directors must view medical spa patients as *their patients*, not just clients of the facility. Medical spa patients must be treated the same as a patient in any other medical facility. This includes performing an evaluation to establish the appropriate diagnosis and treatment, obtaining informed consent prior to treatment, and maintaining proper documentation and patient confidentiality.

Before personally performing or delegating any procedure to medical spa personnel, the medical director must consider the type of procedure and its risks. In addition, the medical director must ensure that the staff member has the appropriate education and training to perform the procedure. Proper delegation also includes effective supervision through oversight, direction, evaluation and guidance. The medical director may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment.

Medical directors authorized to prescribe scheduled medications must be aware that only they can order, own, possess or have access to those medications within their medical spa.

The medical director is responsible for the medical procedures performed at the spa and will be held to the same standard of care as though the procedure were performed in a medical facility. Above all, patient safety is the top priority, and medical directors should act in the best interest and welfare of their patients at all times.

- Adopted October 2015

SCOPE OF PRACTICE

The Oregon Legislature has given the Oregon Medical Board the power to exercise general supervision over the practice of medicine and podiatry within the state. Increasingly health professionals, some licensed by this Board and some by other agencies, are seeking to extend the scope of their practice and authority.

While the ultimate decision on scope of practice issues generally rests with the Legislature, the Board assists lawmakers by providing complete and accurate information upon which to base decisions. The following factors are considered when the Board reviews scope of practice questions:

- Public safety must be the primary focus;
- The patient should receive the same level of care and informed consent regardless of who provides the care;
- Fully qualified providers must perform procedures, whether those providers are physicians or other health care professionals.

With extensive years of medical training, physicians have broad authority and considerable latitude in the scope of their medical practice. Health care providers with less formal education need a clearly defined scope of practice in keeping with Oregon statutes.

When considering scope of practice changes for professions or individuals under its own jurisdiction, the Board considers the following:

- **Education:** Has the provider received education from an approved institution with national standards and what is the core education in terms of residency, post-graduate education and continuing education courses?
- **Experience:** What experience has the practitioner had recently relative to the proposed expansion in scope of practice?
- **Level of Supervision:** When health care professionals work under supervision, the Board expects the supervisor to be identified in advance and to be skilled in

the procedure he/she is supervising. The supervisor must also assume responsibility for delegation of duties.

- **Back-up Assistance Available:** Before undertaking a scope of practice change, a functional back-up system must be identified in advance, with the availability of review similar to hospital peer review.
- **Demonstration of Skill Level:** In assessing ability, the Board looks for proficiency demonstrated under supervision, documented by an unbiased third party. There needs to be verified outcomes following an appropriate number of procedures over a given period of time.

Prior to the addition of a diagnostic or therapeutic technique to a health practitioner's scope of practice under any jurisdiction, the Board believes that the following questions should be answered in addition to the above outlined standards:

- What is the current standard of practice and is the skill being added appropriate to the professional background?
- What background is sufficient to prepare the professional to perform a given procedure safely?
- Does the individual have adequate experience to understand appropriate indications and handling of complications?

The citizens of Oregon expect and deserve the same high quality care for the same medical service rendered irrespective of the background, training, skill and knowledge of the health care provider. It is on this basis that the Oregon Medical Board carefully reviews questions of expanded scope of practice for health care providers.

-Adopted July 1999

SEXUAL MISCONDUCT

The Oregon Medical Board recognizes that the practice of medicine entails a unique relationship between physician and patient. The patient's trust and confidence in a physician's professional status grants power and influence to the physician.

Licenses are expected to maintain a professional manner and to avoid behaviors that may be misunderstood by or considered offensive by the patient. Sexual contact or suggestion of any sort within a professional relationship, or any such contact outside the physician-patient relationship that exploits the patient's trust and confidence, is unethical.

- Adopted 1995

SOCIAL MEDIA

The Oregon Medical Board regulates the practice of medicine to protect the health, safety, and wellbeing of Oregon patients. As medical practice has evolved, so has the method of communication among practitioners, patients, and family. Colleagues, administrators, and patients increasingly expect healthcare professionals to stay connected, and online social networking has become a resource for healthcare professionals to share information and to form meaningful professional relationships.

The Board recognizes the benefits of social media and supports its responsible use. However, healthcare professionals are bound by ethical and professional obligations that extend beyond the exam room, and social media creates new challenges. Among the primary obligations to consider when engaging in social media are confidentiality, boundaries, and overall professionalism.

Confidentiality

Healthcare professionals have an obligation to protect patient privacy and confidentiality in all environments. Identifiable patient information – even seemingly minor details of a case or patient interaction – must never be posted online. Healthcare professionals must never discuss a patient’s medical treatment or answer a patient’s health-related question through personal social media. E-mail must be secure if used to communicate medical information to patients. Healthcare professionals must use discretion and consider all information posted online to be public.

Boundaries

Healthcare professionals must maintain appropriate boundaries in the physician-patient relationship at all times. Electronic media may blur the boundaries of the physician-patient relationship and heighten the potential for boundary violations.¹ As a result, healthcare professionals should consider separating personal and professional social media accounts and exercise caution if considering interacting with patients or their families online through personal social networking sites. Healthcare professionals should feel comfortable ignoring or declining requests to connect from current or past patients through a personal social media account. It is the professional’s responsibility to maintain appropriate boundaries, not the patient’s.

Professionalism

Online actions and content directly reflect on professionalism. Therefore, healthcare professionals must understand that their online activity may negatively impact their reputations and careers as well as undermine the public’s overall trust in the profession. Healthcare professionals should not make negative statements about other healthcare providers and should use caution when responding to the negative comments of others on social media. When conflicted about posting online content,

healthcare professionals should err on the side of caution and refrain. Further, if healthcare professionals write online about their professional experiences, they must be honest about their credentials and reveal any conflicts of interest.

Healthcare professionals are required at all times to follow the Medical Practice Act, rules established by the Board, and professional standards of care. These obligations apply regardless of the medium of communication.

- Adopted January 8, 2016

¹ The definition of sexual misconduct in OAR 847-010-0073(3)(b)(G) includes sexually explicit communication via electronic methods such as text message, e-mail, video, or social media.

TELEMEDICINE

The Oregon Medical Board considers the full use of the patient history, physical examination, and additional laboratory or other technological data all important components of the physician's evaluation to arrive at diagnosis and to develop therapeutic plans. In those circumstances when one or more of those methods are not used in the patient's evaluation, the physician is held to the same standard of care for the patient's outcome.

- Adopted January 2012

USE OF UNLICENSED HEALTHCARE PERSONNEL

With ever-increasing demands on the time and resources of physicians, the role of unregulated healthcare personnel is expanding. As a result, high quality patient care depends on the contributions of a wide variety of personnel, including medical assistants. When establishing expectations and limitations for medical assistants in a medical office, the OMB advises that patient safety should be the primary factor.

The physician is responsible for ensuring that the medical assistant is qualified and competent to perform any delegated services. It is within the physician's judgment to determine that the medical assistant's education, training and experience is sufficient to ensure competence in performing the service at the appropriate standard of care. Performance of delegated services is held to the same standard of care applied to the supervising physician, and the physician is ultimately accountable for the actions of his or her supervised personnel.

Unlicensed healthcare personnel must be adequately supervised by a licensed physician. Examples of supervision include verifying the correct medication and dosage prior to administration of medicine by a medical assistant and being physically present in the facility when services are performed by a medical assistant.

The physician may not allow any unlicensed healthcare personnel to practice medicine as defined by the Oregon Medical Practice Act. Unlicensed healthcare personnel may not provide independent medical judgment. Therefore, medical assistants should not provide assessments, interpretations, or diagnoses and should not perform invasive procedures.

Physicians should exercise caution when employing a person who has education and training as a healthcare professional but is working as an unlicensed medical assistant. In this situation, it may be tempting for the physician to delegate (or the medical assistant to perform) duties beyond the scope of unlicensed healthcare personnel.

Medical assistants and other unlicensed healthcare personnel must maintain patient confidentiality to the same standards required of physicians. Medical assistants must be clearly identified by title when performing duties. This can be accomplished through wearing a name tag with the designation of "medical assistant" and clearly introducing oneself as a "medical assistant" in oral communications with patients and other professionals.

In order to fulfill its mission to protect the health, safety and wellbeing of Oregonians, the OMB asks physicians to follow these guidelines and to be mindful of patient safety when delegating services to other healthcare personnel.

-Adopted October 2012

PRESCRIBING

Familiarize yourself with state and federal laws relevant to your prescribing practices. The Board's rules on controlled substances are in [OAR chapter 847 division 15](#).

Additional guidelines include:

- Do not prescribe for yourself, family, or friends except in limited circumstances and with appropriate documentation.
- Keep prescription pads in a safe, secure place – not in the open.
- Never sign a blank prescription, even for non-controlled medications.
- Do not pre-print your DEA number on your prescription pads.
- Write out all numbers in a prescription, such as “twenty (20).”
- Do not refill a prescription for another doctor's patient without confirming with that doctor.
- Avoid being hired by a clinic or group for your ability to prescribe controlled drugs.
- Prescribing long-term methadone for treatment of addiction is prohibited outside of a federally approved methadone maintenance program.

Oregon's Prescription Drug Monitoring Program (PDMP) is a helpful tool for prescribing professionals. Register and learn how to use the PDMP here:

www.orpdmp.com/health-care-provider.

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR 97232-2162

971-673-0001

pharmacy.board@state.or.us

www.oregon.gov/pharmacy

Federal Drug Enforcement Agency

DEA Field Office

100 SW Main, Suite 500

Portland, OR 97204

503-721-6660

www.usdoj.gov/dea

LICENSEE WELLNESS

Licensee health and wellness is a critical component in the Board's mission. The Board supports a proactive, broad approach to wellness and is part of the Physician/PA Support and Professionalism Coalition to better understand the available resources and areas of greatest need. Wellness programs include:

Lane County Medical Society

541-686-0995

www.lcmedsociety.com/physician_wellness.html

Medical Society of Metropolitan Portland

503-764-5663

www.msmp.org/Physician-Wellness-Program

Oregon Health & Science University

503-494-1208

www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/resident-fellow-wellness-program/index.cfm

Hazelden Treatment Program

1-866-831-5700

www.hazelden.org/web/go/hcp

PARTNER PROGRAMS

HEALTH PROFESSIONALS' SERVICES PROGRAM (HPSP)

Board licensees may participate in a statewide confidential monitoring program for licensed health professionals with a substance use disorder, a mental health disorder, or both types of disorders. In some cases, the Health Professionals' Services Program (HPSP) may be used as an alternative to disciplinary action for a licensee who is reported for a substance abuse and/or mental health disorder.

The Board may refer a licensee to HPSP or a licensee may self-refer. When the Board refers a licensee, HPSP will work with the board to ensure the licensee is monitored in accordance with his or her board agreement. When a licensee self-refers, HPSP will work with the licensee to develop an individualized monitoring agreement and will keep the licensee's enrollment **confidential** and without Board involvement as long as the licensee is in compliance with the HPSP monitoring agreement.

Licensees interested in more information or in self-referring to HPSP should contact the vendor administering the program, Reliant Behavioral Health (RBH). Your call can remain confidential. RBH can also provide a list of Board-approved independent third-party evaluators.

Reliant Behavioral Health

Toll free: 888-802-2843

hpsp@reliantbh.com

THE FOUNDATION FOR MEDICAL EXCELLENCE (TFME)

The Foundation for Medical Excellence (TFME) is a public, non-profit foundation whose mission is to assure that health care in the Pacific Northwest is of the highest quality. TFME focuses on problem areas identified by state medical boards, seeking solutions through education and research. TFME develops and presents a wide range of educational programs, provides consultative services, and sponsors in-depth research projects. TFME's board is composed of community leaders and health professionals.

The Foundation for Medical Excellence

1 SW Columbia St, Suite 860

Portland, Oregon 97258

Phone: 503-222-1960

www.tfme.org

OREGON POLST PROGRAM

The Physician Orders for Life-Sustaining Treatment (POLST) Program was first developed in Oregon in 1990 to ensure that a patient's wishes regarding use of life-sustaining treatments are more consistently honored. In 2009, the Oregon POLST Registry was established to increase accessibility to POLST orders statewide.

At the center of the program is the POLST form, a standardized set of medical orders based on a patient's wishes, signed by an Oregon licensed physician, nurse practitioner or physician assistant.

If a patient elects to complete a POLST form, the signing health care professional is responsible for submitting the form to the Registry (unless the patient opts out).

Oregon POLST

3181 SW Sam Jackson Park Rd.

Mail Code: UHN-86

Portland, Oregon 97239

Phone: 503-494-3965

Fax: 503-494-1260

polst@ohsu.edu

www.or.polst.org

RESOURCES

STATE & FEDERAL REGULATORY & HEALTH AGENCIES

Oregon Health Authority, Public Health

800 NE Oregon Street

Portland, OR 97232

971-673-1222

public.health.oregon.gov

Centers for Medicare & Medicaid Services (CMS)

701 5th Ave., Suite 1600

Seattle, WA 98104

206-615-2306

www.cms.gov

Oregon Health Authority, Medical Marijuana Program (OMMP)

PO Box 14450

Portland, OR 97293

971-673.-1234

public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram

PROFESSIONAL MEDICAL ORGANIZATIONS

Oregon Medical Association*

11740 SW 68th Parkway, Suite 100

Portland, Oregon 97223

503-619-8000

www.theoma.org

**A list of Oregon's county and specialty medical societies is available through the OMA.*

Osteopathic Physicians & Surgeons of Oregon

4380 SW Macadam Ave, Suite 125

Portland, Oregon 97239

503-229-6776

www.opso.org

Oregon Podiatric Medical Association

9900 SW Hall Blvd, Suite 100

Tigard, Oregon 97223

503-245-2420

www.opmatoday.com

Oregon Association of Acupuncture & Oriental Medicine

PO Box 14615

Portland, Oregon 97293

www.oaaom.com

Oregon Society of Physician Assistants

PO Box 55214

Portland, Oregon 97214

503-650-5864

www.oregonpa.org

OREGON HOSPITALS

Adventist Medical Center

10123 SE Market, Portland 97216
503-257-2500

Asante Rogue Regional Medical Center

2825 E. Barnett Rd, Medford 97504
541-789-7000

Asante Three Rivers Medical Center

500 SW Ramsey Ave, Grants Pass 97527
541-472-7000

Asante Ashland Community Hospital

280 Maple St, Ashland 97520
541-201-4000

Bay Area Hospital

1775 Thompson Rd, Coos Bay 97420
541-269-8111

Blue Mountain Hospital

170 Ford Rd, John Day 97845
541-575-1311

Blue Mountain Recovery Center

2600 Westgate, Pendleton 97801
541-276-0991

Casey Eye Institute (OHSU)

33375 SW Terwilliger Blvd, Portland 97239
503-494-3000

Cedar Hills Hospital

10300 SW Eastridge, Portland 97225
503-944-5000

Columbia Memorial Hospital

2111 Exchange St, Astoria 97103
503-325-4321

Coquille Valley Hospital

940 E. 5th St, Coquille 97423
541-396-3101

Cottage Grove Community Med Center

1515 Village Dr, Cottage Grove 97424
541-767-5500

Curry General Hospital

94220 4th, Gold Beach 97444
541-247-3000

Doernbecher Children's Hospital (OHSU)

3181 SW Sam Jackson Rd, Portland 97201
503-494-8811

Genesis Recovery Center

600 South 2nd St, Central Point 97502
541-608-4000

Good Samaritan Regional Medical Center

3600 NW Samaritan Dr, Corvallis 97330
541-768-5111

Good Shepherd Medical Center

610 N.W. 11th St, Hermiston 97838
541-667-3400

Grande Ronde Hospital

506 4th St, La Grande 97850
541-963-3138

Harney District Hospital

557 W. Washington St, Burns 97720
541-573-7281

Holy Rosary Medical Center

351 SW 9th St, Ontario 97914
541-881-7287

Kaiser Sunnyside Medical Center

10180 SE Sunnyside Dr, Clackamas 97015
503-652-2880

Lake District Hospital

700 S. J St, Lakeview 97630
541-947-2114

Legacy Emanuel Children's Hospital

2801 N. Gantenbein Ave, Portland 97227
503-413-2500

Legacy Good Samaritan Medical Center

1015 NW 22nd Ave, Portland 97210
503-413-7711

Legacy Meridian Park Medical Center
19300 S.W. 65th, Tualatin 97062
503-692-1212

Legacy Mount Hood Medical Center
24800 SE Stark St, Gresham 97030
503-674-1122

Legacy Transplant Center
1040 NW 22nd Ave, Portland 97210
503-413-6555

Lower Umpqua Hospital
600 Ranch Road, Reedsport 97467
541-271-2171

McKenzie-Willamette Medical Center
1460 G St, Springfield 97477
541-726-4400

Mercy Medical Center
2700 NW Stewart Pkwy, Roseburg 97471
541-673-0611

Mid-Columbia Medical Center
1700 E 19th St, The Dalles 97058
541-296-1111

Oregon Health & Science University Hospital
3181 SW Sam Jackson Rd, Portland 97239
503-494-8311

Oregon State Hospital
2600 Center St NE, Salem 97301
503-945-2800

Peace Harbor Hospital (*PeaceHealth*)
400 9th St, Florence 97439
541-997-8412

Pioneer Memorial Hospital, Prineville
1201 N. Elm, Prineville 97754
541-447-6254

Providence Hood River Memorial Hosp
810 12th St, Hood River 97031
541-386-3911

Providence Medford Medical Center
1111 Crater Lake Ave, Medford 97504
541-732-5000

Providence Milwaukie Hospital
10150 SE 32nd, Milwaukie 97222
503-513-8300

Providence Newberg Medical Center
1001 Providence Dr., Newberg 97132
503-537-1555

Providence Portland Medical Center
4805 NE Glisan, Portland 97213
503-215-1111

Providence Seaside Hospital
725 S Wahanna Rd, Seaside 97138
503-717-7000

Providence St. Vincent Medical Center
9205 SW Barnes Road, Portland 97225
503-216-1234

Providence Willamette Falls Med Center
1500 Division, Oregon City 97045
503-656-1631

Sacred Heart Medical Center - Riverbend
3333 Riverbend Dr, Springfield 97477
541-222-7300

Sacred Heart Medical Center - University
1255 Hilyard St, Eugene 97401
541-686-7300

Salem Hospital
890 Oak St SE, Salem 97301
503-561-5200

Samaritan Albany General Hospital
1046 6th Ave SW, Albany 97321
541-812-4000

Samaritan Lebanon Community Hospital
525 N Santiam Hwy, Lebanon 97355
541-258-2101

Samaritan North Lincoln Hospital
3043 NE 28th St, Lincoln City, 97367
541-994-3661

Samaritan Pacific Communities Hospital
930 SW Abbey St, Newport 97365
541-265-2244

Santiam Memorial Hospital
515 N 3rd Ave., Stayton 97383
503-769-3441

Shriners Hospital for Children
3101 SW Sam Jackson Rd, Portland 97201
503-241-5090

Silverton Hospital
342 Fairview, Silverton 97381
503-873-1680

Sky Lakes Medical Center
2865 Daggett, Klamath Falls 97603
541-882-6311

Southern Coos Hospital & Health Center
900 11th St SE, Bandon 97411
541-347-2426

St. Alphonsus Medical Center
3325 Pocahontas Rd, Baker City 97814
541-523-6461

St. Alphonsus Medical Center - Ontario
351 SW 9th St., Ontario 97914
541-881-7000

St. Anthony Hospital
1601 SE Court Ave., Pendleton 97801
541-276-5121

St. Charles Health System - Bend
2500 NE Neff Rd, Bend 97701
541-382-4321

St. Charles Health System - Madras
470 NE A St, Madras 97741
541-475-3882

St. Charles Health System - Prineville
1201 N. Elm, Prineville 97754
541-447-6254

St. Charles Health System - Redmond
1253 N. Canal Blvd., Redmond 97756
541-548-8131

Sutter Coast Hospital
800 Washington St., Brookings 97415
541-469-9611

Tillamook Regional Medical Center
1000 Third, Tillamook 97141
503-842-4444

Tuality Healthcare
335 SE 8th Ave, Hillsboro 97123
503-681-1111

VA Medical Center
3710 SW Veterans Hosp Rd, Portland 97207
503-220-8262

VA Roseburg Healthcare Systems
913 NW Garden Valley, Roseburg 97471
541-440-1000

Vibra Specialty Hospital
10300 SW Hancock, Portland 97220
503- 257-5500

Wallowa Memorial Hospital
601 Medical Parkway, Enterprise 97828
541-426-3111

West Valley Hospital
525 SE Washington, Dallas 97338
503-623-8301

Willamette Valley Medical Center
2700 SE Stratus, McMinnville 97128
503-472-6131

Chapter 677

2015 EDITION

Regulation of Medicine, Podiatry and Acupuncture

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GENERAL PROVISIONS

677.010 Definitions for chapter. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training served in a hospital that is approved by the board or by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathy leading to a degree of Doctor of Medicine or Doctor of Osteopathy, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules.

(3) "Board" means the Oregon Medical Board.

(4) "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a

school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "License" means permission to practice, whether by license, registration or certification.

(11) "Licensee" means an individual holding a valid license issued by the board.

(12) "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

(13) "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathy, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

(14) "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 to treat ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle.

(15)(a) "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, except treatment involving the use of a general or spinal anesthetic unless the treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon; and

(B) Assisting in the performance of surgery, as provided in ORS 677.814.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

(16) "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

(17) "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular spe-

cialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board. [Amended by 1961 c.400 §1; 1967 c.470 §3; 1979 c.778 §1; 1981 c.220 §2; 1983 c.486 §2; 1985 c.322 §9; 1989 c.830 §1; 1999 c.785 §1; 2005 c.760 §1; 2007 c.70 §301; 2009 c.756 §21; 2013 c.129 §1]

677.012 [1971 c.649 §2; renumbered 677.495]

677.015 Statement of purpose. Recognizing that to practice medicine is not a natural right of any person but is a privilege granted by legislative authority, it is necessary in the interests of the health, safety and welfare of the people of this state to provide for the granting of that privilege and the regulation of its use, to the end that the public is protected from the practice of medicine by unauthorized or unqualified persons and from unprofessional conduct by persons licensed to practice under this chapter. [1967 c.470 §2]

677.020 [Repealed by 1967 c.470 §68]

677.030 [Amended by 1957 c.681 §1; 1967 c.470 §8; renumbered 677.085]

677.040 [Amended by 1967 c.470 §59; renumbered 677.325]

677.050 [Amended by 1967 c.470 §7; renumbered 677.080]

677.055 [1971 c.649 §4; renumbered 677.505]

677.060 Persons and practices not within scope of chapter. This chapter does not affect or prevent the following:

(1) The practice of medicine or podiatry in this state by any commissioned medical or podiatric officer serving in the Armed Forces of the United States or Public Health Service, or any medical or podiatric officer on duty with the United States Department of Veterans Affairs, while any such medical or podiatric officer is engaged in the performance of the actual duties prescribed by the laws and regulations of the United States.

(2) The meeting in this state of any licensed practitioner of medicine of any other state or country with a licensed practitioner of medicine in this state, for consultation.

(3) Supervised clinical training by an acupuncture student who is enrolled in a school approved to offer credit for post-secondary clinical education in Oregon or clinical practice of acupuncture by a practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Oregon Medical Board.

(4) The practice of medicine or podiatry by an individual licensed to practice medicine or podiatry in another state or country who is providing health care services for an out-of-state athletic team provided that:

(a) The individual is practicing pursuant to a written agreement with the team under

which the individual provides health care services:

(A) Only for team members, team staff members or family members traveling with the team; and

(B) For a specific athletic event taking place in this state;

(b) The individual practices medicine or podiatry for no more than 10 consecutive days for each athletic event or, upon written order by the executive director of the Oregon Medical Board, an additional amount of time not to exceed 21 consecutive days for each athletic event;

(c) The individual does not provide health care services or perform consultations for a resident of this state unless the resident is a team member, team staff member or family member traveling with the team; and

(d) The individual does not provide health care services at a health care facility, as defined in ORS 442.015, unless the health care facility is located in an arena or stadium or on a college campus or is a temporary facility established for an athletic event.

(5) The furnishing of medical or surgical assistance in cases of emergency requiring immediate attention.

(6) The domestic administration of family remedies.

(7) The practice of dentistry, pharmacy, nursing, optometry, psychology, regulated social work, chiropractic, naturopathic medicine or cosmetic therapy, by any person authorized by this state.

(8) The practice of the religion of persons who endeavor to prevent or cure disease or suffering by prayer or other spiritual means in accordance with the tenets of any church. Nothing in this chapter interferes in any manner with the individual's right to select the practitioner or mode of treatment of an individual's choice, or interferes with the right of the person so employed to give the treatment so chosen if public health laws and rules are complied with.

(9) The sale of lenses, artificial eyes, limbs or surgical instruments or other apparatus or appliances of a similar character.

(10) The sale, rent or use for hire of any device or appliance, the sale of which is not prohibited by the laws of Oregon or the United States.

(11) The practice of physiotherapy, electrotherapy or hydrotherapy carried on by a duly licensed practitioner of medicine, naturopathic medicine or chiropractic, or by ancillary personnel certified by the State Board of Chiropractic Examiners, pursuant to ORS 684.155 (1)(c)(A), to provide physiotherapy, electrotherapy or hydrother-

apy and working under the direction of a chiropractic physician.

(12) The practice or use of massage, Swedish movement, physical culture, or other natural methods requiring use of the hands.

(13) The use of the title “doctor,” “chiropractic physician,” “naturopathic physician,” “doctor of optometry,” “optometric physician” or “podiatric physician” in accordance with ORS 676.110 and 676.120. [Amended by 1953 c.159 §6; 1955 c.157 §1; 1961 c.400 §2; 1967 c.470 §4; 1975 c.776 §4; 1983 c.486 §3; 1987 c.726 §10; 1989 c.830 §2; 1991 c.67 §181; 1999 c.466 §1; 2009 c.142 §4; 2009 c.442 §45; 2013 c.419 §1]

677.065 [1971 c.649 §3; 1979 c.778 §2; 1981 c.220 §3; 1981 c.693 §28; renumbered 677.515]

677.070 [Amended by 1967 c.470 §5; 1983 c.486 §4; repealed by 1989 c.830 §49]

677.075 [Formerly 677.340; repealed by 1989 c.830 §49]

677.080 Prohibited acts. No person shall:

(1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this chapter.

(2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.

(3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

(4) Except as provided in ORS 677.060, practice medicine in this state without a license required by this chapter. [Formerly 677.050; 1983 c.486 §5]

677.082 Expression of regret or apology. (1) For the purposes of any civil action against a person licensed by the Oregon Medical Board or a health care institution, health care facility or other entity that employs the person or grants the person privileges, any expression of regret or apology made by or on behalf of the person, the institution, the facility or other entity, including an expression of regret or apology that is made in writing, orally or by conduct, does not constitute an admission of liability.

(2) A person who is licensed by the Oregon Medical Board, or any other person who makes an expression of regret or apology on behalf of a person who is licensed by the Oregon Medical Board, may not be examined by deposition or otherwise in any civil or administrative proceeding, including any arbitration or mediation proceeding, with respect to an expression of regret or apology made by or on behalf of the person, including expressions of regret or apology that are

made in writing, orally or by conduct. [2003 c.384 §1; 2011 c.30 §5]

Note: 677.082 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.085 What constitutes practice of medicine. A person is practicing medicine if the person does one or more of the following:

(1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.

(2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.

(3) Offer or undertake to perform any surgical operation upon any person.

(4) Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.

(5) Except as provided in ORS 677.060, append the letters “M.D.” or “D.O.” to the name of the person, or use the words “Doctor,” “Physician,” “Surgeon,” or any abbreviation or combination thereof, or any letters or words of similar import in connection with the name of the person, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section. [Formerly 677.030; 1989 c.830 §3]

677.087 Physicians required to perform agreed upon surgery personally. (1) Any physician having agreed with a patient to perform any surgical operation or procedure, shall perform the surgery personally or, prior to surgery, shall inform the patient that the physician will not be performing the surgery.

(2) This section shall not apply when the physician, because of an emergency, cannot personally notify the patient that the physician will not be performing the surgery. [1977 c.520 §2; 1983 c.486 §6; 2013 c.129 §5]

677.089 Physicians dispensing prescription drugs to do so personally; records; required labeling information. (1) Prescription drugs dispensed by a physician shall be personally dispensed by the physician. Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician.

(2) The dispensing physician shall maintain records of receipt and distribution of prescription drugs. These records shall be

readily accessible and subject to inspection by the Oregon Medical Board.

(3) The dispensing physician shall label prescription drugs with the following information:

- (a) Name of patient;
- (b) The name and address of the dispensing physician;
- (c) Date of dispensing;
- (d) The name of the drug but if the dispensed drug does not have a brand name, the prescription label shall indicate the generic name of the drug dispensed along with the name of the drug distributor or manufacturer, its quantity per unit and the directions for its use stated in the prescription. However, if the drug is a compound, the quantity per unit need not be stated;
- (e) Cautionary statements, if any, as required by law; and
- (f) When applicable and as determined by the State Board of Pharmacy, an expiration date after which the patient should not use the drug.

(4) Prescription drugs shall be dispensed in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container. [1985 c.322 §11; 2005 c.760 §2; 2013 c.129 §6]

Note: 677.089 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.090 [1971 c.649 §6; renumbered 677.520]

677.092 Duty to report prohibited conduct. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a physician who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150. [2009 c.536 §20; 2013 c.129 §7]

Note: 677.092 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.095 Duty of care; legal issues not precluded by investigation or administrative proceeding. (1) A physician licensed to practice medicine or podiatry by the Oregon Medical Board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) In any suit, action or arbitration seeking damages for professional liability from a health care provider, no issue shall

be precluded on the basis of a default, stipulation, agreement or any other outcome at any stage of an investigation or an administrative proceeding, including but not limited to a final order. [1975 c.796 §10d; 1983 c.486 §7; 1995 c.684 §2; 1997 c.792 §19; 2013 c.129 §8]

Note: 677.095 and 677.097 were added to and made a part of ORS chapter 677 by legislative action but were not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

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

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

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

Note: See note under 677.095.

677.098 [1979 c.268 §2; repealed by 1989 c.830 §49]

677.099 Notice of participation or non-participation in Medicare assignment program; rules. (1) A physician currently a participating physician in the Medicare assignment program under 42 U.S.C. 1395(b)(3)(B) II shall post a notice reading:

(Physician's name) is participating in the Medicare Assignment Program. The physician will not charge you fees above the Medicare determined annual deductible and the per visit copayment. Ask your physician for more information concerning your fees.

(2) A physician not currently a participating physician in the Medicare assignment program under 42 U.S.C. 1395(b)(3)(B) II shall post a notice reading:

(Physician's name) is not participating in the Medicare Assignment Program and may legally charge you fees in addition to the Medicare determined annual deductible and per visit copayment. Ask your physician for more information concerning your fees.

(3) The Oregon Medical Board shall establish by rule the dimension and design for the printing and posting of the sign so as to assure that it can be seen and read by Medicare beneficiaries.

(4) If the physician has reasonable cause to believe that the patient cannot read the sign or cannot comprehend its content, the physician shall endeavor to explain the meaning of the notice. [1987 c.379 §§2,3,4,5]

**LICENSING OF
DOCTORS OF MEDICINE AND
DOCTORS OF OSTEOPATHY**

677.100 Qualifications of applicant for license. (1) An applicant for a license to practice medicine in this state, except as otherwise provided in subsection (2) of this section, must possess the following qualifications:

(a) Have attended and graduated from a school of medicine.

(b) Have satisfactorily completed the following post-graduate requirement:

(A) Satisfactory completion of an approved rotating internship if a graduate of an approved school of medicine;

(B) One year of training in an approved program if a graduate of an approved school of medicine; or

(C) Three years of training in an approved program if a graduate of an unapproved school of medicine.

(c) Have complied with each rule of the Oregon Medical Board which applies to all similar applicants for a license to practice medicine in this state.

(d) Have provided evidence sufficient to prove to the satisfaction of the board that the applicant is of good moral character. For purposes of this section, the lack of good moral character may be established by reference to acts or conduct that reflect moral turpitude or to acts or conduct which would cause a reasonable person to have substantial doubts about the individual's honesty, fairness and respect for the rights of others and for the laws of the state and the nation. The acts or conduct in question must be rationally connected to the applicant's fitness to practice medicine.

(2) If an applicant establishes that the applicant is of good moral character and has qualifications which the board determines are the equivalent of the qualifications required by subsection (1)(a) to (c) of this section, the applicant satisfies the requirements of subsection (1) of this section.

(3) An applicant for a license to practice medicine must make written application to the board showing compliance with this section, ORS 677.110, 677.120 and the rules of the board, and containing such further information as the rules of the board may require. [Amended by 1957 c.681 §11; 1967 c.470 §9; 1973 c.31 §1; 1983 c.486 §9; 1985 c.322 §3; 1989 c.830 §4]

677.105 [1961 c.400 §4; repealed by 1967 c.470 §68]

677.110 Scope and administration of examination; certificate in lieu of examination.

(1) Applicants who satisfy the requirements of ORS 677.100 shall be admitted to an examination in subjects covered in schools of medicine that grant degrees of Doctor of Medicine or Doctor of Osteopathy. The examination shall be sufficient to test the applicant's fitness to practice medicine. The examination shall be conducted in such a manner as to conceal the identity of the applicant until all examinations have been scored. In all such examinations an average score of not less than 75 is required for passing. The Oregon Medical Board may require the applicant to take and pass the Federation Licensing Examination, also known as FLEX.

(2) The Oregon Medical Board may accept a certificate issued by the National Board of Medical Examiners of the United States or the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination in lieu of its own examination.

(3) If an applicant fails the examination, the board may permit the applicant to take a subsequent examination, if the applicant has otherwise complied with the law and the rules of the board.

(4) After any applicant satisfactorily passes the examination in the required subjects, and otherwise complies with the law and the rules of the board, the board shall grant a license to the applicant to practice medicine in Oregon. [Amended by 1953 c.159 §6; 1957 c.681 §2; 1967 c.470 §10; 1975 c.776 §5; 1985 c.322 §8; 1989 c.830 §5; 1991 c.485 §3; 1993 c.16 §1]

677.115 [2009 c.615 §2; renumbered 677.133 in 2013]

677.120 Reciprocity. (1) As used in this section, "health clinic" means a public health clinic or a health clinic operated by a charitable corporation that mainly provides primary physical health, dental or mental health services to low-income patients with-

out charge or using a sliding fee scale based on the income of the patient.

(2) A physician, other than a podiatric physician and surgeon, who lawfully has been issued a license to practice in another state or territory of the United States or the District of Columbia, the qualifications and licensing examinations of which are substantially similar to those of the State of Oregon, may be licensed by the Oregon Medical Board to practice medicine in this state without taking an examination, except when an examination is required under subsection (3) or (4) of this section.

(3) A person described in subsection (2) of this section, whose application is based on a license issued in another state or territory or the District of Columbia, certification of the National Board of Medical Examiners of the United States, the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination, 10 years or more prior to the filing of an application with the Oregon Medical Board or who has ceased the practice of medicine for 12 or more consecutive months, may be required by the board to take an examination.

(4) A person described in subsection (2) of this section who volunteers at a health clinic and whose application is based on a license issued in another state or territory or the District of Columbia, certification of the National Board of Medical Examiners of the United States, the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination or the Federation Licensing Examination may be required by the Oregon Medical Board to take a national licensing examination if the person has ceased the practice of medicine for 24 or more consecutive months immediately prior to filing the application.

(5) The Oregon Medical Board shall make the application under subsection (4) of this section available online. A physician applying for a license under subsection (4) of this section shall pay to the board an application fee as determined by the board pursuant to ORS 677.265. [Amended by 1957 c.681 §3; 1967 c.470 §16; 1973 c.31 §2; 1983 c.486 §10; 1987 c.377 §1; 1989 c.830 §6; 1993 c.16 §2; 2005 c.359 §1; 2007 c.86 §5; 2013 c.129 §10]

677.125 Reciprocal agreements. The Oregon Medical Board may enter into agreements with medical or osteopathic examining boards of other states and territories of the United States, and the District of Columbia, having qualifications and standards at least as high as those of this state, providing for

reciprocal licensing in this state, without further examination, of persons who have been licensed upon written examination in the other state or territory. Approval of these agreements by any other officer or agency of this state is not required. [1967 c.470 §18]

677.130 [Amended by 1967 c.470 §19; renumbered 677.145]

677.132 Limited license; rules. (1)(a) When a need exists, the Oregon Medical Board may issue a limited license for a specified period to an applicant who possesses the qualifications prescribed by the rules of the board.

(b) The board shall supervise the activities of the holder of a limited license and impose restrictions as the board finds necessary.

(c) Each person holding a limited license under this subsection must obtain an unlimited license at the earliest time possible. The board shall refuse to renew a limited license issued under this subsection at the end of a period specified by rule if the board determines that the holder of the limited license is not pursuing diligently an attempt to become qualified for an unlimited license.

(d) The board by rule shall prescribe the types of and limitations upon licenses issued under this subsection.

(2)(a) The board may issue a limited license to practice medicine in this state to a physician who is licensed to practice medicine in another state or country and who:

(A) Holds a degree of Doctor of Medicine or its equivalent;

(B) Is appointed as a full-time professor of medicine at a school of medicine in this state;

(C) Is in good standing with the state or country from which the physician holds a license to practice medicine;

(D) Meets any requirements established by rule of the board;

(E) Pays the license fee established by rule of the board;

(F) Submits to the board letters that attest to the applicant's distinguished status and that are written by:

(i) The dean of the school of medicine where the applicant is a full-time professor of medicine;

(ii) The department chairpersons at the school of medicine who are directly involved in the applicant's faculty assignments; and

(iii) At least five of the applicant's academic colleagues who work outside of this state and who are nationally or internationally recognized experts in the specialty

area in which the applicant practices or are current or former deans of schools of medicine;

(G) Maintains active membership in at least two medical specialty societies that restrict membership based on academic or area-of-practice criteria; and

(H) Has published at least two medical papers in peer-reviewed journals.

(b) The board may establish by rule other criteria or qualifications that a physician applying for the limited license described in this subsection must meet.

(c) A physician who is issued the limited license described in this subsection may practice medicine only in conjunction with a full-time appointment as a professor of medicine. A limited license is valid only so long as the physician maintains the full-time appointment.

(3) A person licensed under this section is subject to all the provisions of this chapter and to all the rules of the board and has the same duties and responsibilities and is subject to the same penalties and sanctions as any other person licensed under this chapter.

(4) The board may not issue more than eight licenses under subsection (2) of this section in a four-year period. The board shall ensure by rule the availability of at least two licenses in each year in a four-year period. [1967 c.470 §12; 1973 c.31 §3; 1983 c.486 §11; 1989 c.830 §7; 2015 c.582 §1]

EXPEDITED LICENSE BY ENDORSEMENT

677.133 Expedited license by endorsement; rules. (1) On or before January 1, 2010, the Oregon Medical Board shall implement an expedited physician licensing process that allows the board to issue a license by endorsement to a qualified physician. To be considered for a license by endorsement, a physician:

(a)(A) Must have practiced the physician's specialty, if any, for at least one year immediately preceding the date of the physician's application for licensure by endorsement; or

(B) If the physician is retired, must have been retired for one year or less;

(b) May not have been subject to discipline by a health professional regulatory board in any state in which the physician has been licensed; and

(c) May not have been held liable for a significant malpractice claim as defined by the board by rule.

(2) The licensing process implemented by the board must require the board to:

(a) Use existing databases to verify application information; and

(b) Accept documents from the state in which the applicant was first licensed as a physician as equivalent to primary source documents to verify:

(A) Medical education;

(B) National medical examination scores;

(C) Post-graduate training, if applicable; and

(D) Other qualifications as provided by rule of the board. [Formerly 677.115]

Note: 677.133 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.134 [1967 c.470 §13; 1975 c.776 §6; 1983 c.486 §12; repealed by 1989 c.830 §49]

PRACTICE OF MEDICINE ACROSS STATE LINES

677.135 "Practice of medicine across state lines" defined for ORS 677.135 to 677.141. As used in ORS 677.135 to 677.141, "the practice of medicine across state lines" means:

(1) The rendering directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within this state for the purpose of patient care by a physician located outside this state as a result of the transmission of individual patient data by electronic or other means from within this state to that physician or the physician's agent; or

(2) The rendering of medical treatment directly to a person located within this state by a physician located outside this state as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician or the physician's agent. [1999 c.549 §2]

Note: 677.135 to 677.141 were added to and made a part of ORS chapter 677 by legislative action but were not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.136 [1967 c.470 §14; repealed by 1989 c.830 §49]

677.137 License required for practice of medicine across state lines; exceptions.

(1) A person may not engage in the practice of medicine across state lines, claim qualification to engage in the practice of medicine across state lines or use any title, word or abbreviation to indicate or to induce another to believe that the person is licensed to engage in the practice of medicine across state lines unless the person is licensed in accordance with ORS 677.139.

(2) ORS 677.135 to 677.141 do not apply to a physician engaging in the practice of medicine across state lines in an emergency,

as defined by rule of the Oregon Medical Board.

(3) ORS 677.135 to 677.141 do not apply to a licensed physician located outside this state who:

(a) Consults with another physician licensed to practice medicine in this state; and

(b) Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state.

(4) ORS 677.135 to 677.141 do not apply to a licensed physician located outside this state who has an established physician-patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that physician. [1999 c.549 §3]

Note: See note under 677.135.

677.138 [1967 c.470 §15; 1983 c.486 §13; repealed by 1989 c.830 §49]

677.139 License to practice medicine across state lines; application; fees. (1) Upon application, the Oregon Medical Board may issue to an out-of-state physician a license for the practice of medicine across state lines if the physician holds a full, unrestricted license to practice medicine in any other state of the United States, has not been the recipient of a professional sanction by any other state of the United States and otherwise meets the standards for Oregon licensure under this chapter.

(2) In the event that an out-of-state physician has been the recipient of a professional sanction by any other state of the United States, the board may issue a license for the practice of medicine across state lines if the board finds that the sanction does not indicate that the physician is a potential threat to the public interest, health, welfare and safety.

(3) A physician shall make the application on a form provided by the board, accompanied by nonrefundable fees for the application and the license in amounts determined by rule of the board. The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(4) A license for the practice of medicine across state lines is not a limited license for purposes of ORS 677.132.

(5) A license for the practice of medicine across state lines does not permit a physician to practice medicine in this state except when engaging in the practice of medicine across state lines. [1999 c.549 §4]

Note: See note under 677.135.

677.140 [Amended by 1957 c.681 §4; repealed by 1967 c.470 §68]

677.141 Responsibilities; prohibited practices; confidentiality requirements.

(1) A physician issued a license under ORS 677.139 is subject to all the provisions of this chapter and to all the rules of the Oregon Medical Board. A physician issued a license under ORS 677.139 has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under this chapter.

(2) A physician issued a license under ORS 677.139 may not:

(a) Act as a dispensing physician as defined in ORS 677.010;

(b) Administer controlled substances for the treatment of intractable pain to a person located within this state;

(c) Employ a physician assistant as defined in ORS 677.495 to treat a person located within this state;

(d) Participate in the primary care provider loan repayment program created in ORS 413.233; or

(e) Assert a lien for services under ORS 87.555.

(3) A physician licensed under ORS 677.139 shall comply with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state of the United States where a person's medical records are maintained. [1999 c.549 §§5,6; 2010 c.42 §14; 2013 c.176 §9; 2013 c.177 §8]

Note: The amendments to 677.141 by section 6, chapter 829, Oregon Laws 2015, become operative January 1, 2018. See section 11, chapter 829, Oregon Laws 2015. The text that is operative on and after January 1, 2018, is set forth for the user's convenience.

677.141. (1) A physician issued a license under ORS 677.139 is subject to all the provisions of this chapter and to all the rules of the Oregon Medical Board. A physician issued a license under ORS 677.139 has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under this chapter.

(2) A physician issued a license under ORS 677.139 may not:

(a) Act as a dispensing physician as defined in ORS 677.010;

(b) Administer controlled substances for the treatment of intractable pain to a person located within this state;

(c) Employ a physician assistant as defined in ORS 677.495 to treat a person located within this state; or

(d) Assert a lien for services under ORS 87.555.

(3) A physician licensed under ORS 677.139 shall comply with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state of the United States where a person's medical records are maintained.

Note: See note under 677.135.

677.145 [Formerly 677.130; 1975 c.776 §11; 1979 c.292 §1; 1983 c.486 §14; repealed by 1989 c.830 §49]

677.150 [Amended by 1953 c.159 §6; 1959 c.154 §1; 1967 c.470 §21; 1983 c.486 §15; repealed by 1989 c.830 §49]

677.160 [Amended by 1967 c.470 §22; 1983 c.486 §16; 1987 c.377 §2; repealed by 1989 c.830 §49]

677.170 [Amended by 1953 c.159 §6; 1967 c.470 §23; 1975 c.776 §7; 1983 c.486 §17; repealed by 1989 c.830 §49]

CHANGING LOCATION OF PRACTICE

677.172 Change of location of practice; effect. (1) Any person licensed to practice under this chapter who changes location during the period between any two registration dates shall notify the Oregon Medical Board of the change within 30 days after such change.

(2) Any person who is newly licensed by the board to practice under this chapter during the period between any two registration dates shall immediately register and pay the registration fee for that period.

(3)(a) Any person licensed under this chapter who changes location of practice to some other state or country shall be listed by the board as inactive. Absence from the state of a person licensed by the board does not affect the validity of the license if the licensee notifies the board of such absence from the state and pays the inactive registration fee during such absence.

(b) Before resuming practice in the state, the licensee shall notify the board of the intention to resume active practice in the state and obtain a certificate of active registration for the renewal period during which the licensee returns. The fee shall be the active registration fee less any inactive registration fee previously paid for that renewal period.

(c) The licensee shall file an affidavit with the board describing medically related activities during the period of inactive registration. If, in the judgment of the board, the conduct of the licensee has been, during the period of inactive registration, such that the licensee would have been denied a license if applying for an initial license, the board may deny active registration and may take further action as appropriate. [1991 c.485 §2]

Note: 677.172 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

RETIREMENT

677.175 Retirement; cessation of practice. (1) A person licensed to practice under this chapter may retire from practice by notifying the Oregon Medical Board in writing of such intention to retire. Upon receipt of this notice the board shall record the fact that the person is retired and excuse such person from further payment of registration fees. During the period of retirement no such person may practice. If a retired licensee desires to return to practice, the licensee shall

apply to the board in writing for active registration. The board shall take action on the application as if the licensee were listed by the board as inactive and applying for active registration.

(2) If a person licensed to practice under this chapter ceases to practice for a period of 12 or more consecutive months, the board in its discretion may require the person to prove to its satisfaction that the licensee has maintained competence.

(3) The surrender, retirement or other forfeiture, expiration or cancellation of a license issued by the board shall not deprive the board of its authority to institute or continue a disciplinary action against the licensee upon any ground provided by law. [1967 c.470 §25; 1983 c.486 §18; 1989 c.830 §8; 1991 c.485 §4]

677.180 [Amended by 1967 c.470 §26; 1983 c.486 §19; repealed by 1989 c.830 §49]

LICENSEE CONDUCT

677.184 License to show degree held; display of license; use of degree on stationery and in displays. (1) On each license issued by it, the Oregon Medical Board shall enter after the name of the person holding the license the degree to which the person is entitled by reason of the diploma of graduation from a school of medicine which, at the time of the graduation of such person, was approved by the board for purposes of ORS 677.100.

(2) The license shall be displayed in a prominent place in the licensee's office.

(3) In every letter, business card, advertisement, prescription blank, sign, public listing or display in connection with the profession of the person, each person licensed to practice medicine in this state shall designate the degree appearing on the license of the person pursuant to subsection (1) of this section. Action taken by the board under ORS 677.190 for failure to comply with this subsection does not relieve a person from criminal prosecution for violation of ORS 676.110 and 676.120. [1967 c.470 §28; 1983 c.486 §20; 1989 c.830 §9]

677.188 Definitions for ORS 677.190. As used in ORS 677.190, unless the context requires otherwise:

(1) "Fraud or misrepresentation" means the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact, or any other means by which misinformation or a false impression knowingly is given.

(2) "Fraudulent claim" means a claim submitted to any patient, insurance or indemnity association, company or individual for the purpose of gaining compensation,

which the person making the claim knows to be false.

(3) “Manifestly incurable condition, sickness, disease or injury” means one that is declared to be incurable by competent physicians or by other recognized authority.

(4) “Unprofessional or dishonorable conduct” means conduct unbecoming a person licensed to practice medicine or podiatry, or detrimental to the best interests of the public, and includes:

(a) Any conduct or practice contrary to recognized standards of ethics of the medical or podiatric profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might adversely affect a physician’s ability safely and skillfully to practice medicine or podiatry;

(b) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards; and

(c) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies; administration of unnecessary treatment; employment of outmoded, unproved or unscientific treatments; failure to obtain consultations when failing to do so is not consistent with the standard of care; or otherwise utilizing medical service for diagnosis or treatment which is or may be considered inappropriate or unnecessary. [1967 c.470 §29; 1969 c.684 §14; 1975 c.796 §1; 1983 c.486 §21; 1987 c.377 §3; 2009 c.756 §22; 2013 c.129 §11]

677.190 Grounds for suspending, revoking or refusing to grant license, registration or certification; alternative medicine not unprofessional conduct. The Oregon Medical Board may refuse to grant, or may suspend or revoke a license to practice for any of the following reasons:

(1)(a) Unprofessional or dishonorable conduct.

(b) For purposes of this subsection, the use of an alternative medical treatment shall not by itself constitute unprofessional conduct. For purposes of this paragraph:

(A) “Alternative medical treatment” means:

(i) A treatment that the treating physician, based on the physician’s professional experience, has an objective basis to believe has a reasonable probability for effectiveness in its intended use even if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a generally recognized or standard treatment or lacks the approval of the United States Food and Drug Administration;

(ii) A treatment that is supported for specific usages or outcomes by at least one other physician licensed by the Oregon Medical Board; and

(iii) A treatment that poses no greater risk to a patient than the generally recognized or standard treatment.

(B) “Alternative medical treatment” does not include use by a physician of controlled substances in the treatment of a person for chemical dependency resulting from the use of controlled substances.

(2) Employing any person to solicit patients for the licensee. However, a managed care organization, independent practice association, preferred provider organization or other medical service provider organization may contract for patients on behalf of physicians.

(3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury can be cured.

(4) Obtaining any fee by fraud or misrepresentation.

(5) Willfully or negligently divulging a professional secret without the written consent of the patient.

(6) Conviction of any offense punishable by incarceration in a Department of Corrections institution or in a federal prison, subject to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(7) Impairment as defined in ORS 676.303.

(8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.

(9) Making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee or at the direction of the licensee in the treatment of any disease or other condition of the human body or mind.

(10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.

(11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the board, when the licensee knows, or with the exercise of reasonable care should know, that the person is not licensed.

(12) Using the name of the licensee under the designation “doctor,” “Dr.,” “D.O.” or “M.D.,” “D.P.M.,” “Acupuncturist,” “P.A.” or any similar designation in any form of

advertising that is untruthful or is intended to deceive or mislead the public.

(13) Gross negligence or repeated negligence in the practice of medicine or podiatry.

(14) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity, the board may order a licensee to submit to a standardized competency examination. The licensee shall have access to the result of the examination and to the criteria used for grading and evaluating the examination. If the examination is given orally, the licensee shall have the right to have the examination recorded.

(15) Disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts described in this section. A certified copy of the record of the disciplinary action of the state is conclusive evidence thereof.

(16) Failing to designate the degree appearing on the license under circumstances described in ORS 677.184 (3).

(17) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.

(18) Failing to report the change of the location of practice of the licensee as required by ORS 677.172.

(19) Imprisonment as provided in ORS 677.225.

(20) Making a fraudulent claim.

(21)(a) Performing psychosurgery.

(b) For purposes of this subsection and ORS 426.385, "psychosurgery" means any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being. "Psychosurgery" does not include procedures which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.

(22) Refusing an invitation for an informal interview with the board requested under ORS 677.415.

(23) Violation of the federal Controlled Substances Act.

(24) Prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping.

(25) Failure by the licensee to report to the board any adverse action taken against

the licensee 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 disciplinary action as described in this section.

(26) Failure by the licensee to notify the board of the licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of a licensee's staff privileges at the institution if that action occurs while the licensee is under investigation by the institution or a committee thereof for any reason related to medical incompetence, unprofessional conduct, physical incapacity or impairment. [Amended by 1957 c.681 §5; 1961 c.400 §5; 1967 c.470 §30; 1969 c.684 §15; 1973 c.616 §16; 1975 c.776 §8; 1975 c.796 §2a; 1979 c.744 §50; 1981 c.372 §4; 1983 c.470 §4; 1983 c.486 §22; 1987 c.320 §244; 1989 c.830 §10; 1991 c.485 §5; 1995 s.s. c.2 §1; 1997 c.792 §20; 2007 c.351 §4; 2009 c.756 §23]

677.200 Disciplinary procedure. Except as provided in ORS 677.202 or 677.205 (1)(a), any proceeding for disciplinary action of a licensee licensed under this chapter shall be substantially in accord with the following procedure:

(1) A written complaint of some person, not excluding members or employees of the Oregon Medical Board, shall be verified and filed with the board.

(2) A hearing shall be given to the accused in accordance with ORS chapter 183 as a contested case. [Amended by 1957 c.681 §6; 1961 c.400 §6; 1967 c.470 §31; 1971 c.734 §118; 1983 c.486 §23; 1989 c.830 §11]

677.202 When procedure inapplicable. ORS 677.200 does not apply in cases where the license of a person to practice under this chapter has been suspended automatically as provided in ORS 677.225. [1967 c.470 §33; 1983 c.486 §24; 1989 c.830 §12; 1991 c.485 §6]

677.205 Grounds for discipline; action by board; penalties. (1) The Oregon Medical Board may discipline as provided in this section any person licensed, registered or certified under this chapter who has:

(a) Admitted the facts of a complaint filed in accordance with ORS 677.200 (1) alleging facts which establish that such person is in violation of one or more of the grounds for suspension or revocation of a license as set forth in ORS 677.190;

(b) Been found to be in violation of one or more of the grounds for disciplinary action of a licensee as set forth in this chapter;

(c) Had an automatic license suspension as provided in ORS 677.225; or

(d) Failed to make a report as required under ORS 677.415.

(2) In disciplining a licensee as authorized by subsection (1) of this section, the board may use any or all of the following methods:

- (a) Suspend judgment.
- (b) Place the licensee on probation.
- (c) Suspend the license.
- (d) Revoke the license.
- (e) Place limitations on the license.

(f) Take such other disciplinary action as the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty or assessment of a civil penalty not to exceed \$10,000, or both.

(3) In addition to the action authorized by subsection (2) of this section, the board may temporarily suspend a license without a hearing, simultaneously with the commencement of proceedings under ORS 677.200 if the board finds that evidence in its possession indicates that a continuation in practice of the licensee constitutes an immediate danger to the public.

(4) If the board places any licensee on probation as set forth in subsection (2)(b) of this section, the board may determine, and may at any time modify, the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public or for the purpose of the rehabilitation of the probationer, or both. Upon expiration of the term of probation, further proceedings shall be abated if the licensee has complied with the terms of the probation.

(5) If a license issued under this chapter is suspended, the holder of the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the conditions for which the license was suspended no longer exist.

(6) The board shall enter each case of disciplinary action on its records.

(7) Civil penalties under this section shall be imposed as provided in ORS 183.745. [1957 c.681 §8; 1967 c.470 §34; 1975 c.796 §3; 1983 c.486 §25; 1989 c.830 §13; 1991 c.734 §71; 2007 c.803 §3]

677.208 Hearing; disqualification of investigating board members; judicial review. (1) Where the Oregon Medical Board proposes to refuse to issue a license, or refuses to restore an inactive registrant to an active registration, or proposes to revoke or suspend a license, opportunity for hearing shall be accorded as provided in ORS chapter 183.

(2) Following a contested case hearing, the members of the board who participated

in the investigation of the licensee, except for one public member, shall not participate in the final decision of the board. A meeting of the board to determine what further action, if any, should be taken regarding the licensee or applicant is not a part of the investigation. The final decision of the board following a contested case hearing shall be based upon the transcript and record, including the exhibits.

(3) Judicial review of orders under subsection (1) of this section shall be in accordance with ORS chapter 183.

(4) If the final order of the court on review reverses the board's order of suspension or revocation, the board shall issue the license and reinstate appellant not later than the 30th day after the decision of the court. [1971 c.734 §120; 1975 c.776 §9; 1997 c.792 §21]

677.210 [Amended by 1967 c.470 §35; repealed by 1971 c.734 §21]

677.215 [1967 c.470 §37; repealed by 1971 c.734 §21]

677.220 Issuance or restoration of license after denial or revocation. Whenever a license issued under this chapter is denied or revoked for any cause, the Oregon Medical Board may, after the lapse of two years from the date of such revocation, upon written application by the person formerly licensed, issue or restore the license. [Amended by 1967 c.470 §38; 1983 c.486 §26; 1989 c.830 §14]

677.225 Automatic suspension of license for mental illness or imprisonment; termination of suspension. (1) A person's license issued under this chapter is suspended automatically if:

(a) The licensee is adjudged to be a person with mental illness under ORS 426.130 or is admitted on a voluntary basis to a treatment facility for mental illness that affects the ability of the licensee to safely practice medicine and if the licensee's residence in the hospital exceeds 25 consecutive days; or

(b) The licensee is an inmate in a penal institution.

(2)(a) The clerk of the court ordering commitment or incarceration under subsection (1)(a) or (b) of this section shall cause to be mailed to the Oregon Medical Board, as soon as possible, a certified copy of the court order. No fees are chargeable by the clerk for performing the duties prescribed by this paragraph.

(b) The administrator of the hospital to which a person with a license issued under this chapter has voluntarily applied for admission shall cause to be mailed to the board as soon as possible, a certified copy of the record of the voluntary admission of such person.

(c) Written evidence received from the supervisory authority of a penal or mental institution that the licensee is an inmate or patient therein is prima facie evidence for the purpose of subsection (1)(a) or (b) of this section.

(3) A suspension under this section may be terminated by the board when:

(a)(A) The board receives evidence satisfactory to the board that the licensee is not a person with mental illness as defined in ORS 426.005; or

(B) The board receives evidence satisfactory to the board that the licensee is no longer incarcerated; and

(b) The board is satisfied, with due regard for the public interest, that the licensee's privilege to practice may be restored. [1955 c.317 §1; 1961 c.257 §1; 1967 c.470 §39; 1983 c.486 §27; 1983 c.740 §250; 1989 c.830 §15; 1997 c.792 §22; 2013 c.360 §62]

677.228 Automatic lapse of license for failure to pay registration fee or report change of location; reinstatement. (1) A person's license to practice under this chapter automatically lapses if the licensee fails to:

(a) Pay the registration fee as required by rule of the Oregon Medical Board.

(b) Notify the board of a change of location not later than the 30th day after such change.

(c) Complete prior to payment of the registration fee described in paragraph (a) of this subsection, or provide documentation of previous completion of, if required by rule of the board:

(A) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or

(B) An equivalent pain management education program, as determined by the board.

(2) If a license issued automatically lapses under this section, the holder of the license shall not practice until the conditions for which the license automatically lapsed no longer exist.

(3) A person whose license has automatically lapsed under subsection (1)(a) of this section is reinstated automatically when the licensee pays the registration fee plus all late fees then due.

(4) A person whose license has automatically lapsed under subsection (1)(b) of this section is reinstated automatically if the board receives notification of the current and correct address of the licensee not later than the 10th day after such automatic lapse takes effect. Otherwise the lapse continues until terminated by the board.

(5) A person whose license has automatically lapsed under subsection (1)(c) of this section is reinstated automatically when the board receives documentation of the person's completion of a pain management education program if required by subsection (1)(c) of this section. [1967 c.470 §41; 1983 c.486 §28; 1989 c.830 §16; 1993 c.16 §3; 2001 c.987 §13]

677.230 [Repealed by 1967 c.470 §42 (677.235 enacted in lieu of 677.230)]

677.232 [1971 c.649 §8; 1979 c.292 §2; renumbered 677.525]

OREGON MEDICAL BOARD

677.235 Oregon Medical Board; membership; confirmation; terms; vacancies; compensation. (1) The Oregon Medical Board consists of 13 members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

(a) Seven must have the degree of Doctor of Medicine;

(b) Two must have the degree of Doctor of Osteopathy;

(c) One must have the degree of Doctor of Podiatric Medicine;

(d) One must be a physician assistant licensed under ORS 677.512 or a retired physician assistant; and

(e) Two must be members of the public representing health consumers and who are not:

(A) Otherwise eligible for appointment to the board; or

(B) A spouse, domestic partner, child, parent or sibling of an individual having the degree of Doctor of Medicine, Doctor of Osteopathy or Doctor of Podiatric Medicine or of a physician assistant licensed under ORS 677.512 or a retired physician assistant.

(2)(a)(A) Board members required to possess the degree of Doctor of Medicine may be selected by the Governor from a list of three to five candidates for each member described in subsection (1)(a) of this section whose term expires in that year, submitted by the Oregon Medical Association not later than February 1.

(B) Board members required to possess the degree of Doctor of Osteopathy may be selected by the Governor from a list of three to five candidates for each member described in subsection (1)(b) of this section whose term expires in that year, submitted by the Osteopathic Physicians and Surgeons of Oregon, Inc., not later than February 1.

(C) The board member required to possess the degree of Doctor of Podiatric Medi-

cine may be selected by the Governor from a list of three to five candidates for the member described in subsection (1)(c) of this section whose term expires in that year, submitted by the Oregon Podiatric Medical Association not later than February 1.

(D) The board member required to be a physician assistant licensed under ORS 677.512 or a retired physician assistant may be selected by the Governor from a list of three to five candidates for the member described in subsection (1)(d) of this section whose term expires in that year, submitted by the Oregon Society of Physician Assistants not later than February 1.

(b) The physician members and the physician assistant member must have been in the active practice of their profession for at least five years immediately preceding their appointment.

(c) Neither the public members nor any person who is a spouse, domestic partner, child, parent or sibling of a public member may be employed as a health professional.

(d)(A) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to geographic areas of this state and ethnic group.

(B) Of the seven members who hold the degree of Doctor of Medicine, there shall be at least one member appointed from each federal congressional district.

(3)(a) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than five terms end each year. A term begins on March 1 of the year the member is appointed and ends on the last day of February of the third year thereafter. A member may not serve more than two consecutive terms.

(b) If a vacancy occurs on the board, another qualifying member possessing the same professional degree, license or retired status or fulfilling the same public capacity as the person whose position has been vacated shall be appointed as provided in this section to fill the unexpired term.

(c) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused; or

(C) Is not a current licensee or a retired licensee whose license was in good standing at the time of retirement, if the board member was appointed to serve on the board as a licensee.

(4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The board may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495. [1967 c.470 §43 (enacted in lieu of 677.230); 1971 c.650 §26; 1973 c.792 §33; 1979 c.388 §1; 1983 c.486 §28a; 1985 c.322 §4; 1989 c.830 §17; 1997 c.792 §23; 2005 c.760 §3; 2007 c.86 §1; 2007 c.349 §1; 2009 c.535 §5; 2009 c.756 §93; 2013 c.129 §12; 2015 c.403 §1]

Note: Section 2, chapter 403, Oregon Laws 2015, provides:

Sec. 2. The Governor shall appoint a physician assistant licensed under ORS 677.512 or a retired physician assistant as required under ORS 677.235 (1)(d), as amended by section 1 of this 2015 Act, to the Oregon Medical Board for a term beginning March 1, 2016. [2015 c.403 §2]

677.240 Oaths, officers and meetings of board.

(1) The members of the Oregon Medical Board, before entering upon their duties as members, shall take and subscribe an oath to support the Constitution and laws of the State of Oregon and of the United States, and to perform well and faithfully and without partiality the duties of such office according to the best of their knowledge and ability. The oaths shall be filed and preserved of record in the office of the board.

(2) The board shall elect annually from among its members a chairperson, vice chairperson and secretary.

(3) The board shall hold meetings within the state at such times and places as shall be determined by the board.

(4) The chairperson, vice chairperson or secretary may call a special meeting of the board upon at least 10 days' notice in writing to each member, to be held at any place designated by such officer.

(5) The board shall hold meetings for examination of applicants for licenses at least twice each year on such dates as the board considers advisable. Special meetings for the examination of applicants for licenses may be called in the same manner as other special meetings of the board. [Amended by 1967 c.470 §47; 1989 c.830 §18]

677.250 Records to be kept. The executive director of the Oregon Medical Board shall keep a record of all board proceedings, and also a record of all applicants for a license, together with their ages, the time such applicants have spent in the study and practice of medicine, the name and location of all institutions granting to applicants degrees in medicine and such other information as the board may deem advisable. The record also shall show whether such applicants were rejected or licensed under this chapter. The record is prima facie evidence of all the matters therein recorded, and failure of a person's name to appear in the record is

prima facie evidence that such person does not have a license to practice medicine in this state. [Amended by 1967 c.470 §48; 2009 c.756 §25]

677.255 [1971 c.649 §5; renumbered 677.530]

677.257 [1981 c.327 §2; renumbered 677.750]

677.259 [1973 c.451 §2; 1975 c.442 §1; 1983 c.486 §29; renumbered 677.755]

677.260 [Repealed by 1967 c.470 §49 (677.265 enacted in lieu of 677.260)]

677.261 [1975 c.442 §5; 1983 c.486 §30; renumbered 677.760]

677.262 [1975 c.442 §3; 1983 c.486 §66; renumbered 677.765]

677.263 [1975 c.442 §4; 1979 c.292 §3; 1983 c.486 §31; renumbered 677.770]

677.265 Powers of board generally; rules; fees; physician standard of care. In addition to any other powers granted by this chapter, the Oregon Medical Board may:

(1) Adopt necessary and proper rules for administration of this chapter including but not limited to:

(a) Establishing fees and charges to carry out its legal responsibilities, subject to prior approval by the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges. The fees and charges shall be within the budget authorized by the Legislative Assembly as that budget may be modified by the Emergency Board. The fees and charges established under this section may not exceed the cost of administering the program or the purpose for which the fee or charge is established, as authorized by the Legislative Assembly for the Oregon Medical Board's budget, or as modified by the Emergency Board or future sessions of the Legislative Assembly.

(b) Establishing standards and tests to determine the moral, intellectual, educational, scientific, technical and professional qualifications required of applicants for licenses under this chapter.

(c) Enforcing the provisions of this chapter and exercising general supervision over the practice of medicine and podiatry within this state. In determining whether to discipline a licensee for a standard of care violation, the Oregon Medical Board shall determine whether the licensee used that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) Issue, deny, suspend and revoke licenses and limited licenses, assess costs of proceedings and fines and place licensees on probation as provided in this chapter.

(3) Use the gratuitous services and facilities of private organizations to receive the

assistance and recommendations of the organizations in administering this chapter.

(4) Make its personnel and facilities available to other regulatory agencies of this state, or other bodies interested in the development and improvement of the practice of medicine or podiatry in this state, upon terms and conditions for reimbursement as are agreed to by the Oregon Medical Board and the other agency or body.

(5) Appoint examiners, who need not be members of the Oregon Medical Board, and employ or contract with the American Public Health Association or the National Board of Medical Examiners or other organizations, agencies and persons to prepare examination questions and score examination papers.

(6) Determine the schools, colleges, universities, institutions and training acceptable in connection with licensing under this chapter. All residency, internship and other training programs carried on in this state by any hospital, institution or medical facility shall be subject to approval by the Oregon Medical Board. The board shall accept the approval by the American Osteopathic Association or the American Medical Association in lieu of approval by the board.

(7) Prescribe the time, place, method, manner, scope and subjects of examinations under this chapter.

(8) Prescribe all forms that it considers appropriate for the purposes of this chapter, and require the submission of photographs and relevant personal history data by applicants for licensure under this chapter.

(9) For the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, require the fingerprints of a person who is:

(a) Applying for a license that is issued by the board;

(b) Applying for renewal of a license that is issued by the board; or

(c) Under investigation by the board.

(10) Administer oaths, issue notices and subpoenas in the name of the board, enforce subpoenas in the manner authorized by ORS 183.440, hold hearings and perform such other acts as are reasonably necessary to carry out its duties under this chapter. [1967 c.470 §50 (enacted in lieu of 677.260); 1975 c.776 §10; 1983 c.486 §34; 1989 c.830 §19; 1991 c.703 §22; 1997 c.792 §25; 2005 c.730 §47; 2007 c.86 §6; 2013 c.129 §13]

677.270 Proceedings upon refusal to testify or failure to obey rule, order or subpoena of board. If any licensee fails to comply with any lawful rule or order of the Oregon Medical Board, or fails to obey any subpoena issued by the board, or refuses to testify concerning any matter on which the

licensee may lawfully be interrogated by the board, the board may apply to any circuit court of this state, or the judge thereof, to compel obedience. The court or judge, upon such application, shall institute proceedings for contempt. The remedy provided in this section is in addition to, and not exclusive of, the authority of the board to discipline licensees for violations of ORS 677.190 (17) and (22). [Amended by 1967 c.470 §51; 1983 c.486 §35; 1989 c.830 §20; 2009 c.756 §26]

677.275 Administrative law judges.

Each administrative law judge conducting hearings on behalf of the board is vested with the full authority of the board to schedule and conduct hearings on behalf and in the name of the board on all matters referred by the board, including issuance of licenses, proceedings for placing licensees on probation and for suspension and revocation of licenses, and shall cause to be prepared and furnished to the board, for decision thereon by the board, the complete written transcript of the record of the hearing. This transcript shall contain all evidence introduced at the hearing and all pleas, motions and objections, and all rulings of the administrative law judge. Each administrative law judge may administer oaths and issue summonses, notices and subpoenas, but may not place any licensee on probation or issue, refuse, suspend or revoke a license. [1967 c.470 §53; 1983 c.486 §36; 1989 c.830 §21; 1999 c.849 §§157,158; 2003 c.75 §57; 2009 c.756 §27]

677.280 Employment of personnel.

Subject to any applicable provisions of the State Personnel Relations Law, the Oregon Medical Board may employ consultants, investigators and staff for the purpose of enforcing the laws relating to this chapter and securing evidence of violations thereof, and may fix the compensation therefor and incur necessary other expenses. [Amended by 1967 c.470 §54; 1969 c.314 §78; 1989 c.829 §1; 1989 c.830 §22; 1999 c.396 §1; 2009 c.535 §6]

677.290 Disposition of receipts; revolving account; medical library. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees

in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund. [Amended by 1953 c.159 §6; 1967 c.470 §55; 1967 c.637 §§29,29a; 1973 c.427 §15; 1975 c.693 §18; 1979 c.27 §1; 1983 c.486 §37; 1989 c.830 §23; 2007 c.86 §3; 2009 c.595 §1052; 2009 c.792 §73]

Note: The amendments to 677.290 by section 8, chapter 240, Oregon Laws 2013, become operative January 1, 2017. See section 20, chapter 240, Oregon Laws 2013. The text that is operative on and after January 1, 2017, is set forth for the user's convenience.

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter and ORS 676.850.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund.

677.300 [Amended by 1967 c.470 §56; 1973 c.427 §16; 1983 c.486 §38; repealed by 1989 c.830 §49]

677.305 Petty cash fund. The Oregon Medical Board may maintain a petty cash fund in compliance with ORS 293.180 in the amount of \$5,000. [1955 c.282 §1; 1967 c.470 §57; 1983 c.486 §39; 1989 c.830 §24]

677.310 [Amended by 1967 c.470 §58; repealed by 1989 c.830 §49]

ENFORCEMENT

677.320 Investigation of complaints and suspected violations. (1) Upon the complaint of any citizen of this state, or upon its own initiative, the Oregon Medical Board may investigate any alleged violation of this chapter. If, after the investigation, the board has reason to believe that any person is subject to prosecution criminally for the violation of this chapter, it shall lay the facts before the proper district attorney.

(2) In the conduct of investigations, the board or its designated representative may:

- (a) Take evidence;
- (b) Take the depositions of witnesses, including the person charged;
- (c) Compel the appearance of witnesses, including the person charged;
- (d) Require answers to interrogatories; and
- (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation.

(3) In exercising its authority under subsection (2) of this section, the board may issue subpoenas over the signature of the executive director and the seal of the board in the name of the State of Oregon.

(4) In any proceeding under this section where the subpoena is addressed to a licensee of this board, it shall not be a defense that the material that is subject to the subpoena is protected under a patient and physician privilege.

(5) If a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(6) A licensee who is the subject of an investigation and any person authorized to act on behalf of the licensee shall not knowingly contact the complainant until the licensee has requested a contested case hearing and the board has authorized the taking of the complainant's deposition pursuant to ORS 183.425.

(7) Except in an investigation or proceeding conducted by the board or another public entity, or in an action, suit or proceeding where a public entity is a party, a licensee shall not be questioned or examined regarding any communication with the board made in an appearance before the board as part of an investigation. This section shall not prohibit examination or questioning of a licensee regarding records dealing with a patient's care and treatment or affect the admissibility of those records. As used in this section, "public entity" has the meaning given that term in ORS 676.177. [Amended by 1983 c.486 §40; 1989 c.830 §25; 1997 c.792 §26; 1999 c.751 §5]

677.325 Enjoining unlicensed practice of medicine. The Oregon Medical Board may maintain a suit for an injunction against any person violating ORS 677.080 (4). Any person who has been so enjoined may be punished for contempt by the court issuing the injunction. An injunction may be issued without proof of actual damage sustained by any person. An injunction shall not relieve a person from criminal prosecution for violation of ORS 677.080 (4). [Formerly 677.040]

677.330 Duty of district attorney and Attorney General; jurisdiction of prosecutions. (1) The district attorney of each county shall prosecute any violation of this chapter occurring in the county. The Oregon Medical Board shall be represented by the Attorney General acting under ORS 180.140. Each district attorney shall bring to the attention of the grand jury of the county any information independently developed by the district attorney, the Attorney General or other law enforcement agencies pertaining to a violation of this chapter.

(2) Upon any appeal to the Court of Appeals of this state in any of the proceedings referred to in subsection (1) of this section, the Attorney General shall assist the district attorney in the trial of the cause in the Court of Appeals.

(3) Justice courts and the circuit courts have concurrent jurisdiction of prosecutions for the violation of this chapter. [Amended by 1967 c.470 §60; 1979 c.562 §30; 1997 c.791 §20]

677.335 Official actions of board and personnel; privileges and immunities; scope of immunity of complainant. (1) Members of the Oregon Medical Board, members of its administrative and investi-

gative staff, medical consultants, and its attorneys acting as prosecutors or counsel shall have the same privilege and immunities from civil and criminal proceedings arising by reason of official actions as prosecuting and judicial officers of the state.

(2) No person who has made a complaint as to the conduct of a licensee of the board or who has given information or testimony relative to a proposed or pending proceeding for misconduct against the licensee of the board, shall be answerable for any such act in any proceeding except for perjury committed by the person. [1975 c.776 §2; 1989 c.830 §26]

677.340 [Amended by 1967 c.470 §6; renumbered 677.075]

ARTIFICIAL INSEMINATION

677.355 “Artificial insemination” defined. As used in ORS 109.239 to 109.247, 677.355 to 677.370 and 677.990 (3), “artificial insemination” means introduction of semen into a woman’s vagina, cervical canal or uterus through the use of instruments or other artificial means. [1977 c.686 §1]

Note: 677.355 to 677.370 and 677.990 (3) were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.360 Who may select donors and perform procedure. Only physicians licensed under ORS chapter 677 and persons under their supervision may select artificial insemination donors and perform artificial insemination. [1977 c.686 §2]

Note: See note under 677.355.

677.365 Consent required; filing with State Registrar of the Center for Health Statistics; notice to physician. (1) Artificial insemination shall not be performed upon a woman without her prior written request and consent and, if she is married, the prior written request and consent of her spouse.

(2) Whenever a child is born who may have been conceived by the use of semen of a donor who is not the woman’s spouse, a copy of the request and consent required under subsection (1) of this section shall be filed by the physician who performs the artificial insemination with the State Registrar of the Center for Health Statistics. The state registrar shall prescribe the form of reporting.

(3) The information filed under subsection (2) of this section shall be sealed by the state registrar and may be opened only upon an order of a court of competent jurisdiction.

(4) If the physician who performs the artificial insemination does not deliver the child conceived as a result of the use of

semen of a donor who is not the woman’s spouse, it is the duty of the woman and the spouse who consented pursuant to subsection (1) of this section to give that physician notice of the child’s birth. The physician who performs the artificial insemination shall be relieved of all liability for noncompliance with subsection (2) of this section if the noncompliance results from lack of notice to the physician about the birth. [1977 c.686 §3; 2015 c.629 §57]

Note: See note under 677.355.

677.370 Who may be donor. No semen shall be donated for use in artificial insemination by any person who:

(1) Has any disease or defect known by him to be transmissible by genes; or

(2) Knows or has reason to know he has a venereal disease. [1977 c.686 §4]

Note: See note under 677.355.

COMPETENCY TO PRACTICE MEDICINE OR PODIATRY

677.410 Voluntary limitation of license; removal of limitation. A licensee may request in writing to the Oregon Medical Board a limitation of license to practice medicine or podiatry, respectively. The board may grant such request for limitation and shall have authority, if it deems appropriate, to attach conditions to the license of the licensee within the provisions of ORS 677.205 and 677.410 to 677.425. Removal of a voluntary limitation on licensure to practice medicine or podiatry shall be determined by the board. [1975 c.796 §5; 1981 c.339 §1; 1983 c.486 §41]

677.415 Investigation of incompetence; reports to board; contents; informal interview; penalty for failure to report official action. (1) As used in this section:

(a) “Health care facility” means a facility licensed under ORS 441.015 to 441.087.

(b) “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.

(2) The Oregon Medical Board on the board’s own motion may investigate any evidence that appears to show that a licensee licensed by the board is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity or an impairment as defined in ORS 676.303.

(3) A licensee licensed by the Oregon Medical Board, the Oregon Medical Association, Inc., or any component society thereof,

the Osteopathic Physicians and Surgeons of Oregon, Inc. or the Oregon Podiatric Medical Association shall report within 10 working days, and any other person may report, to the board any information such licensee, association, society or person may have that appears to show that a licensee is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(4) A licensee shall self-report within 10 working days any official action taken against the licensee.

(5) A health care facility shall report to the Oregon Medical Board any official action taken against a licensee within 10 business days of the date of the official action.

(6) A licensee's voluntary withdrawal from the practice of medicine or podiatry, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at such a health care facility shall be promptly reported to the Oregon Medical Board by the health care facility and the licensee if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or a committee thereof for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment as defined in ORS 676.303.

(7)(a) A report made in accordance with subsection (3) of this section shall contain:

(A) The name, title, address and telephone number of the person making the report; and

(B) Information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(b) The Oregon Medical Board may not require in a report made in accordance with subsection (5) or (6) of this section more than:

(A) The name, title, address and telephone number of the licensee making the report or the name, address and telephone number of the health care facility making the report;

(B) The date of an official action taken against the licensee or the licensee's voluntary action under subsection (6) of this section; and

(C) A description of the official action or the licensee's voluntary action, as appropriate to the report, including:

(i) The specific restriction, limitation, suspension, loss or denial of the licensee's

medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(ii) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(c) The Oregon Medical Board may not require in a report made in accordance with subsection (4) of this section more than:

(A) The name, title, address and telephone number of the licensee making the report; and

(B) The specific restriction, limitation, suspension, loss or denial of the licensee's staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial.

(8) A report made in accordance with this section may not include any data that is privileged under ORS 41.675.

(9) If, in the opinion of the Oregon Medical Board, it appears that information provided to it under this section is or may be true, the board may order an informal interview with the licensee subject to the notice requirement of ORS 677.320.

(10)(a) A health care facility's failure to report an official action as required under subsection (5) of this section constitutes a violation of this section. The health care facility is subject to a penalty of not more than \$10,000 for each violation. The Oregon Medical Board may impose the penalty in accordance with ORS 183.745 and, in addition to the penalty, may assess reasonable costs the board incurs in enforcing the requirements of this section against the health care facility if the enforcement results in the imposition of a civil penalty.

(b) The Attorney General may bring an action in the name of the State of Oregon in a court of appropriate jurisdiction to recover a civil penalty and costs assessed under this subsection.

(c) A civil penalty assessed or recovered in accordance with this subsection shall be paid to the State Treasury and the State Treasurer shall credit the amount of the payment to the Primary Care Services Fund established under ORS 442.570.

(11) A person who reports in good faith to the Oregon Medical Board as required by this section is immune from civil liability by reason of making the report. [1975 c.796 §6; 1977 c.448 §11; 1981 c.339 §2; 1983 c.486 §42; 1985 c.322 §5; 1989 c.830 §27; 1997 c.792 §27; 2003 c.554 §1; 2007 c.70 §302; 2007 c.803 §2; 2009 c.756 §28; 2010 c.42 §15]

677.417 Medical incompetence, unprofessional conduct, physical incapacity, impairment; rules. The Oregon Medical Board shall determine by rule what constitutes medical incompetence, unprofessional conduct, physical incapacity or impairment for the purposes of ORS chapter 677. [2003 c.554 §2; 2009 c.756 §29]

Note: 677.417 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.420 Competency examination; investigation; consent by licensee; assistance. (1) Notwithstanding any other provisions of this chapter, the Oregon Medical Board may at any time direct and order a mental, physical or medical competency examination or any combination thereof, and make such investigation, including the taking of depositions or otherwise in order to fully inform itself with respect to the performance or conduct of a licensee.

(2) If the board has reasonable cause to believe that any licensee is or may be unable to practice medicine or podiatry with reasonable skill and safety to patients, the board shall cause a competency examination of such licensee for purposes of determining the fitness of the licensee to practice medicine or podiatry with reasonable skill and safety to patients.

(3) Any licensee by practicing or by filing a registration to practice medicine or podiatry shall be deemed to have given consent to submit to mental or physical examination when so directed by the board and, further, to have waived all objection to the admissibility of information derived from such mental or physical or medical competency examination on the grounds of privileged communication.

(4) The board may request any medical organization to assist the board in preparing for or conducting any medical competency examination that the board may consider appropriate. [1975 c.796 §7; 1981 c.339 §3; 1983 c.486 §43; 1989 c.830 §28]

677.425 Confidential information; immunity. (1) Any information that the Oregon Medical Board obtains pursuant to ORS 677.200, 677.205 or 677.410 to 677.425 is confidential as provided under ORS 676.175.

(2) Any person who reports or provides information to the board under ORS 677.205 and 677.410 to 677.425 and who provides information in good faith shall not be subject to an action for civil damages as a result thereof. [1975 c.796 §8; 1983 c.486 §44; 1989 c.830 §29; 1991 c.485 §7; 1997 c.791 §21]

677.435 [1977 c.448 §§2,3,4; 1981 c.339 §4; repealed by 1987 c.774 §61]

677.450 Release of certain information to health care facilities. The Oregon Medical Board may release information received under ORS 441.820 concerning the revocation or restriction of a physician's activities at a health care facility to any other health care facility licensed under ORS 441.015 to 441.087, 441.525 to 441.595, 441.815, 441.820, 441.990, 442.342, 442.344 and 442.400 to 442.463 at which that physician holds or has applied for staff privileges or other right to practice medicine or podiatry at the facility. [1977 c.448 §5; 1981 c.339 §5; 2013 c.129 §14]

677.455 [1993 c.323 §4; renumbered 677.837 in 1995]

ADMINISTRATION OF CONTROLLED SUBSTANCES FOR PAIN

677.470 Definitions for ORS 677.470 to 677.480. As used in ORS 677.470 to 677.480:

(1) "Controlled substance" has the meaning given that term under ORS 475.005.

(2) "Health care professional" means a person licensed by a health professional regulatory board who is practicing within the scope of practice of that licensure and who is authorized to prescribe or administer controlled substances.

(3) "Health professional regulatory board" has the meaning given that term in ORS 676.440. [1995 c.380 §2; 1999 c.480 §1; 2007 c.351 §1]

677.474 Administration of controlled substances for pain allowed; exceptions.

(1) Notwithstanding any other provision of this chapter and notwithstanding ORS 678.010 to 678.410 and ORS chapters 679 and 689, a health care professional may prescribe or administer controlled substances to a person in the course of treating that person for a diagnosed condition causing pain.

(2) A health care professional shall not be subject to disciplinary action by a health professional regulatory board for prescribing or administering controlled substances in the course of treatment of a person for pain with the goal of controlling the patient's pain for the duration of the pain.

(3) Subsections (1) and (2) of this section do not apply to:

(a) A health care professional's treatment of a person for chemical dependency resulting from the use of controlled substances;

(b) The prescription or administration of controlled substances to a person the health care professional knows to be using the controlled substances for nontherapeutic purposes;

(c) The prescription or administration of controlled substances for the purpose of terminating the life of a person having pain,

except as allowed under ORS 127.800 to 127.897; or

(d) The prescription or administration of a substance that is not a controlled substance approved by the United States Food and Drug Administration for pain relief.

(4) Subsection (2) of this section does not exempt the governing body of any hospital or other medical facility from the requirements of ORS 441.055. [1995 c.380 §7 (enacted in lieu of 677.475); 1999 c.480 §2; 2003 c.408 §1; 2007 c.351 §2]

677.475 [1995 c.380 §3 (677.474 enacted in lieu of 677.475 by 1995 c.380 §6); repealed by 2005 c.44 §1]

677.480 Discipline. ORS 677.474 does not prohibit a health professional regulatory board from placing on probation or denying, revoking, limiting or suspending the license of any health care professional who does any of the following:

(1) Prescribes or administers a controlled substance or treatment that is nontherapeutic in nature or nontherapeutic as administered or prescribed or that is administered or prescribed for a nontherapeutic purpose.

(2) Fails to keep a complete and accurate record of controlled substance purchases, dispensing and disposal as required by the Comprehensive Drug Abuse Prevention and Control Act of 1970 (P.L. 91-513), other federal law or ORS 475.005 to 475.285 and 475.752 to 475.980.

(3) Prescribes controlled substances without a legitimate medical purpose.

(4) Prescribes, administers or dispenses controlled substances in a manner detrimental to the best interest of the public.

(5) Prescribes, administers or dispenses a controlled substance in a manner prohibited under ORS 475.005 to 475.285 or 475.752 to 475.980.

(6) Falsifies prescription information, including, but not limited to, the identity of the recipient. [1995 c.380 §4; 2003 c.408 §2; 2007 c.351 §3]

677.485 [1995 c.380 §5; 2003 c.408 §3; 2007 c.86 §7; repealed by 2007 c.351 §5]

MISCELLANEOUS

677.490 Fees when patient served by or referred to diabetes self-management program. (1) If a physician refers a patient to diabetes self-management education services provided at a different time and place from other health services provided to the patient by the physician, the referring physician is entitled to receive no more than the total salary and benefits to personnel providing the services plus the cost of materials and services directly related to the services, if any of these costs are paid by the physician; or

(2) If the referring physician personally provides the diabetes self-management education services, the physician is entitled to receive no more than the usual and customary charges for routine office visits of comparable duration. [1987 c.720 §6]

Note: 677.490 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.491 Reporting toy-related injury or death; rules. (1) Whenever any physician determines or reasonably suspects the injury or death of a person to be toy-related, the physician shall, in accordance with rules adopted under subsection (5) of this section, report the physician's findings to the Director of the Oregon Health Authority.

(2) The director of any hospital, health care facility, health maintenance organization, public health center, medical center or emergency medical treatment facility where any physician has made a determination or has a reasonable suspicion under subsection (1) of this section as to whether an injury or death is toy-related, shall, in accordance with the rules adopted under subsection (5) of this section, report that physician's findings to the Director of the Oregon Health Authority.

(3) The Director of the Oregon Health Authority shall review, organize and keep a record of the information set forth in the reports of toy-related injuries and deaths submitted by physicians under this section. The director, on a regular basis, shall make the information recorded under this section available to the United States Consumer Product Safety Commission for inclusion in its Injury or Potential Injury Incident Data Base. The information so recorded shall also be made available to the public for a fee determined by the director.

(4) If the director determines that a specific toy or item poses an immediate danger or potential threat to the safety of the citizens of this state, the director shall immediately issue a public notice warning the public, retail sellers and distributors of the director's findings and recommendations concerning that toy or item.

(5) The director shall adopt rules to implement this section. [1991 c.325 §1; 2009 c.595 §1053]

Note: 677.491 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.492 Liability of physician for acts of certain other health care providers. (1) If a physician is required to be responsible for the care of a patient of another health care provider with admitting privileges to a

health care facility as a condition to the patient's admission to and continued care in a health care facility, the physician is not liable for the acts or omissions of the other health care provider that result in injury, death or damage to the patient unless:

(a) At the time the injury, death or damage occurs, the physician is physically present and directly supervising the other health care provider;

(b) At the time the injury, death or damage occurs, the physician is not physically present, but the physician is directly supervising and instructing the other health care provider; or

(c) The injury, death or damage to the patient results from a direct violation of a written hospital patient care protocol by the other health care provider, the physician knew or in the exercise of reasonable care should have known of the violation in time to take action to prevent the injury, death or damage, and the physician failed to take action to prevent the injury, death or damage.

(2) The immunity provided by this section applies only to a person who holds a degree of Doctor of Medicine or Doctor of Osteopathy who is licensed to practice medicine under the provisions of ORS chapter 677.

(3) The immunity provided by this section does not apply if the other health care provider is an employee, a partner or a fellow shareholder of the physician in a corporation established for the provision of health care services. [1995 c.695 §1]

Note: 677.492 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

PHYSICIAN ASSISTANTS

677.495 Definitions for ORS 677.495 to 677.535. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

(1) "Physician assistant" means a person who is licensed in accordance with ORS 677.505 to 677.525.

(2) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used.

(3) "Supervising physician" means a physician licensed to practice medicine under this chapter who supervises a physician assistant.

(4) "Supervising physician organization" means a group of supervising physicians that collectively supervises a physician assistant.

(5) "Supervision" means the acts of overseeing and accepting responsibility for the medical services provided by a physician assistant in accordance with a practice agreement, including regular and routine oversight and chart review. [Formerly 677.012; 1983 c.486 §45; 1987 c.660 §24; 1989 c.830 §30; 1999 c.119 §1; 1999 c.582 §1; 2001 c.744 §§3,4; 2005 c.366 §1; 2007 c.347 §1; 2010 c.43 §1; 2011 c.550 §1]

677.500 Policy. It is the intent of the Legislative Assembly in requiring the licensure of physician assistants to encourage appropriate use of physician assistants in the delivery of health care services to the extent of a physician assistant's education and experience. [1981 c.220 §9; 1989 c.830 §31; 1999 c.582 §2; 2010 c.43 §2; 2011 c.550 §2]

677.505 Application of provisions governing physician assistants to other health professions. (1) ORS 677.495 and 677.505 to 677.525 are not intended to alter or affect ORS chapter 678, regarding the practice of nursing; ORS chapter 679, regarding the practice of dentistry; ORS 680.010 to 680.205, regarding the practice of dental hygienists and auxiliaries; or ORS 683.010 to 683.340, regarding the practice of optometry.

(2) ORS 677.495 and 677.505 to 677.525 do not require an employee of a person licensed to practice medicine under this chapter, or of a medical clinic or hospital to be licensed under ORS 677.495 and 677.505 to 677.525, unless the employee is practicing as a physician assistant in which case the individual shall be licensed under ORS 677.495 and 677.505 to 677.525. [Formerly 677.055; 1999 c.582 §3]

677.510 Board approval of using services of physician assistant; supervision; practice agreement; pain management education. (1) A person licensed to practice medicine under this chapter may not use the services of a physician assistant without the prior approval of the Oregon Medical Board.

(2) A supervising physician or a supervising physician organization may apply to the board to use the services of a physician assistant. The application must:

(a) If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician;

(b) If the applicant is a supervising physician organization:

(A) State the names and contact information of all supervising physicians; and

(B) State the name of the primary supervising physician required by subsection (5) of this section;

(c) Generally describe the medical services provided by each supervising physician;

(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician; and

(e) Provide such other information in such a form as the board may require.

(3) The board shall approve or reject an application within seven working days after the board receives the application, unless the board is conducting an investigation of the supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant.

(4) A supervising physician organization shall provide the board with a list of the supervising physicians in the supervising physician organization. The supervising physician organization shall continually update the list and notify the board of any changes.

(5) A supervising physician organization shall designate a primary supervising physician and notify the board in the manner prescribed by the board.

(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a practice agreement with a supervising physician or supervising physician organization whose application has been approved under subsection (3) of this section. The practice agreement must:

(A) Include the name, contact information and license number of the physician assistant and each supervising physician.

(B) Describe the degree and methods of supervision that the supervising physician or supervising physician organization will use. The degree of supervision, whether general, direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.

(C) Generally describe the medical duties delegated to the physician assistant.

(D) Describe the services or procedures common to the practice or specialty that the physician assistant is not permitted to perform.

(E) Describe the prescriptive and medication administration privileges that the physician assistant will exercise.

(F) Provide the list of settings and licensed facilities in which the physician assistant will provide services.

(G) State that the physician assistant and each supervising physician is in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant and supervising physician or supervising physician organization to discipline.

(H) Be signed by the supervising physician or the primary supervising physician of the supervising physician organization and by the physician assistant.

(I) Be updated at least every two years.

(b) The supervising physician or supervising physician organization shall provide the board with a copy of the practice agreement within 10 days after the physician assistant begins practice with the supervising physician or supervising physician organization. The supervising physician or supervising physician organization shall keep a copy of the practice agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board may request a meeting with a supervising physician or supervising physician organization and a physician assistant to discuss a practice agreement.

(7) A physician assistant's supervising physician shall ensure that the physician assistant is competent to perform all duties delegated to the physician assistant. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(8) A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization.

(9) The board may not require that a supervising physician be physically present at all times when the physician assistant is providing services, but may require that:

(a) The physician assistant have access to personal or telephone communication with a supervising physician when the physician assistant is providing services; and

(b) The proximity of a supervising physician and the methods and means of supervision be appropriate to the practice setting and the patient conditions treated in the practice setting.

(10)(a) A supervising physician organization may supervise any number of physician assistants. The board may not adopt rules

limiting the number of physician assistants that a supervising physician organization may supervise.

(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

(11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians, unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.

(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants, unless the board approves a request from the supervising physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.

(13) A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the supervising physician for a predetermined period of time.

(14) A physician assistant may render services in any setting included in the practice agreement.

(15) A physician assistant for whom an application under this section has been approved by the board on or after January 2, 2006, shall submit to the board, within 24 months after the approval, documentation of completion of:

(a) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or

(b) An equivalent pain management education program, as determined by the board. [1971 c.649 §7; 1981 c.220 §10; 1995 c.374 §1; 1997 c.695 §1; 1999 c.119 §2; 1999 c.430 §1; 1999 c.582 §4; 2001 c.743 §§1,2; 2001 c.987 §14a; 2005 c.366 §2; 2007 c.347 §2; 2009 c.595 §1054; 2010 c.43 §3; 2011 c.550 §3; 2012 c.34 §3]

Note: Section 9, chapter 550, Oregon Laws 2011, provides:

Sec. 9. Notwithstanding the amendments to ORS 677.097, 677.495, 677.500, 677.510, 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act:

(1) A physician assistant practicing under a practice description approved by the Oregon Medical Board under ORS 677.510 as in effect immediately before the operative date of the amendments to ORS 677.510 by section 3 of this 2011 Act [January 1, 2012] may continue to practice in accordance with the practice description and is not required to enter into a practice agreement under ORS 677.510.

(2) A physician assistant licensed under ORS 677.512 as in effect immediately before the operative date of the amendments to ORS 677.512 by section 4 of this 2011 Act [January 1, 2012] may renew the physician assistant's license without meeting the requirements of ORS 677.512 (2)(c) and (d). [2011 c.550 §9]

677.511 Physician assistant dispensing authority; requirements; training program; rules. (1)(a) A supervising physician or supervising physician organization may apply to the Oregon Medical Board for authority for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 (4), a physician assistant may not dispense controlled substances classified in schedules I through IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(2) The board shall adopt rules establishing standards and qualifications for physician assistants with dispensing authority. The rules must require:

(a) A physician assistant seeking dispensing authority to complete a drug dispensing training program; and

(b) The supervising physician or supervising physician organization that applies for dispensing authority for a physician assistant to:

(A) Provide the board with a plan for drug delivery and control;

(B) Submit an annual report to the board on the physician assistant's use of dispensing authority;

(C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or supervising physician organization proposes to authorize the physician assistant to dispense; and

(D) Submit to the board documentation showing that the supervising physician or supervising physician organization has registered the facility from which the physician assistant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.

(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug dispensing training program for physician assistants and adopt that program by rule.

(4) A supervising physician or supervising physician organization that supervises a physician assistant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy relating to registration, acquisition, storage, integrity, security, access, dispensing and disposal of drugs, record keeping and consultation with pharmacists.

(5) Drugs dispensed by a physician assistant with dispensing authority under this section must be personally dispensed by the physician assistant. [2012 c.34 §2]

Note: 677.511 was added to and made a part of 677.495 to 677.535 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.512 Licensure; renewal; fees; rules.

(1) A person seeking licensure as a physician assistant shall complete an application form provided by the Oregon Medical Board and submit the form to the board, accompanied by nonrefundable fees for the application and for the license in amounts determined by rule of the board.

(2) The board may issue a license to a physician assistant who:

(a) Submits an application as required by the board by rule;

(b) Pays the application fee established by the board by rule;

(c) Has completed an educational program accredited by a nationally recognized accreditation organization for physician assistant educational programs;

(d) Has passed the initial national examination required of physician assistants to become nationally certified;

(e) Is mentally and physically able to engage safely in practice as a physician assistant;

(f) Has not been disciplined by a physician assistant licensing board in another state, unless the board considers the discipline and determines that the person is competent to practice as a physician assistant; and

(g) Is of good moral character as determined by the board.

(3) The board may issue a license by reciprocity to a person who is licensed as a physician assistant in another state and meets the requirements of subsection (2)(c) and (d) of this section.

(4)(a) The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(b) If the board requires a licensee to complete continuing education in order to renew a license issued under this section, the board shall allow a licensee to meet those requirements by providing the board with documentation of military training or experience that is substantially equivalent to the continuing education required by the board. [2007 c.240 §2; 2011 c.550 §4; 2012 c.43 §7]

Note: See note under 677.510.

677.515 Medical services rendered by physician assistant. (1) A physician assistant licensed under ORS 677.512 may provide

any medical service, including prescribing and administering controlled substances in schedules II through V under the federal Controlled Substances Act:

(a) That is delegated by the physician assistant's supervising physician or supervising physician organization;

(b) That is within the scope of practice of the physician assistant;

(c) That is within the scope of practice of the supervising physician or supervising physician organization;

(d) That is provided under the supervision of the supervising physician or supervising physician organization;

(e) That is generally described in and in compliance with the practice agreement; and

(f) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating physician assistants approved by the board from rendering medical services if the services are rendered in the course of the program.

(3) The degree of independent judgment that a physician assistant may exercise shall be determined by the supervising physician, or supervising physician organization, and the physician assistant in accordance with the practice agreement.

(4) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and prescribe medications pursuant to this section and ORS 677.535. The board may not limit the privilege of administering, dispensing and prescribing to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the supervising physician.

(5) This chapter does not require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.089.

(6) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 and dispensed by a licensed pharmacist may be filled

by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy. [Formerly 677.065; 1985 c.747 §52; 1989 c.830 §32; 1993 c.571 §27; 1999 c.119 §3; 1999 c.582 §5; 2001 c.744 §§1,2; 2005 c.366 §3; 2009 c.595 §1055; 2010 c.43 §4; 2011 c.550 §5; 2012 c.34 §4; 2015 c.403 §4]

677.518 Authority to sign reports of death. A physician assistant, practicing under the supervision of a supervising physician or a supervising physician organization, is authorized to complete and sign reports of death. Reports of death signed by a physician assistant shall be accepted as fulfilling all of the laws dealing with reports of death. A physician assistant who prepares a report of death must comply with all provisions of ORS 432.133. [2003 c.104 §1; 2010 c.43 §5; 2013 c.366 §76]

Note: 677.518 was added to and made a part of 677.495 to 677.535 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.520 Performance of medical services by unlicensed physician assistant prohibited. Performance of any medical services by a physician assistant after the revocation or suspension of the license by the Oregon Medical Board, after expiration of a temporary license or in the absence of renewal of a license constitutes the unauthorized practice of medicine and subjects the physician assistant to the penalties provided in ORS 677.990. [Formerly 677.090; 1983 c.486 §67; 1989 c.830 §33; 1999 c.582 §6]

677.525 Fees; how determined. Every physician assistant shall pay to the Oregon Medical Board nonrefundable fees as determined by the board pursuant to ORS 677.265. [Formerly 677.232; 1983 c.486 §48; 1989 c.830 §34]

677.530 [Formerly 677.255; repealed by 1989 c.830 §49]

677.532 [1983 c.486 §47; repealed by 1989 c.830 §49]

677.535 Limited license. The Oregon Medical Board may grant a limited license to a physician assistant if the applicant meets the qualifications of the board, the application file is complete and no derogatory information has been submitted but board approval is pending. [1981 c.220 §8; 1983 c.486 §48a; 1989 c.830 §35; 1999 c.582 §7; 2010 c.43 §6; 2011 c.550 §6]

677.540 [1981 c.220 §5; 1989 c.830 §36; 1999 c.582 §8; 2001 c.345 §1; 2001 c.348 §1; 2007 c.240 §1; 2009 c.535 §7; repealed by 2015 c.403 §3]

677.545 [1981 c.220 §7; 1989 c.830 §37; 1999 c.582 §9; 2003 c.447 §1; 2010 c.43 §7; 2011 c.550 §7; 2012 c.34 §5; repealed by 2015 c.403 §3]

677.550 [1981 c.220 §6; 1987 c.660 §25; 1989 c.830 §38; repealed by 1995 c.727 §48]

677.610 [1975 c.695 §2; 1977 c.581 §3; 1983 c.486 §49; repealed by 1989 c.782 §40]

677.615 [1989 c.705 §1; 2007 c.70 §303; 2007 c.796 §1; repealed by 2009 c.697 §14]

677.620 [1975 c.695 §11; repealed by 1989 c.782 §40]

677.625 [1989 c.705 §2; 2007 c.70 §304; 2007 c.796 §2; repealed by 2009 c.697 §14]

677.630 [1975 c.695 §15; repealed by 1983 c.486 §68]

677.635 [1989 c.705 §3; 2007 c.70 §305; 2007 c.796 §3; repealed by 2009 c.697 §14]

677.640 [1975 c.695 §12; 1983 c.486 §50; repealed by 1989 c.782 §40]

677.645 [1989 c.705 §4; 2001 c.347 §1; 2007 c.796 §4; repealed by 2009 c.697 §14]

677.650 [1975 c.695 §13; 1983 c.486 §51; repealed by 1989 c.782 §40]

677.655 [1989 c.705 §5; 1997 c.792 §28; 2007 c.796 §5; 2009 c.756 §30; repealed by 2009 c.697 §14]

677.660 [1975 c.695 §10; repealed by 1983 c.486 §68]

677.665 [1989 c.705 §6; 2007 c.796 §6; repealed by 2009 c.697 §14]

677.670 [1975 c.695 §14; 1979 c.292 §4; 1983 c.486 §52; 1989 c.830 §39; repealed by 1989 c.782 §40]

677.675 [1983 c.486 §55; renumbered 823.215 in 1989]

677.677 [1989 c.705 §7; 1991 c.703 §23; 2007 c.86 §8; 2007 c.796 §7; repealed by 2009 c.697 §14]

677.680 [1975 c.695 §16; 1979 c.165 §1; 1983 c.486 §53; 1989 c.830 §40; repealed by 1989 c.782 §40]

677.690 [1975 c.695 §17; 1983 c.486 §56; repealed by 1989 c.782 §40 and 1989 c.830 §49]

677.700 [1975 c.695 §18; 1983 c.486 §57; repealed by 1989 c.782 §40]

677.750 [Formerly 677.257; repealed by 1991 c.204 §2]

677.755 [Formerly 677.259; 1991 c.204 §1; 1991 c.314 §1; repealed by 1993 c.378 §7]

ACUPUNCTURISTS

677.757 Definitions for ORS 677.757 to 677.770. As used in ORS 677.757 to 677.770:

(1)(a) “Acupuncture” means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. “Acupuncture” includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

(A) Traditional and modern techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods; and

(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.

(2) “Oriental pharmacopoeia” means a list of herbs described in traditional Oriental texts commonly used in accredited schools of Oriental medicine if the texts are ap-

proved by the Oregon Medical Board. [1993 c.378 §1]

677.759 License required; qualifications; effect of using certain terms; rules.

(1) No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board except as provided in subsection (2) of this section.

(2) Notwithstanding subsection (1) of this section, the board may issue a license to practice acupuncture to an individual licensed to practice acupuncture in another state or territory of the United States if the individual is licensed to practice medicine and surgery or acupuncture in the other state or territory. The board shall not issue such a license unless the requirements of the other state or territory are similar to the requirements of this state.

(3) The board shall examine the qualifications of an applicant and determine who shall be authorized to practice acupuncture.

(4) Using the term “acupuncture,” “acupuncturist,” “Oriental medicine” or any other term, title, name or abbreviation indicating that an individual is qualified or licensed to practice acupuncture is prima facie evidence of practicing acupuncture.

(5) In addition to the powers and duties of the board described in this chapter, the board shall adopt rules consistent with ORS 677.757 to 677.770 governing the issuance of a license to practice acupuncture. [1993 c.378 §2]

677.760 [Formerly 677.261; repealed by 1989 c.830 §49]

677.761 Persons and practices not within scope of ORS 677.757 to 677.770. Nothing in ORS 677.757 to 677.770 is intended to:

(1) Prevent, limit or interfere with an individual licensed or certified by the Oregon Medical Board from practicing health care other than acupuncture within the scope of the license or certification of the individual.

(2) Limit any other licensed or certified health care practitioner from practicing acupressure or other therapy within the scope of the license or certification of the individual.

(3) Limit the activities of any person who engages in the business of providing Oriental massage, exercise and related therapeutic methods or who provides substances listed in an Oriental pharmacopoeia, or vitamins or minerals or dietary advice, so long as the activities of the person are not otherwise prohibited by law.

(4) Limit the ability of practitioners from outside Oregon to demonstrate the practice

of acupuncture as part of a recognized and limited duration educational program, lecture or event within this state under rules adopted by the board. [1993 c.378 §5; 2005 c.370 §1]

Note: 677.761 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677. See Preface to Oregon Revised Statutes for further explanation.

677.765 Unauthorized practice by acupuncturist.

Performance of acupuncture without licensure or after the termination of licensure by the Oregon Medical Board or in the absence of renewal of licensure constitutes the unauthorized practice of medicine and subjects the person to the penalties provided by ORS 677.990. [Formerly 677.262; 1989 c.830 §41; 1991 c.314 §2; 1993 c.378 §3]

677.770 Fees. Every physician or surgeon or other person licensed as an acupuncturist shall pay to the Oregon Medical Board non-refundable fees as determined by the board pursuant to ORS 677.265. [Formerly 677.263; 1989 c.830 §42; 1993 c.378 §4]

677.775 [1983 c.486 §33; repealed by 1989 c.830 §49]

677.780 Acupuncture Advisory Committee; membership; terms.

(1) There is established an Acupuncture Advisory Committee consisting of six members appointed by the Oregon Medical Board. Of the committee members appointed by the board:

(a) One shall be a person who is a current member of the board.

(b) Two shall be physicians licensed under ORS chapter 677.

(c) Three shall be acupuncturists licensed under ORS 677.759. In appointing the three acupuncturists, the board may receive nominations from the Oregon Association of Acupuncture and Oriental Medicine and other professional acupuncture organizations.

(2) The term of office of each committee member is three years, but a committee member serves at the pleasure of the board. A committee member may not serve more than two consecutive terms. A committee member serves until a successor is appointed and qualified. If there is a vacancy for any cause, the board shall make an appointment to become immediately effective for the unexpired term.

(3) A committee member is entitled to compensation and expenses as provided for board members in ORS 677.235.

(4) A majority of the members of the committee constitutes a quorum for the transaction of business. [1997 c.527 §1; 2001 c.345 §2; 2009 c.535 §8]

Note: 677.780 and 677.785 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.785 Duties of committee. The Acupuncture Advisory Committee shall:

(1) Review and make recommendations concerning all applications to the Oregon Medical Board for acupuncture licensing or acupuncture license renewal.

(2) Recommend to the board standards of professional responsibility and practice for licensed acupuncturists.

(3) Recommend to the board standards of didactic and clinical education and training for acupuncture license applicants.

(4) Recommend to the board a licensing examination that meets the standards of the National Commission for Certifying Agencies or an equivalent organization nationally recognized for testing acupuncturists. [1997 c.527 §2; 2007 c.71 §220]

Note: See note under 677.780.

PODIATRY

(General Provisions)

677.805 “Ankle” defined for ORS 677.805 to 677.840. As used in ORS 677.805 to 677.840, “ankle” means the tibial plafond and its posterolateral border or posterior malleolus, the medial malleolus, the distal fibula or lateral malleolus, and the talus. [Formerly 682.010; 1999 c.785 §2; 2005 c.760 §4; 2007 c.71 §221; 2009 c.465 §3; 2009 c.595 §1056; 2009 c.792 §45; 2013 c.129 §16]

677.810 License required to practice podiatry. (1) No person shall practice podiatry without first obtaining from the Oregon Medical Board a license authorizing the practice of podiatry in this state, except as otherwise provided in ORS 677.805 to 677.840.

(2) It shall be deemed prima facie evidence of practicing podiatry within the meaning of ORS 677.805 to 677.840 if any person uses the name or title podiatrist, podiatric physician and surgeon, chiropodist, D.S.C., D.P.M., D.P., foot expert, foot specialist, foot correctionist, or any other word, abbreviation or title indicating that the person was or is qualified and licensed to practice podiatry. [Formerly 682.020]

677.812 Surgery on ankle; limitations. Surgery of the ankle as defined in ORS 677.805 must be conducted:

(1) In a hospital or in an ambulatory surgical center licensed by the Oregon Health Authority under ORS 441.025; and

(2) By a podiatric physician and surgeon who meets the qualifications for ankle surgery established by rule of the Oregon Medical Board. [1999 c.785 §4; 2007 c.71 §222; 2009 c.595 §1057; 2009 c.792 §46]

677.814 Assisting in surgery. A podiatric physician and surgeon may assist in performing surgery on any part of the body. [2009 c.465 §2; 2013 c.129 §17]

677.815 Application of ORS 677.805 to 677.840. (1) ORS 677.805 to 677.840 do not prevent:

(a) Any person, firm or corporation from manufacturing, selling, fitting or adjusting any shoe or appliance designed and intended to equalize pressure on different parts of the foot.

(b) The sale by licensed druggists of plasters, salves and lotions for the relief and cure of corns, warts, callosities and bunions.

(2) ORS 677.805 to 677.840 shall not be construed to apply to or interfere with:

(a) The practice of any person whose religion treats or administers to the sick or suffering by purely spiritual means, nor with any individual’s selection of any such person.

(b) Physicians licensed by the Oregon Medical Board, other than physicians licensed under ORS 677.805 to 677.840, nor to surgeons of the United States Army, Navy and United States Public Health Service, when in actual performance of their official duties. [Formerly 682.030; 1987 c.158 §140; 2013 c.129 §18]

(Licensing)

677.820 Qualifications of applicants. All applicants for a license to practice podiatry under ORS 677.805 to 677.840 shall:

(1) Have attained the age of 18 years.

(2) Be of good moral character.

(3) Have graduated from an approved podiatry school or college.

(4) Have satisfactorily completed one year of post-graduate training served in a program that is approved by the Oregon Medical Board pursuant to standards adopted by the board by rule.

(5) As used in this section, “approved podiatry school or college” means any school or college offering a full-time resident program of study in podiatry leading to a degree of Doctor of Podiatric Medicine, such program having been fully accredited or conditionally approved by the American Podiatric Medical Association or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules. [Formerly 682.040; 1985 c.322 §6; 1989 c.830 §43; 1993 c.323 §1]

677.825 Examination of applicants; issuing license; fees; reexamination. Any person desiring a license to practice podiatry shall be examined by the Oregon Medical

Board in subjects which the board may deem advisable. If the applicant possesses the qualifications required by ORS 677.820 and passes the examination prescribed, the applicant shall be issued a license by the board to practice podiatry in this state. Each applicant shall submit an application for examination and the required examination fee to the board. Any applicant failing in the examination, and being refused a license, is entitled to a reexamination upon the payment of an additional examination fee. [Formerly 682.050; 1985 c.322 §7]

677.830 Reciprocal licensing; use of national board examination. (1) Notwithstanding the provisions of ORS 677.825, the Oregon Medical Board may issue a license to practice podiatry without a written examination of the applicant if the applicant has a license to practice podiatry issued by a licensing agency of another state or territory of the United States and the applicant complies with the other provisions of ORS 677.805 to 677.840. Such a license shall not be issued unless the requirements, including the examination for such license are substantially similar to the requirements of this state for a license to practice podiatry. The board shall adopt rules governing the issuance of licenses to persons applying under this section. The license may be evidenced by a certificate of the board indorsed on the license issued by the other state or territory, or by issuance of a license as otherwise provided by ORS 677.805 to 677.840.

(2) The Oregon Medical Board may accept a certificate of successful examination issued by the National Board of Podiatry Examiners in lieu of a written examination given by the Oregon Medical Board.

(3) The Oregon Medical Board may require an applicant under subsection (1) or (2) of this section to take an oral examination conducted by one or more members of the board. [Formerly 682.055; 2007 c.86 §9]

677.835 [Formerly 682.060; repealed by 1989 c.830 §49]

677.837 Continuing podiatric education required; exemption. (1) Except as provided in subsection (2) of this section, all podiatric physicians and surgeons licensed under this chapter shall complete at least 50 hours in an approved program of continuing podiatric education every two calendar years and shall submit satisfactory evidence thereof to the Oregon Medical Board when the license is renewed.

(2) The board may exempt a licensed podiatric physician and surgeon from the re-

quirements of subsection (1) of this section upon a finding by the board that the podiatric physician and surgeon was unable to comply with the requirements because of extenuating circumstances. [Formerly 677.455]

677.840 Fees. Every podiatric physician and surgeon shall pay to the Oregon Medical Board nonrefundable fees as determined by the board pursuant to ORS 677.265. [Formerly 682.065; 1989 c.830 §44]

677.845 [Formerly 682.080; repealed by 1989 c.830 §49]

677.850 [Formerly 682.090; repealed by 1989 c.830 §49]

677.855 [Formerly 682.150; 1989 c.830 §45; 2001 c.345 §3; repealed by 2005 c.760 §5]

677.860 [Formerly 682.160; repealed by 1989 c.830 §49]

677.861 [1991 c.772 §2; repealed by 1997 c.792 §33]

677.862 [1991 c.772 §4; repealed by 1997 c.792 §33]

677.864 [1991 c.772 §3; repealed by 1997 c.792 §33]

677.865 [Formerly 682.170; repealed by 1989 c.830 §49]

677.866 [1991 c.772 §8; repealed by 1997 c.792 §33]

677.868 [1991 c.772 §10; repealed by 1997 c.792 §33]

677.869 [1991 c.772 §11; repealed by 1997 c.792 §33]

677.870 [Formerly 682.191; repealed by 1989 c.830 §49]

677.871 [1991 c.772 §13; repealed by 1997 c.792 §33]

677.873 [1991 c.772 §5; repealed by 1997 c.792 §33]

677.874 [1991 c.772 §7; repealed by 1997 c.792 §33]

677.875 [Formerly 682.200; repealed by 1989 c.830 §49]

677.876 [1991 c.772 §9; repealed by 1997 c.792 §33]

677.878 [1991 c.772 §12; repealed by 1997 c.792 §33]

677.880 [Formerly 682.210; repealed by 1989 c.830 §49]

PENALTIES

677.990 Penalties. (1) Violation of any provision of this chapter is a misdemeanor. In any prosecution for such violation, it shall be sufficient to sustain a conviction to show a single act of conduct in violation of any of the provisions of this chapter and it shall not be necessary to show a general course of such conduct.

(2) Any person who practices medicine without being licensed under this chapter as prohibited in ORS 677.080 (4) commits a Class C felony.

(3) A person who violates the provisions of ORS 677.360 to 677.370 commits a Class C misdemeanor. [Amended by 1967 c.470 §61; (2) enacted as 1975 c.695 §19; (3) enacted as 1977 c.686 §8; (4) formerly 682.990; 1989 c.782 §37; 1989 c.830 §46]

Note: See note under 677.355.

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DIVISION 1

PROCEDURAL RULES

847-001-0000

Notice of Proposed Rule

Prior to adoption, amendment or repeal of any permanent rule, the Oregon Medical Board must give notice of the intended action:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days before the effective date of the intended action.

(2) Mail a copy of the notice to persons on the Oregon Medical Board's mailing list established pursuant to ORS 183.335 (8) at least 28 days before the effective date of the rule;

(3) In regard to rules adopted on or after January 1, 2006, at least 49 days before the effective date of the rule, the Board must provide notice to the persons specified in ORS 183.335(15); and

(4) Mail or furnish a copy of the notice to:

(a) The Associated Press; and

(b) The Capitol Press Room.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.335, 183.341, 677.275

Hist.: ME 1-1988, f. & cert. ef. 1-29-88; ME 20-1994, f. & cert. ef. 10-26-94; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06; OMB 1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; OMB 12-2012, f. & cert. ef. 4-17-12

847-001-0005

Model Rules for Contested Cases

The Oregon Medical Board adopts the Attorney General's Uniform and Model Rules for Contested Cases of the Attorney General in effect on January 1, (2008), and all amendments thereto are hereby adopted by reference as rules of the Oregon Medical Board.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Medical Board.]

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.335, 183.341, 677.275

Hist.: ME 4, f. 11-3-71, ef. 11-15-71; ME 26, f. 3-15-72, ef. 4-1-72; ME 27, f. 3-27-72, ef. 4-15-72; ME 30, f. 3-5-74, ef. 3-25-74; ME 32, f. & ef. 5-11-76; Renumbered from 847-060-0005; ME 2-1978, f. & ef. 7-31-78; ME 3-1980, f. & ef. 5-14-80; ME 6-1980, f. & ef. 8-13-80; ME 1-1982, f. & ef. 1-28-82; ME 5-1983, f. & ef. 11-3-83; ME 2-1986, f. & ef. 4-23-86; ME 14-1987, f. & ef. 8-3-87; ME 1-1988, f. & cert. ef. 1-29-88; ME 13-1988, f. & cert. ef. 10-20-88; ME 13-1988, f. & cert. ef. 10-20-88; ME 10-1990, f. & cert. ef. 8-7-90; ME 13-1990, f. & cert. ef. 8-16-90; ME 2-1992, f. & cert. ef. 4-17-92; ME 20-1994, f. & cert. ef. 10-26-94; BME 13-2000, f. & cert. ef. 10-30-00; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06; OMB 6-2011, f. & cert. ef. 4-25-11; [OMB

1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; Temporary suspended by OMB 12-2012, f. & cert. ef. 4-17-12]

847-001-0007

Agency Representation at Hearings

(1) Subject to the approval of the Attorney General, an employee of the Oregon Medical Board is authorized to appear on behalf of the Board in contested case hearings conducted on civil penalties issued by the Board with no other formal disciplinary action proposed against the licensee.

(2) The agency representative may not make legal argument on behalf of the Board.

(a) "Legal argument" includes arguments on:

(A) The jurisdiction of the Board to hear the contested case;

(B) The constitutionality of a statute or rule or the application of a constitutional requirement to an agency; and

(C) The application of court precedent to the facts of the particular contested case proceeding.

(b) "Legal argument" does not include presentation of motions, evidence, examination and cross-examination of witnesses or presentation of factual arguments or arguments on:

(A) The application of the statutes or rules to the facts in the contested case;

(B) Comparison of prior actions of the Board in handling similar situations;

(C) The literal meaning of the statutes or rules directly applicable to the issues in the contested case;

(D) The admissibility of evidence;

(E) The correctness of procedures being followed in the contested case hearing.

Stat.s Auth.: ORS 677.265

Stats. Implemented: ORS 183.452

Hist.: OMB 2-2012, f. & cert. ef. 2-10-12; OMB 18-2012, f. & cert. ef. 8-3-12

847-001-0010

Public Attendance

Contested case hearings are closed to members of the public.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.341

Hist.: BME 13-2000, f. & cert. ef. 10-30-00; BME 2-2003, f. & cert. ef. 1-27-03; [OMB 1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; Temporary suspended by OMB 12-2012, f. & cert. ef. 4-17-12]

847-001-0015

Delegation of Authority

(1) The Oregon Medical Board (Board) has delegated to the Executive Director the authority to make certain procedural determinations on its behalf on matters arising under the Attorney General's Model Rules for Contested Cases in OAR 137-003-0001 to OAR 137-003-0700. The procedural functions include, but are not limited to:

(a) For discovery requests before the Board, to authorize or deny requested discovery in a contested case, to include specifying the methods, timing and extent of discovery;

(b) To review all requests to take a deposition of a witness and to authorize or deny any request for deposition. If a request to take a deposition is authorized, the Executive Director may specify the terms on which the deposition is taken, to include, but not limited to the location, the manner of recording, the time of day, the persons permitted to be present, and the duration of the deposition;

(c) Whether a request for hearing filed after the prescribed time will be accepted, based upon a finding of good cause. In making this determination, the Executive Director may require the request to be supported by an affidavit or other writing to explain why the request is late and may conduct such further inquiry as deemed appropriate. The Executive Director may authorize a hearing on whether the late filing should be accepted. If any party disputes the facts contained in the explanation as to why the request was late or the accuracy of the reason that the request was late, the requestor has a right to a hearing before an Administrative Law Judge (ALJ) on the reasons for that factual dispute;

(d) Whether the late filing of a document may be accepted based upon a finding of good cause;

(e) Whether to issue a subpoena for the attendance of witnesses or to produce documents at the hearing;

(f) Prior to the issuance of a proposed order issued by an ALJ, whether the Board will consider taking notice of judicially cognizable facts or of general, technical or scientific facts in writing which are within the specialized knowledge of the Board;

(g) Whether to submit to the Board prior to an ALJ's proposed final order the following issues:

(A) The Board's interpretation of its rules and applicable statutes;

(B) Which rules or statutes are applicable to a proceeding;

(C) Whether the Board will answer a question transmitted to it by the ALJ;

(h) In regard to a proposed order issued by an ALJ, whether the Board's legal representative will file exceptions and present argument to the Board; and

(i) Whether a request for delay of hearing on emergency suspension will be accepted.

(2) All actions taken under this delegation must be reported to the Board at the regularly scheduled meeting in which the Board deliberates on the proposed order in the case.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.335, 183.341, 677.275

Hist.: BME 13-2000, f. & cert. ef. 10-30-00; BME 13-2004, f. & cert. ef. 7-13-04; BME 14-2006, f. & cert. ef. 7-25-06; OMB 6-2011, f. & cert. ef. 4-25-11; OMB 1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; OMB 12-2012, f. & cert. ef. 4-17-12

847-001-0022

Confidentiality in the Investigative Process

(1) Information pertaining to an ongoing investigation or Board action that has been disclosed to a licensee or applicant by the Board pursuant to ORS 676.175(3) is confidential and may be further disclosed by the licensee or applicant only to the extent necessary to prepare for a contested case hearing related to a Complaint and Notice of Proposed Disciplinary Action, a Notice of Denial of Licensure or an Order of Emergency Suspension issued against the licensee or applicant.

(2) All licensees and applicants under Board investigation or facing Board disciplinary action or license denial, to include consultants for a licensee, an applicant or the Board, have an obligation to protect the confidentiality of information obtained by the Board in an investigation.

(3) Violation of this rule is grounds for disciplinary action.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 183.335, 183.341, 677.275

Hist.: OMB 6-2011, f. & cert. ef. 4-25-11; [OMB 1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; Temporary suspended by OMB 12-2012, f. & cert. ef. 4-17-12]

847-001-0024

Compliance

(1) Licensees and applicants must comply with a Board investigation, including responding to inquiries and providing requested materials within the time allowed and complying with a subpoena. Failure to comply with a Board investigation violates ORS 677.190(17) and is grounds for disciplinary action.

(2) Licensees and applicants must comply with the terms of all Board Orders and Agreements, including Corrective Action Agreements and Consent Agreements. Failure to comply with the terms of a Board Order or Agreement violates ORS 677.190(17) and is grounds for disciplinary action.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.190, 677.205, 677.270 & 677.320

Hist.: OMB 1-2014, f. & cert. ef. 1-14-14

847-001-0030

Approval of Interim Stipulated Orders

(1) The Executive Director, via his/her signature, has the authority to grant approval of an Interim Stipulated Order that has been signed by a licensee of the Board.

(2) The Executive Director's or Medical Director's signature grants approval of the Interim Stipulated Order, which allows the Order to become a public document. As a public document, the Inter-

im Stipulated Order may be released to hospitals, clinics, and other practice locations.

(3) The Executive Director or Medical Director must forward Interim Stipulated Orders to the Board in a timely manner.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.265 & 677.275
Hist.: BME 13-2008(Temp), f. & cert. ef. 5-16-08 thr 10-31-08; BME 22-2008, f. & cert. ef. 10-31-08; BME 7-2009, f. & cert. ef. 5-1-09; OMB 1-2012(Temp), f. & cert. ef. 2-7-12 thru 8-5-12; OMB 12-2012, f. & cert. ef. 4-17-12

847-001-0035
Approval of Suspensions and Terminations of Orders by Operation of Law

(1) The Executive Director or Medical Director has the authority to grant approval of Suspensions or Terminations of Orders that occur by operation of law.

(2) The Executive Director’s or Medical Director’s signature grants approval of the Suspension or Termination of Order, which becomes a public document. As a public document, the Suspension or Termination of Order may be released to the public.

(3) The Executive Director or Medical Director must forward Suspensions and Terminations of Orders to the Board in a timely manner.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 25.750, 25.774, 677.190, 677.225 & 677.265
Hist.: OMB 19-2013, f. & cert. ef. 7-12-13

847-001-0040
Approval of Notices of Civil Penalty

(1) The Executive Director has the authority to issue Notices of Civil Penalty, which include default final orders, for violations of the Board’s administrative rules.

(2) The Executive Director’s signature grants approval of the Notice of Civil Penalty, which becomes a public document. As a public document, the Notice of Civil Penalty may be released to the public. However, the civil penalty is not an adverse action.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.190, 677.205, 677.265
Hist.: OMB 12-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 24-2013, f. & cert. ef. 10-15-13

847-001-0045
Approval of Consent Agreements for Re-entry to Practice

(1) The Executive Director or Medical Director has the authority to review and approve the terms and conditions in a Consent Agreement for re-entry to practice based on Board-established guidelines.

(2) The Executive Director’s or Medical Director’s signature grants approval of the Consent Agreement, which becomes a public document. As a public document, the Consent Agreement may be released to the public. However, the Consent Agreement is not an adverse action.

(3) The Applicant may be granted a license once the Consent Agreement is signed by the Executive Director or Medical Director.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.100, 677.175, 677.265, 677.512, 677.759 & 677.825
Hist.: OMB 11-2014, f. & cert. ef. 4-9-14

DIVISION 2

CRIMINAL BACKGROUND CHECKS

847-002-0000
Purpose and Intent

The purpose of these rules is to provide for the reasonable screening of subject individuals to determine if they have a history of criminal behavior such that they are not fit to work or volunteer for the Board. The fact that the Board determines that a subject individual is fit does not guarantee the individual a position as a Board employee, volunteer, or that the individual will be hired by the Board.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0005
Definitions

As used in OAR 847-002-0000 through 847-002-0050, unless the context of the rule requires otherwise, the following definitions apply:

(1) “Board” means the Oregon Medical Board.

(2) “Conviction” means a final judgment on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere (no contest) or any determination of guilt entered by a court of law against a subject individual in a criminal case, unless that judgment has been reversed or set aside by a subsequent court decision.

(3) “Criminal offender information” means records and related data concerning physical description and vital statistics, fingerprints received and compiled by the Oregon State Police (OSP) to identify criminal offenders and alleged offenders, records of arrests and the nature and disposition of criminal charges, including sentencing, confinement, parole and release records.

(4) “Criminal records check” means one or more of the following three processes undertaken by the Board to check the criminal history of a subject individual:

(a) Law Enforcement Data System (LEDS) Check: A name-based check of criminal offender information maintained by the OSP;

(b) Oregon Criminal Records Check: A check of Oregon criminal offender information, through fingerprint identification and other means, conducted by the OSP at the Board’s request; or

(c) Nationwide Criminal Records Check: A nationwide check of federal criminal offender information, through fingerprint identification and other means, conducted by the OSP through the Federal Bureau of Investigations (FBI) or otherwise at the Board’s request.

(5) “Criminal records request form” means a Board-approved form, completed by a subject individual, requesting the Board to conduct a criminal records check.

(6) “False statement” means, in association with an activity governed by these rules, a subject individual either:

(a) Provided the Board with false information about the subject individual’s criminal history, including but not limited to false information about the individual’s identity or conviction record; or

(b) Failed to provide the Board information material to determine the individual’s criminal history.

(7) “Fitness determination” means a determination made by the Board, pursuant to the process established under OAR 847-002-0020, that a subject individual is fit or not fit to be a Board employee or volunteer.

(8) “OSP” means the Oregon State Police.

(9) “Subject individual” means an individual the Board may require to complete a criminal records check pursuant to these rules because the person is:

- (a) A Board employee;
(b) A Board volunteer; or
(c) An applicant for employment with the Board.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0010
Criminal Records Check Process

(1) A subject individual must disclose information required by the Board as described below:

(a) Before a criminal records check, a subject individual must complete and sign the Board Criminal Records Request form and a fingerprint card, both of which may include identifying information (e.g., name, birth date, social security number, physical characteristics, driver’s license or identification card number and current and previous addresses).

(b) A subject individual must complete and submit to the Board the Criminal Records Request form and, if requested, a fingerprint card within five business days of receiving the forms. The deadline may be extended for good cause.

(c) Additional information may be required from the subject individual as necessary to complete the criminal records check and

fitness determination, including but not limited to, proof of identity or additional criminal, judicial, or other background information.

(d) The Board may not request a fingerprint card from a subject individual under the age of 18 years unless the subject individual is emancipated pursuant to ORS 419B.550 et seq, or unless the Board also requests the written consent of a parent or guardian. Such parent or guardian and youth must be informed that they are not required to consent. Notwithstanding, failure to consent may be construed as a refusal to consent under OAR 847-002-0015(4).

(2) The Board or its staff may conduct, or request the OSP to conduct, a criminal record check when:

(a) An individual meets the definition of a subject individual; or

(b) A federal law or regulation, state statute or administrative rule, or contract or written agreement with the Board requires a criminal record check.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
 Stats. Implemented: ORS 181.534
 Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0015

Final Fitness Determination

(1) After a criminal records check, the Board or its staff must make a fitness determination about a subject individual based on information provided by the subject individual under OAR 847-002-0010(1), any criminal records check conducted, and any false statement made by the subject individual.

(2) In relation to information described in section (1) of this rule and other known information, the following factors will be considered:

(a) Whether the subject individual has been convicted, found guilty except for insanity (or a comparable disposition), or has a pending indictment for a crime listed in OAR 847-002-0020;

(b) The nature of any crime identified under section (2)(a) of this rule;

(c) The facts that support the conviction, finding of guilty except for insanity, or pending indictment;

(d) Any facts that indicate the subject individual made a false statement;

(e) The relevance, if any, of a crime identified under section (2)(a) of this rule or of a false statement made by the subject individual to the specific requirements of the subject individual's present or proposed position, services or employment; and

(f) The following intervening circumstances, to the extent that they are relevant to the responsibilities and circumstances of the position, services or employment:

(A) The passage of time since the commission or alleged commission of the crime identified under section (2)(a) of this rule;

(B) The age of the subject individual at the time of the commission or alleged commission of the crime identified under section (2)(a) of this rule;

(C) The likelihood of a repetition of offenses or of the commission of another crime;

(D) The subsequent commission of another crime listed in OAR 847-002-0020;

(E) Whether the conviction identified under section (2)(a) of this rule has been set aside, and the legal effect of setting aside the conviction;

(F) A recommendation of an employer;

(G) The disposition of the pending indictment identified under section (2)(a) of this rule;

(H) Whether the subject individual has been arrested for or charged with a crime listed under OAR 847-002-0020;

(I) Whether the subject individual is being investigated, or has an outstanding warrant, for a crime listed under OAR 847-002-0020;

(J) Whether the subject individual is currently on probation, parole or another form of post-prison supervision for a crime listed under OAR 847-002-0020;

(K) Whether the subject individual has a deferred sentence or conditional discharge in connection with a crime listed under OAR 847-002-0020;

(L) Whether the subject individual has been adjudicated in a juvenile court and found to be within the court's jurisdiction for an offense that would have constituted a crime listed in OAR 847-002-0020 if committed by an adult;

(M) Periods of incarceration of the subject individual; and

(N) The education and work history (paid or volunteer) of the subject individual since the commission or alleged commission of a crime.

(3) The subject individual must meet with the Board or its staff if requested and provide additional relevant information or authorization to obtain other relevant information within a reasonable period of time, as established by the Board.

(4) If a subject individual refuses to submit or consent to a criminal records check including fingerprint identification, the Board may deny the position, employment or services. A person may not appeal any determination made based on a refusal to consent.

(5) If a subject individual is determined to be not fit, the subject individual may not be employed by or provide services as a volunteer to the Board.

(6) A completed final fitness determination is a final order of the Board unless the affected subject individual appeals the determination by requesting a contested case hearing as provided by OAR 847-002-0035(1) or an alternative appeals process as provided by OAR 847-002-0035(6).

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
 Stats. Implemented: ORS 181.534
 Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0020

Potentially Disqualifying Crimes

(1) Crimes Relevant to a Fitness Determination:

(a) All felonies;

(b) All misdemeanors; and

(c) Any United States Military crime or international crime.

(2) A crime will be evaluated on the basis of the law of the jurisdiction in which the crime or offense occurred, as those laws are in effect at the time of the fitness determination.

(3) Under no circumstances may a subject individual be determined to be not fit under these rules on the basis of the existence or contents of a juvenile record that has been expunged pursuant to ORS 419A.260 and ORS 419A.262.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
 Stats. Implemented: ORS 181.534
 Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0025

Incomplete Fitness Determination.

(1) A preliminary or final fitness determination is incomplete when:

(a) Circumstances change so that a person no longer meets the definition of a "subject individual" under OAR 847-002-0005;

(b) The subject individual does not submit materials or information within the time required under OAR 847-001-0045;

(c) The Board cannot locate or contact the subject individual;

(d) The subject individual fails or refuses to cooperate with attempts to acquire other criminal records information under OAR 847-002-0015;

(e) The subject individual is not eligible or not qualified for the position of employee or volunteer, for a reason unrelated to the fitness determination process; or

(f) The position is no longer open.

(2) A subject individual does not have a right to a contested case hearing under OAR 847-002-0035(1) or a right to an alternative appeals process under OAR 847-002-0035(6) to challenge the closing of a fitness determination as incomplete.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
 Stats. Implemented: ORS 181.534
 Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0030

Notice to Subject Individual of Fitness Determination.

The Board must inform the subject individual if he or she is determined not to be fit via personal service or registered or certi-

fied mail to the most current address provided by the subject individual.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0035

Appealing a Fitness Determination

(1) Appeal process:

(a) To request a contested case hearing, the subject individual or the subject individual’s legal representative must submit a written request for a contested case within 14 calendar days of the date of the notice provided under OAR 847-002-0030 to the address specified in that notice. The Board must address a request received after expiration of the deadline as provided under OAR 137-003-0528.

(b) When a timely request is received, a contested case hearing will be conducted by an administrative law judge assigned by the Office of Administrative Hearings, pursuant to the Attorney General’s Uniform and Model Rules, “Procedural Rules, Office of Administrative Hearings” OAR 137-003-0501 to 137-003-0700, as supplemented by the provisions of this rule.

(2) Discovery: The Board or the administrative law judge may protect information made confidential by ORS 181.534(15) or other applicable law as provided under OAR 137-003-0570(7) or (8).

(3) Contested case hearings on fitness determinations are closed to non-participants.

(4) Proposed and Final Order:

(a) After a hearing, the administrative law judge will issue a proposed order.

(b) Exceptions, if any, must be filed within 14 calendar days after service of the proposed order. The proposed order must provide an address to which exceptions must be sent.

(c) A completed final fitness determination made under OAR 847-002-0015 becomes final:

(A) Unless the subject individual makes a timely request for a hearing; or

(B) When a party withdraws a hearing request, notifies the Board or the Administrative Law Judge that the party will not appear, or fails to appear at the hearing.

(5) The only remedy that may be awarded is a determination that the subject individual is fit or not fit. Under no circumstances may the Board be required to place a subject individual in any position, nor may the Board be required to accept services or enter into a contractual agreement with a subject individual.

(6) Alternative Process: A subject individual currently employed by the Board may choose to appeal a fitness determination either under the process made available in sections (1) to (5) of this rule or through a process made available by applicable personnel rules, policies and collective bargaining provisions. A subject individual’s decision to appeal a fitness determination through applicable personnel rules, policies, and collective bargaining provisions is an election of remedies as to the rights of the individual with respect to the fitness determination and is a waiver of the contested case process made available by this rule.

(7) A subject individual may not use the appeals process established by this rule to challenge the accuracy or completeness of information provided by the OSP, the FBI, or agencies reporting information to the OSP or the FBI.

(a) To challenge such information, a subject individual may use any process made available by the agency that provided the information.

(b) If the subject individual successfully challenges the accuracy or completeness of such information and the position for which the original criminal history check was conducted is vacant and available, the subject individual may request that the Board conduct a new criminal records check and re-evaluate the original fitness determination made under OAR 847-002-0015 by submitting a new Board Criminal Records Request form.

(8) Appealing a fitness determination under section (1) or section (6) of this rule, challenging criminal offender information with the agency that provided the information, or requesting a new criminal records check and re-evaluation of the original fitness determi-

nation under section (7)(b) of this rule, will not delay or postpone the Board’s hiring process or employment decisions.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0040

Recordkeeping and Confidentiality

Any information obtained in the criminal records check is confidential. The Board must restrict the access and dissemination of information obtained in the criminal records check to only those persons with a demonstrated and legitimate need to know the information.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

847-002-0045

Fees

(1) The Board may charge a fee for acquiring criminal offender information for use in making a fitness determination that will not exceed the fee charged the Board by the OSP and the FBI to obtain such information.

(2) The Board may charge the fee to the subject individual on whom criminal offender information is sought.

Stat. Auth.: ORS 181.534, 303, 676 & 677.280
Stats. Implemented: ORS 181.534
Hist.: OMB 11-2011, f. & cert. ef. 7-13-11

DIVISION 3

BOARD ADMINISTRATION

847-003-0100

Declared Emergency — Delegation of Authority

(1) An emergency under this rule exists when:

(a) A State of Emergency or a Public Health Emergency has been declared by the Governor of Oregon under ORS 401.165 or 433.441 through 433.452; or

(b) The provisions of any relevant rules in Chapter 847 Oregon Administrative Rules have been suspended by the Governor under the authority of ORS 401.168(2); or

(c) A signatory to the Pacific Northwest Emergency Management Arrangement (the states of Alaska, Idaho, Oregon, and Washington, and the Province of British Columbia and the Yukon Territory) has requested assistance during a civil emergency as authorized in ORS 402.250; or

(d) The President of the United States or another federal official has declared a public health emergency; or

(e) The Governor has authorized the Public Health Director to take the actions described in ORS 431.264.

(2) When an emergency exists as defined above, any authority vested in the Board may be exercised by the Executive Director, any person acting as Executive Director in the Executive Director’s absence or incapacity, or any person the Executive Director designates to make such decisions on the Executive Director’s behalf.

Stat. Auth.: ORS 401.168, 402.105, 433.441 & 677.265
Stats. Implemented: ORS 401.165 & 677.265
Hist.: OMB 19-2012, f. & cert. ef. 8-3-12

847-003-0200

Board Member Compensation

(1) Board members of the Oregon Medical Board shall receive up to \$250 compensation for each day or portion thereof during which the member is actually engaged in the performance of official duties, which includes Board and committee meetings and activities that the Board has pre-approved or requested that the member attend as its representative.

(2) The compensation amount shall be in addition to the allowable reimbursement for travel expenses.

Stat. Auth.: ORS 677.235
Stats. Implemented: ORS 292.495, 677.235
Hist.: OMB 25-2013, f. & cert. ef. 10-15-13

DIVISION 5

FEES

847-005-0005

Fees

- (1) Licensing Fees:
 - (a) Doctor of Medicine/Doctor of Osteopathy (MD/DO) Initial License Application — \$375.
 - (b) MD/DO Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology — \$253/year+*.
 - (c) MD/DO Registration: Emeritus — \$50/year.
 - (d) MD/DO Limited License, SPEX/COMVEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate Application — \$185.
 - (e) MD/DO Application to Supervise a Physician Assistant — \$100.
 - (f) Acupuncture Initial License Application — \$245.
 - (g) Acupuncture Registration: Active, Inactive, Locum Tenens and Military/Public Health — \$161/year*.
 - (h) Acupuncture Registration: Emeritus — \$50/year.
 - (i) Acupuncture Limited License, Visiting Professor, Pending Examination Application — \$75.
 - (j) Physician Assistant Initial License Application — \$245.
 - (k) Physician Assistant Registration: Active, Inactive, Locum Tenens and Military/Public Health — \$191/year*.
 - (l) Physician Assistant Registration: Emeritus — \$50/year.
 - (m) Physician Assistant Surcharge for 2014–2015 registration period — \$65.
 - (n) Physician Assistant Limited License, Pending Examination Application — \$75.
 - (o) Podiatrist Initial Application — \$340.
 - (p) Podiatrist Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine and Telemonitoring — \$243/year*.
 - (q) Podiatrist Registration: Emeritus — \$50/year.
 - (r) Podiatrist Limited License, Postgraduate Application — \$185.
 - (s) Reactivation Application Fee — \$50.
 - (t) Electronic Prescription Drug Monitoring Program — \$25/year**.
 - (u) Workforce Data Fee — \$5/license period***.
 - (v) Criminal Records Check Fee — \$52****.
 - (w) Oral Specialty or Competency Examination (\$1,000 deposit required) — Actual costs.
 - (2) Delinquent Registration Renewals:
 - (a) Delinquent MD/DO Registration Renewal — \$195.
 - (b) Delinquent Acupuncture Registration Renewal — \$80.
 - (c) Delinquent Physician Assistant Registration Renewal — \$80.
 - (d) Delinquent Podiatrist Registration Renewal — \$195.
 - (3) Licensee Information Request Charges:
 - (a) Verification of Licensure — Individual Requests (1–4 Licenses) — \$10 per license.
 - (b) Verification of Licensure — Multiple (5 or more) — \$7.50 per license.
 - (c) Malpractice Report — Individual Requests — \$10 per license.
 - (d) Malpractice Report — Multiple (monthly report) — \$15 per report.
 - (e) Disciplinary — Individual Requests — \$10 per license.
 - (4) Base Service Charges for Copying — \$5 + .20/page.
 - (5) Record Search Charges (+ copy charges in section (4) of this rule):
 - (a) Clerical — \$20 per hour.
 - (b) Administrative — \$40 per hour.
 - (c) Executive — \$50 per hour.
 - (d) Medical — \$75 per hour.
 - (6) Data Order Charges:
 - (a) Standard Licensee Data Order — \$75 each.
 - (b) Custom Licensee Data Order — \$75 + \$40.00 per hour Administrative time.

- (c) Address Label Disk — \$50 each.
- (7) All Board fees and fines are non-refundable and non-transferable.

(8) The Board may waive or reduce fees for public records upon written request if the Board determines that making the record available primarily benefits the general public.

+Per ORS 677.290(3), fee includes \$10.00 for the Oregon Health and Science University Library.
 *Collected biennially excepted where noted in the Administrative Rules.
 **Per ORS 431.960-431.978, fee is assessed to licensees authorized to prescribe or dispense controlled substances in Oregon for the purpose of creating and maintaining the Prescription Drug Monitoring Program administered by the Oregon Health Authority.
 ***Per ORS 676.410, fee is assessed for the purpose of creating and maintaining a healthcare workforce data base administered by the Oregon Health Authority.
 ****Per ORS 181.534(9)(g), fee is the actual cost of acquiring and furnishing criminal offender information.
 Stat. Auth.: ORS 181.534, 431.972, 676.410, 677.265 & 677.290
 Stats. Implemented: ORS 181.534, 192.440, 431.972, 676.410, 677.265 & 677.290
 Hist.: ME 7-1984, f. & ef. 1-26-84; ME 17-1984, f. & ef. 11-5-84; ME 6-1985, f. & ef. 7-30-85; ME 3-1986(Temp), f. & ef. 4-23-86; ME 4-1986, f. & ef. 4-23-86; ME 9-1986, f. & ef. 7-31-86; ME 2-1987, f. & ef. 1-10-87; ME 7-1987(Temp), f. & ef. 1-26-87; ME 9-1987, f. & ef. 4-28-87; ME 25-1987, f. & ef. 11-5-87; ME 9-1988, f. & cert. ef. 8-5-88; ME 14-1988, f. & cert. ef. 10-20-88; ME 1-1989, f. & cert. ef. 1-25-89; ME 5-1989 (Temp), f. & cert. ef. 2-16-89; ME 6-1989, f. & cert. ef. 4-27-89; ME 9-1989(Temp), f. & cert. ef. 8-1-89; ME 17-1989, f. & cert. ef. 10-20-89; ME 4-1990, f. & cert. ef. 4-25-90; ME 9-1990, f. & cert. ef. 8-2-90; ME 5-1991, f. & cert. ef. 7-24-91; ME 11-1991(Temp), f. & cert. ef. 10-21-91; ME 6-1992, f. & cert. ef. 5-26-92; ME 1-1993, f. & cert. ef. 1-29-93; ME 13-1993, f. & cert. ef. 11-1-93; ME 14-1993(Temp), f. & cert. ef. 11-1-93; ME 1-1994, f. & cert. ef. 1-24-94; ME 6-1995, f. & cert. ef. 7-28-95; ME 7-1996, f. & cert. ef. 10-29-96; ME 3-1997, f. & cert. ef. 11-3-97; BME 7-1998, f. & cert. ef. 7-22-98; BME 7-1999, f. & cert. ef. 4-22-99; BME 10-1999, f. 7-8-99, cert. ef. 8-3-99; BME 14-1999, f. & cert. ef. 10-28-99; BME 4-2000, f. & cert. ef. 2-22-00; BME 6-2001(Temp), f. & cert. ef. 7-18-01 thru 11-30-01; BME 10-2001, f. & cert. ef. 10-30-01; BME 8-2003, f. & cert. ef. 4-24-03; BME 16-2003, f. & cert. ef. 10-23-03; BME 17-2004, f. & cert. ef. 9-9-04; BME 6-2005, f. & cert. ef. 7-20-05; BME 15-2006, f. & cert. ef. 7-25-06; BME 1-2007, f. & cert. ef. 1-24-07; BME 1-2008, f. & cert. ef. 1-22-08; BME 15-2008, f. & cert. ef. 7-21-08; BME 1-2009, f. & cert. ef. 1-22-09; BME 15-2009(Temp), f. & cert. ef. 9-11-09 thru 3-8-10; BME 1-2010, f. & cert. ef. 1-26-10; OMB 10-2011(Temp), f. & cert. ef. 7-13-11 thru 1-4-12; OMB 18-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; OMB 22-2011, f. & cert. ef. 10-18-11; OMB 33-2011(Temp), f. 12-28-11, cert. ef. 1-1-12 thru 6-29-12; OMB 3-2012, f. & cert. ef. 2-10-12; OMB 9-2012(Temp), f. & cert. ef. 3-2-12 thru 8-29-12; OMB 20-2012, f. & cert. ef. 8-3-12; OMB 27-2012(Temp), f. 10-12-12 thru 4-10-13; OMB 5-2013, f. & cert. ef. 4-5-13; OMB 13-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 26-2013, f. & cert. ef. 10-15-13; OMB 10-2014, f. & cert. ef. 4-9-14

847-005-0010 Copying Charges and Charges for Oregon Medical Board Documents

- (1) A charge per image for photo copies requested by state employees for their personal use, by state agencies and by the general public shall be made as follows:
 - (a) 5¢ for state employees copying their own material;
 - (b) 5¢ for state agencies;
 - (c) 20¢ for the general public copying state records available in the Oregon Medical Board only.
- (2) A charge for documents developed by the Oregon Medical Board may, at the discretion of the Board’s administrator, be made in an amount not exceeding the actual cost per copy of such documents.
- (3) In addition to the above charges, at the discretion of the Board’s administrator, a charge may be made for the actual cost of staff time required for search, copying, handling and/or certification.
- (4) The above charges for state employees obtaining documents or copying for their personal use and for the general public obtaining documents or copying shall be payable in cash only. The above charges for state agencies obtaining documents or copying shall be paid in cash unless, at the discretion of the Board’s administrator, billing to such agencies is authorized.
 Stat. Auth.: ORS 183 & 677
 Stats. Implemented: ORS 677.265(1)
 Hist.: ME 8-1982, f. & ef. 10-27-82; Renumbered from 847-010-0085; ME 7-1984, f. & ef. 1-26-84

DIVISION 6

MEDIATION COMMUNICATIONS

847-006-0000

Confidentiality and Inadmissibility of Mediation Communications

(1) The words and phrases used in this rule have the same meaning as given to them in ORS 36.110 and 36.234.

(2) Nothing in this rule affects any confidentiality created by other law. Nothing in this rule relieves a public body from complying with the Public Meetings Law, ORS 192.610 to 192.690. Whether or not they are confidential under this or other rules of the agency, mediation communications are exempt from disclosure under the Public Records Law to the extent provided in 192.410 to 192.505.

(3) This rule applies only to mediations in which the agency is a party or is mediating a dispute as to which the agency has regulatory authority. This rule does not apply when the agency is acting as the “mediator” in a matter in which the agency also is a party as defined in ORS 36.234.

(4) To the extent mediation communications would otherwise be compromise negotiations under ORS 40.190 (OEC Rule 408), those mediation communications are not admissible as provided in 40.190 (OEC Rule 408), notwithstanding any provisions to the contrary in section (9) of this rule.

(5) **Mediations Excluded.** Sections (6)–(10) of this rule do not apply to:

(a) Mediation of workplace interpersonal disputes involving the interpersonal relationships between this agency’s employees, officials or employees and officials, unless a formal grievance under a labor contract, a tort claim notice or a lawsuit has been filed; or

(b) Mediation in which the person acting as the mediator will also act as the hearings officer in a contested case involving some or all of the same matters;

(c) Mediation in which the only parties are public bodies;

(d) Mediation involving two or more public bodies and a private party if the laws, rule or policies governing mediation confidentiality for at least one of the public bodies provide that mediation communications in the mediation are not confidential;

(e) Mediation involving 15 or more parties if the agency has designated that another mediation confidentiality rule adopted by the agency may apply to that mediation.

(6) **Disclosures by Mediator.** A mediator may not disclose or be compelled to disclose mediation communications in a mediation and, if disclosed, such communications may not be introduced into evidence in any subsequent administrative, judicial or arbitration proceeding unless:

(a) All the parties to the mediation and the mediator agree in writing to the disclosure; or

(b) The mediation communication may be disclosed or introduced into evidence in a subsequent proceeding as provided in subsections (c)–(d), (j)–(l) or (o)–(p) of section (9) of this rule.

(7) **Confidentiality and Inadmissibility of Mediation Communications.** Except as provided in sections (8)–(9) of this rule, mediation communications are confidential and may not be disclosed to any other person, are not admissible in any subsequent administrative, judicial or arbitration proceeding and may not be disclosed during testimony in, or during any discovery conducted as part of a subsequent proceeding, or introduced as evidence by the parties or the mediator in any subsequent proceeding.

(8) **Written Agreement.** Section (7) of this rule does not apply to a mediation unless the parties to the mediation agree in writing, as provided in this section, that the mediation communications in the mediation will be confidential and/or nondiscoverable and inadmissible. If the mediator is the employee of and acting on behalf of a state agency, the mediator or an authorized agency representative must also sign the agreement. The parties’ agreement to participate in a confidential mediation must be in substantially the following form. This form may be used separately or incorporated into an “agreement to mediate.” [Form not included. See ED. NOTE.]

(9) **Exceptions to confidentiality and inadmissibility.**

(a) Any statements, memoranda, work products, documents and other materials, otherwise subject to discovery that were not prepared specifically for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding.

(b) Any mediation communications that are public records, as defined in ORS 192.410(4), and were not specifically prepared for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential or privileged under state or federal law.

(c) A mediation communication is not confidential and may be disclosed by any person receiving the communication to the extent that person reasonably believes that disclosing the communication is necessary to prevent the commission of a crime that is likely to result in death or bodily injury to any person. A mediation communication is not confidential and may be disclosed in a subsequent proceeding to the extent its disclosure may further the investigation or prosecution of a felony crime involving physical violence to a person.

(d) Any mediation communication related to the conduct of a licensed professional that is made to or in the presence of a person who, as a condition of his or her professional license, is obligated to report such communication by law or court rule is not confidential and may be disclosed to the extent necessary to make such a report.

(e) The parties to the mediation may agree in writing that all or part of the mediation communications are not confidential or that all or part of the mediation communications may be disclosed and may be introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential, privileged or otherwise prohibited from disclosure under state or federal law.

(f) A party to the mediation may disclose confidential mediation communications to a person if the party’s communication with that person is privileged under ORS Chapter 40 or other provision of law. A party to the mediation may disclose confidential mediation communications to a person for the purpose of obtaining advice concerning the subject matter of the mediation, if all the parties agree.

(g) An employee of the agency may disclose confidential mediation communications to another agency employee so long as the disclosure is necessary to conduct authorized activities of the agency. An employee receiving a confidential mediation communication under this subsection is bound by the same confidentiality requirements as apply to the parties to the mediation.

(h) A written mediation communication may be disclosed or introduced as evidence in a subsequent proceeding at the discretion of the party who prepared the communication so long as the communication is not otherwise confidential under state or federal law and does not contain confidential information from the mediator or another party who does not agree to the disclosure.

(i) In any proceeding to enforce, modify or set aside a mediation agreement, a party to the mediation may disclose mediation communications and such communications may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of the record of the proceeding to prevent further disclosure of mediation communications or agreements to persons other than the parties to the agreement.

(j) In an action for damages or other relief between a party to the mediation and a mediator or mediation program, mediation communications are not confidential and may be disclosed and may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of the record of the proceeding to prevent further disclosure of the mediation communications or agreements.

(k) When a mediation is conducted as part of the negotiation of a collective bargaining agreement, the following mediation communications are not confidential and such communications may be introduced into evidence in a subsequent administrative, judicial or arbitration proceeding:

(A) A request for mediation; or

(B) A communication from the Employment Relations Board Conciliation Service establishing the time and place of mediation; or

(C) A final offer submitted by the parties to the mediator pursuant to ORS 243.712; or

(D) A strike notice submitted to the Employment Relations Board.

(l) To the extent a mediation communication contains information the substance of which is required to be disclosed by Oregon statute, other than ORS 192.410 to 192.505, that portion of the communication may be disclosed as required by statute.

(m) Written mediation communications prepared by or for the agency or its attorney are not confidential and may be disclosed and may be introduced as evidence in any subsequent administrative, judicial or arbitration proceeding to the extent the communication does not contain confidential information from the mediator or another party, except for those written mediation communications that are:

(A) Attorney-client privileged communications so long as they have been disclosed to no one other than the mediator in the course of the mediation or to persons as to whom disclosure of the communication would not waive the privilege; or

(B) Attorney work product prepared in anticipation of litigation or for trial; or

(C) Prepared exclusively for the mediator or in a caucus session and not given to another party in the mediation other than a state agency; or

(D) Prepared in response to the written request of the mediator for specific documents or information and given to another party in the mediation; or

(E) Settlement concepts or proposals shared with the mediator or other parties.

(n) A mediation communication made to the agency may be disclosed and may be admitted into evidence to the extent the Executive Director determines that disclosure of the communication is necessary to prevent or mitigate a serious danger to the public's health or safety, and the communication is not otherwise confidential or privileged under state or federal law.

(o) The terms of any mediation agreement are not confidential and may be introduced as evidence in a subsequent proceeding, except to the extent the terms of the agreement are exempt from disclosure under ORS 192.410 to 192.505, a court has ordered the terms to be confidential under 17.095 or state or federal law requires the terms to be confidential.

(p) The mediator may report the disposition of a mediation to the agency at the conclusion of the mediation so long as the report does not disclose specific confidential mediation communications. The agency or the mediator may use or disclose confidential mediation communications for research, training or educational purposes, subject to the provisions of ORS 36.232(4).

(10) When a mediation is subject to section (7) of this rule, the agency will provide to all parties to the mediation and the mediator a copy of this rule or a citation to the rule and an explanation of where a copy of the rule may be obtained. Violation of this provision does not waive confidentiality or inadmissibility.

[ED. NOTE: Forms referenced in this rule are available from the agency.]

Stat. Auth.: ORS 677.265, 36.220 & 36.245

Stats. Implemented: ORS 36.220 & 36.245

Hist.: BME 1-1999(Temp), f. & cert. ef. 1-26-99 thru 7-16-99; BME 3-1999(Temp), f. & cert. ef. 2-17-99 thru 7-16-99; BME 8-1999, f. & cert. ef. 4-22-99

DIVISION 8

REGISTRATION, USE OF NAME, CHANGE OF ADDRESS

847-008-0000

Definitions

As used in OAR chapter 847, "Licensee" means an individual holding a valid license, or certificate issued by the Board to practice as a Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Physician Assistant, or Acupuncturist.

Stat. Auth.: ORS 688.830

Stats. Implemented: ORS 688.800 - 688.835

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1992, f. & cert. ef. 10-22-92; BME 7-1998, f. & cert. ef. 7-22-98

847-008-0003

Delegation of Authority

(1) The Executive Director or, in the absence of the Executive Director, the Medical Director has the authority to grant, renew and reactivate licensure for all license types and statuses upon satisfactory completion of the application.

(2) The Executive Director or, in the absence of the Executive Director, the Medical Director has the authority to approve visiting physician applications and visiting acupuncturist applications.

(3) The Executive Director has the authority to waive the registration fee for good and sufficient reason.

(4) The Executive Director has the authority to require additional documentation or explanatory statements for the application file to be considered satisfactorily complete.

(5) The Executive Director has the authority to determine that an applicant qualifies for licensure by expedited endorsement.

(6) The Executive Director has the authority to perform initial reviews of applications to determine whether an applicant or licensee meets the qualifications, has satisfactorily completed the application and should be approved or whether the application file contains derogatory information that requires review by an advisory committee and a determination by the Board.

(7) The Executive Director or Medical Director has the authority to review and approve Consent Agreements for re-entry to practice for applicants who have ceased clinical practice for a period of 24 or more consecutive months and grant a license to the applicant upon the Executive Director's or Medical Director's signature.

(8) The Medical Director has the authority to determine whether an applicant or licensee has significant malpractice claims or patient care issues that require additional review by an advisory committee and a determination by the Board.

(9) The Executive Director has the authority to grant waivers of the competency examinations if the applicable waiver requirements are met.

Stat. Auth.: ORS 677.265, 677.235

Stats. Implemented: ORS 292.495, 677.235

Hist.: OMB 14-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 27-2013, f. & cert. ef. 10-15-13; OMB 11-2014, f. & cert. ef. 4-9-14

847-008-0005

Registration Periods

Every licensee of the Board shall renew their registration prior to the last day of each renewal period as follows:

(1) The registration renewal form and fee for Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine and Physician Assistants must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of each odd-numbered year.

(2) The registration renewal form and fee for Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine and Physician Assistants with Emeritus status must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of every year.

(3) Doctors of Medicine, Doctors of Osteopathy and Doctors of Podiatric Medicine in a qualified postgraduate training program may elect to register on an annual basis.

(4) The registration renewal form and fee for Licensed Acupuncturists must be received in the Board office during regular business hours and must be satisfactorily complete on or before June 30 of each even-numbered year.

(5) If the registration renewal form and fee are not received in the Board office during regular business hours and are not satisfactorily complete on or before the last day of the renewal period, the license will lapse.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91; ME 11-1992, f. & cert. ef. 10-22-92; BME 7-1998, f. & cert. ef. 7-22-98; BME 3-2003, f. & cert. ef. 1-27-03; BME 14-2004, f. & cert. ef. 7-13-04; BME 16-2008, f. & cert. ef. 7-21-08

847-008-0010

Initial Registration

(1) An applicant for licensure as a physician (MD/DO), podiatrist, physician assistant, or acupuncturist, whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a license by the Board.

(2) Per OAR 847-020-0110(2), a person applying for licensure who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(3) An individual who initially becomes licensed, certified or registered by the Board at any time during the first 12 months of a biennial registration period must pay the entire biennial registration fee for that period, except as provided in OAR 847-008-0015 and 847-008-0025.

(4) An individual who initially becomes licensed, certified, or registered by the Board at any time during the second 12 months of the biennial registration period must pay the registration fee for one year.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172, 677.190 & 677.205

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91; BME 8-1998, f. & cert. ef. 7-22-98; BME 6-2000, f. & cert. ef. 7-27-00; BME 2-2002, f. & cert. ef. 1-28-02; OMB 13-2012, f. & cert. ef. 4-17-12; OMB 12-2014, f. & cert. ef. 10-8-14

847-008-0015

Active Registration

(1) Each licensee of the Board who practices within the State of Oregon shall register and pay a biennial active registration fee prior to the last day of the registration period, except where:

(a) The licensee is in a qualified training program and elects to register on an annual basis.

(b) The licensee practices on an intermittent, locum-tenens basis, as defined in OAR 847-008-0020.

(c) The licensee is in the Military or Public Health Service or employed with the US Department of Veteran Affairs, the US Department of State, Foreign Service or the Indian Health Service where the licensee's official state of residence is Oregon as defined in OAR 847-008-0018.

(d) The licensee practices teleradiology as defined in OAR 847-008-0022, telemonitoring as defined in OAR 847-008-0023, or telemedicine as defined in OAR 847-025.

(2) Each licensee of the Board whose practice address of record with the Board is within 100 miles of the border of the State of Oregon and who intends to practice within Oregon shall qualify for active registration status. Such licensee shall submit a statement to the Board attesting to practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91; BME 2-2004, f. & cert. ef. 1-27-04; BME 14-2004, f. & cert. ef. 7-13-04; BME 7-2006, f. & cert. ef. 5-8-06; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08; BME 16-2010, f. & cert. ef. 10-25-10; OMB 21-2012, f. & cert. ef. 8-3-12

847-008-0018

Military/Public Health Active Registration

(1) Any licensee who is deployed with the US Military or employed with the US Public Health Service, US Department of Veteran Affairs, the US Department of State Foreign Service or the Indian Health Service for more than 12 months and whose official state of residence is Oregon must obtain a Military/Public Health Active status by providing the Board with written notification of current assignment or employment, a copy of their Oregon Driver's License or other proof of residence, and payment of the biennial registration fee.

(2) The Military/Public Health Active status remains valid as long as the licensee maintains active duty in the military or public health, and the licensee's official state of residence is Oregon. At the conclusion of the military assignment or employment, the licensee must reactivate according to 847-008-0055 before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172, 677.265

Hist.: BME 8-2008, f. & cert. ef. 4-24-08; BME 16-2010, f. & cert. ef. 10-25-10; OMB 12-2011, f. & cert. ef. 7-13-11; OMB 21-2012, f. & cert. ef. 8-3-12

847-008-0020

Locum Tenens Registration

(1) Any licensee whose official state of residence is a state other than Oregon who proposes to practice intermittently within the State shall register and pay the biennial locum tenens registration fee.

(2) The licensee practicing in Oregon with a locum tenens registration status may practice for a period not longer than two hundred and forty consecutive days in the biennium, or a total of two hundred and forty days on an intermittent basis in the biennium. A licensee practicing in Oregon with a locum tenens registration status who wishes to reactivate to active registration status, may be granted an additional ninety days to complete the reactivation process.

(3) A volunteer camp physician, who provides medical care at a non-profit camp, shall practice with locum tenens registration status. The volunteer camp physician with locum tenens status may practice in Oregon for a period not longer than fourteen days per year.

(4) A licensee who registers as locum tenens and who does not practice in Oregon during the biennium, shall be registered as inactive at the time of registration renewal, and shall be required to reactivate to locum tenens registration status prior to practicing in Oregon.

(5) Requirements, procedures, and fees for a Locum Tenens registration shall be the same as for active registration.

(6) Any licensee registered as locum tenens shall provide the Board with timely notification of the location and duration of each Oregon practice prior to beginning of such practice.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 3-1993, f. & cert. ef. 4-22-93; BME 6-2000, f. & cert. ef. 7-27-00; BME 7-2001, f. & cert. ef. 7-18-01; BME 11-2002, f. & cert. ef. 10-25-02; BME 2-2009, f. & cert. ef. 1-22-09

847-008-0022

Teleradiology Registration

(1) Teleradiology is the electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation.

(2) A physician whose specialty is radiology or diagnostic radiology who practices in a location outside of Oregon and receives radiological images via teleradiology from an Oregon location for interpretation or consultation and who communicates his/her radiological findings back to the ordering physician is practicing teleradiology for Oregon. A physician practicing teleradiology for Oregon is not required to be licensed in Oregon. The Board, however, offers a license with Active — Teleradiology registration status for those physicians who require such for administrative reasons.

(3) Physicians granted Active — Teleradiology status register and pay a biennial active registration fee. The physician with Active — Teleradiology status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: BME 14-2004, f. & cert. ef. 7-13-04; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08

847-008-0023

Telemonitoring Registration

(1) Telemonitoring is the intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome and/or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room.

(2) The facility where the surgery is to be performed must be a licensed hospital or ambulatory surgical center licensed by the

Department of Human Services, must grant medical staff membership and/or clinical privileges to the monitoring physician, and must request the Oregon Medical Board grant Active-Telemonitoring status to the monitoring physician to perform intraoperative telemonitoring on patients during surgery.

(3) Physicians granted Active-Telemonitoring status may register and pay a biennial active registration fee. The physician with Active-Telemonitoring status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.265
 Hist.: BME 1-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 8-2006, f. & cert. ef. 5-8-06; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08; BME 2-2010, f. & cert. ef. 1-26-10

847-008-0025

Inactive Registration

Each licensee of the Board who is licensed, certified or registered but who does not practice within the State of Oregon, shall register and pay a biennial inactive registration fee prior to the last day of the registration period, except where the licensee is a physician in a qualified training program and elects to register on an annual basis.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.172
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90

847-008-0030

Emeritus Registration

A licensee who has retired from active practice, but does only volunteer, non-remunerative practice and receives no direct monetary compensation, may register and pay an annual emeritus registration fee.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.172
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 6-2000, f. & cert. ef. 7-27-00

847-008-0035

Retired Status

A licensee who is fully retired and not practicing any form of medicine, whether paid, volunteer, or writing prescriptions in any state, may request retirement status and pay no biennial renewal fee. Prior to retirement a licensee shall notify the Board in writing of intent to retire.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.172
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1992, f. & cert. ef. 10-22-92; BME 6-2000, f. & cert. ef. 7-27-00

847-008-0036

Revoked or Suspended Status

The Board may suspend or revoke the license to practice of a licensee of the Board:

- (1) For one or more reasons listed in ORS 677.190;
- (2) For reasons involving controlled substances as stated in ORS 677.480;
- (3) Upon notification by the Department of Justice that a child support case is being maintained and enforced and that the licensee is under judgment or order to pay monthly child support and is in arrears in an amount equal to three months of support or \$2,500, whichever occurs later, as stated in ORS 25.750 and .780;
- (4) For mental illness or imprisonment as stated in ORS 677.225; and
- (5) If the Board finds that evidence in its possession indicates that a continuation in practice of the licensee constitutes an immediate danger to the public as stated in ORS 677.205.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.265
 Hist.: BME 16-2008, f. & cert. ef. 7-21-08

847-008-0037

Administrative Medicine

(1) A physician or podiatric physician who proposes to practice Administrative Medicine within the State shall apply for and obtain a license.

(2) A physician or podiatric physician with an Administrative Medicine license may not examine, care for or treat patients. A physician or podiatric physician with an Administrative Medicine license may advise organizations, both public and private, on healthcare matters; authorize and deny financial payments for care; organize and direct research programs; review care provided for quality; and other similar duties that do not require direct patient care.

(3) Physicians or podiatric physicians granted Active — Administrative Medicine status must register and pay a biennial active registration fee.

(4) The licensee with Active — Administrative Medicine status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.172, 677.265
 Hist.: BME 2-2007, f. & cert. ef. 1-24-07; BME 21-2007(Temp), f. & cert. ef. 10-24-07 thru 4-7-08; BME 2-2008, f. & cert. ef. 1-22-08; BME 8-2008, f. & cert. ef. 4-24-08

847-008-0040

Process of Registration

(1) The application for registration must be submitted to the Board by the first day of the month in which the license is due to expire.

(2) The application for registration must be accompanied by the appropriate fee as listed in 847-005-0005.

(3) At its discretion, the Board may waive the fee for good and sufficient reason.

(4) If the licensee is the supervising physician of a physician assistant or the primary supervising physician of a supervising physician organization for a physician assistant, the application for registration must include any updates to existing practice agreements or Board-approved practice descriptions for every physician assistant the licensee supervises.

(5) If the licensee has been out of practice for more than 12 consecutive months or there are other concerns regarding the licensee's medical competency or fitness to practice, the Board may renew licensee at Inactive status once the license renewal form has been completed satisfactorily.

(6) The Board must provide to all licensees who have complied with this section a certificate of registration, which must be displayed in a prominent place in the licensee's primary practice location through the end of the last business day of the registration period.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.175, 677.265 & 677.510
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 14-2004, f. & cert. ef. 7-13-04; BME 14-2004, f. & cert. ef. 7-13-04; BME 16-2008, f. & cert. ef. 7-21-08; BME 2-2009, f. & cert. ef. 1-22-09; OMB 19-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OMB 27-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12; OMB 31-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 4-2012, f. & cert. ef. 2-10-12; OMB 22-2012, f. & cert. ef. 8-3-12; OMB 4-2013(Temp), f. & cert. ef. 1-11-13 thru 7-10-13; OMB 7-2013, f. & cert. ef. 4-5-13; OMB 12-2014, f. & cert. ef. 10-8-14

847-008-0045

Failure to Apply for Registration

(1) A license or certificate shall be considered delinquent if not renewed by the first day of the final month of the registration period.

(2) A license or certification shall lapse if not received in the Board office during regular business hours on or before the final day of the registration period.

(3) A licensee who wishes to officially surrender license must submit the engrossed license and wallet-sized card. This must be done prior to the expiration of registration.

(4) Should a licensee continue to practice while a license or certificate is lapsed, that individual shall be considered practicing with-

out a valid license or certificate, and may be subject to prosecution under ORS 677.205, or may be subject to discipline by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 5-1991, f. & cert. ef. 7-24-91; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94; BME 14-2004, f. & cert. ef. 7-13-04

847-008-0050

Reinstatement of License Lapsed Due to Non-Renewal

(1) A licensee of the Board whose license has lapsed through failure to renew registration may:

(a) Reinstatement within 90 days of the end of the registration period by paying a late registration fee, paying renewal fees for the lapsed registration period, completing and submitting the required forms, and meeting any other requirements defined by Oregon law. The reinstatement will be effective on the date the renewal is processed.

(b) Reactivate after 90 days from the end of the registration period but within two biennia by completing and submitting the reactivation application and processing fee, paying a late registration fee, paying renewal fees for the lapsed registration periods, and meeting any other requirements defined by Oregon law. If a licensee has ceased the practice of medicine for a period of 12 or more consecutive months, the licensee may be required to demonstrate clinical competency. If a licensee has ceased the practice of medicine for a period of 24 or more consecutive months, the licensee may be required to complete a re-entry plan. The reactivation will be effective on the date the renewal is processed.

(2) A license will expire if it is not reinstated or reactivated within two biennia from the date the license lapsed. A previous licensee of the Board who wishes to be relicensed after the license has expired must apply as a new applicant by submitting the license application form and fee, meeting all current licensing requirements, and satisfactorily completing the application process.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.172

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 11-1990, f. & cert. ef. 11-15-90; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94; BME 1-2002, f. & cert. ef. 1-28-02; BME 17-2003, f. & cert. ef. 12-8-03; OMB 12-2011, f. & cert. ef. 7-13-11

847-008-0051

Reinstatement Following Surrender of Licensure

A licensee who wishes to be relicensed after surrendering licensure, must apply as a new applicant, and submit the license application form and fee. If the license had lapsed prior to surrender, the lapsed registration must be cleared by payment of the back registration fees and late fee. The applicant must meet all current licensing requirements before being considered for relicensure.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.175

Hist.: ME 5-1991, f. & cert. ef. 7-24-91; ME 12-1993(Temp), f. & cert. ef. 10-27-93; ME 2-1994, f. & cert. ef. 1-24-94; BME 6-2000, f. & cert. ef. 7-27-00; BME 2-2001, f. & cert. ef. 1-25-01

847-008-0053

Restoration of License from Revoked Status

(1) A licensee whose license has been revoked may request restoration of the licensure two years after the date of revocation of his license, and must apply as a new applicant.

(2) The applicant must meet all current licensing requirements, and pay all applicable fees.

(3) Prior to the Board reviewing the request for restoration of a revoked license the applicant shall provide the Board with:

(a) All relevant disciplinary actions in the applicant's history; and

(b) Professional history since the date of revocation, including continuing medical education, and professional or personal rehabilitation.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.220

Hist.: BME 6-2000, f. & cert. ef. 7-27-00; BME 7-2001, f. & cert. ef. 7-18-01

847-008-0055

Reactivation from Locum Tenens/Inactive/Emeritus/Active-Military or Public Health to Active/Locum Tenens Status

(1) A licensee of the Board who wishes to reactivate from an inactive or emeritus status to an active or locum tenens status, or from locum tenens status to active status, must provide the Board with the following:

(a) Completed Affidavit of Reactivation form;

(b) Completed application(s) for registration;

(c) Appropriate fees for processing of affidavit and registration;

(d) A Board Action Databank Inquiry report sent directly to the Board from the Federation of State Medical Boards or Federation of Podiatric Medical Boards;

(e) The results of a Practitioner Self-Query from the National Practitioner Data Bank sent to the Board by the applicant;

(f) Verification of current licensure sent directly from each of the State Boards in the United States or Canada where the licensee has been practicing during the past 5 years, or from the date the license to practice in Oregon changed to inactive, locum tenens or emeritus status, whichever is the shorter period of time, showing license number, date issued, and status; and

(g) An official letter sent directly to the Board from the director, administrator, dean, or other official of each hospital, clinic, office, or training institute where the licensee was employed, practiced, had hospital privileges (MD/DO/DPM), or trained in the United States or foreign countries during the past 5 years, or from the date the license to practice in Oregon changed to locum tenens, inactive or emeritus status, whichever is the shorter period of time. The letter must include an evaluation of overall performance, and specific beginning and ending dates of practice/employment/training.

(2) A licensee who wishes to reactivate from an active-military or public health status to an active or locum tenens status must provide the Board with a completed Affidavit of Reactivation form and a copy of the Active Duty Orders, Change of Duty Orders or Reassignment Orders.

(3) A personal appearance before the Board may be required.

(4) If, in the judgment of the Board, the conduct of the licensee has been such, during the period of active-military or public health, locum tenens, inactive or emeritus registration, that the licensee would have been denied a license if applying for an initial license to practice medicine, the Board may deny active registration.

(5) If a licensee has ceased the practice of medicine for a period of 12 or more consecutive months, the licensee may be required to demonstrate clinical competency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: ME 5-1990, f. & cert. ef. 4-25-90; ME 2-1997, f. & cert. ef. 7-28-97; BME 6-2000, f. & cert. ef. 7-27-00; BME 7-2002, f. & cert. ef. 7-17-02; BME 2-2004, f. & cert. ef. 1-27-04; BME 14-2004, f. & cert. ef. 7-13-04; BME 25-2006, f. & cert. ef. 10-23-06; BME 2-2008, f. & cert. ef. 1-22-08; OMB 12-2011, f. & cert. ef. 7-13-11; OMB 28-2013, f. & cert. ef. 10-15-13

847-008-0056

Reactivation from Retired to Emeritus/Locum Tenens/Active Status

(1) A licensee who wishes to reactivate from a retired status to an emeritus, locum tenens, or active status must provide the Board with the following:

(a) Completed affidavit form provided by the Board, describing activities during the period of retired registration;

(b) Completed application(s) for registration; and

(c) Appropriate fees for processing of affidavit, and registration fees.

(2) If the license had lapsed prior to the change to retired status, the lapsed registration must be cleared by payment of the registration renewal late fee before reactivation can be completed.

(3) A personal appearance before the Board may be required.

(4) If, in the judgment of the Board, the conduct of the licensee has been such, during the period of retired registration, that the licensee would have been denied a license if applying for an initial license to practice medicine, the Board may deny emeritus/locum tenens/active registration.

(5) If a licensee has ceased the practice of medicine for 12 or more consecutive months, the licensee may be required to take an examination to demonstrate medical competency.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.172
 Hist.: BME 16-2000, f. & cert. ef. 10-30-00

847-008-0058

Fraud or Misrepresentation

(1) Omissions or false, misleading or deceptive statements or information on any Board application, affidavit or registration is a violation of ORS 677.190(8) and is grounds for a \$195 fine for the first violation, a \$250 fine for the second violation, and a \$500 fine for the third or subsequent violation. The applicant or licensee may be subject to further disciplinary action by the Board.

(2) If a fine is issued under section (1) of this rule, the Board will not approve an application, affidavit or registration until the applicant or licensee has paid the fine or is proceeding to a hearing as provided by ORS 183.745.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.175, 677.190, 677.205, 677.265
 Hist.: OMB 12-2014, f. & cert. ef. 10-8-14; OMB 7-2015(Temp), f. & cert. ef. 7-14-15 thru 1-9-16; OMB 9-2015, f. & cert. ef. 10-13-15

847-008-0060

Notification of Change of Location

Each licensee of the Board shall notify the Board in writing within 30 days of any change in residence address, practice location, or mailing address.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.172
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 8-2009, f. & cert. ef. 5-1-09

847-008-0065

Use of Name

(1) Each licensee of the Board must be licensed under licensee's legal name and must practice under that legal name.

(a) "Legal name" means the first name, middle name and last or surname, without the use of initials or nicknames and is the name given at birth or subsequently acquired through marriage, court order, adoption or naturalization.

(b) Evidence of legal name must be in the form of official records such as a birth certificate, marriage certificate or a court order/decreed.

(2) When a name is changed, all of the following must be submitted to the Board within 30 days of the name change:

- (a) A signed change of name notification affidavit provided by this Board;
- (b) A copy of the legal document showing the name change; and
- (c) The returned original Oregon license and license card, or engrossed certificate, whichever is applicable.

(3) Violation of this rule will result in a \$195 fine and may be cause for further disciplinary action by the Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.265
 Hist.: ME 5-1990, f. & cert. ef. 4-25-90; BME 24-2007, f. & cert. ef. 10-24-07; OMB 23-2011, f. & cert. ef. 10-18-11; OMB 1-2013, f. & cert. ef. 1-11-13

847-008-0068

State and Nationwide Criminal Records Checks, Fitness Determinations

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or renewed a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may require legible fingerprints of all applicants for a medical (MD/DO), podiatric (DPM), physician assistant (PA), and acupuncturist (LAc) license, licensees reactivating their license, licensees renewing their license and licensees under investigation to

determine the fitness of an applicant or licensee. These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a Criminal History Check and a National Criminal History Check. Any original fingerprint cards will subsequently be destroyed.

(4) The Board will determine whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If the licensee is determined to be unfit, the licensee's license may not be reactivated or renewed. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(5) In making the fitness determination, the Board will consider:

- (a) The nature of the crime;
- (b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;
- (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and
- (d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:
 - (A) The passage of time since the commission of the crime;
 - (B) The age of the applicant or licensee at the time of the crime;
 - (C) The likelihood of a repetition of offenses or of the commission of another crime;
 - (D) The subsequent commission of another relevant crime;
 - (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
 - (F) A recommendation of an employer.
- (6) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.

(7) In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.

(8) Criminal offender information is confidential. Information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414-183.470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal history check process, the application is considered incomplete.

(13) The applicant or licensee must pay a criminal records check fee.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 181.534, 677.100 & 677.265

Hist. BME 20-2006(Temp), f. & cert. ef. 9-14-06 thru 3-12-07; BME 4-2007, f. & cert. ef. 1-24-07; BME 4-2008, f. & cert. ef. 1-22-08; OMB 20-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; OMB 5-2012, f. & cert. ef. 2-10-12; OMB 10-2012(Temp), f. & cert. ef. 3-2-12 thru 8-29-12; OMB 24-2012, f. & cert. ef. 8-3-12; Renumbered from 847-020-0155 by OMB 6-2013, f. & cert. ef. 4-5-13; OMB 15-2013(Temp), f. 7-12-12, cert. ef. 7-15-13 thru 1-11-14; OMB 29-2013, f. & cert. ef. 10-15-13

847-008-0070

Continuing Medical Competency (Education)

The Oregon Medical Board is committed to ensuring the continuing competence of its licensees for the protection, safety and well being of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

(1) Licensees renewing registration who had been registered with Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, or Teleradiology Active status for the previous registration period must demonstrate ongoing competency to practice medicine by:

(a) Ongoing participation in maintenance of certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Podiatric Surgery (ABPS), the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); or

(b) 60 hours of continuing medical education (CME) per two years relevant to the licensee's current medical practice, or 30 hours of CME if licensed during the second year of the biennium, as follows:

- (A) American Medical Association (AMA) Category 1;
- (B) American Osteopathic Association (AOA) Category 1-A or 2-A;

(C) American Podiatric Medical Association's (APMA) Council on Podiatric Medical Education approved sponsors of continuing education; or

(D) American Academy of Physician Assistants (AAPA) Category 1 (pre-approved); or

(c) 30 hours of NCCAOM-approved courses per two years relevant to the licensee's current practice, or 15 hours if licensed during the second year of the biennium.

(2) Licensees renewing registration who had been registered with Emeritus status for the previous registration period must demonstrate ongoing competency by:

(a) Ongoing participation in re-certification by an ABMS board, the AOA-BOS, the ABPM, the ABPS, the NCCPA, or the NCCAOM; or

(b) 15 hours of CME per year as follows:

- (A) AMA Category 1 or 2;
- (B) AOA Category 1-A, 1-B, 2-A or 2-B;
- (C) APMA-approved continuing education; or
- (D) AAPA Category 1 or 2; or
- (c) 8 hours of NCCAOM-approved courses.

(3) Licensees who have lifetime certification without participation in maintenance of certification with the ABMS, AOA-BOS, ABPM, ABPS, or NCCPA must submit the required CME in section (1) (b) of this rule or section (2)(b) of this rule if renewing with Emeritus status.

(4) Licensees who have lifetime certification without participation in maintenance of certification with the NCCAOM must submit the required CME in section (1)(c) of this rule or section (2)(c) of this rule if renewing with Emeritus status.

(5) CME in cultural competency is considered relevant CME for the current practice of all licensees and may be used toward satisfying the required CME hours.

(6) Licensees who perform Level II office-based surgical procedures and who are not eligible or maintaining certification with an ABMS, AOA-BOS, ABPM, ABPS or NCCPA specialty board, must obtain 50 hours of CME each year. The CME hours must be relevant to the surgical procedures to be performed in the office-based facility and must be accredited as described in section (1)(b) of this rule. This requirement may not be satisfied with cultural competency CME or other CME that is only generally relevant to the licensee's practice.

(7) The Board may audit licensees for compliance with CME. Audited licensees have 60 days from the date of the audit to provide course certificates. Failure to comply or misrepresentation of compliance is grounds for disciplinary action.

(8) As the result of an audit, if licensee's CME is deficient or licensee does not provide adequate documentation, the licensee will be fined \$250 and must comply with CME requirements within 120 days from the date of the audit.

(a) If the licensee does not comply within 120 days of the date of the audit, the fine will increase to \$1000; and

(b) If the licensee does not comply within 180 days of the date of the audit, the licensee's license will be suspended for a minimum of 90 days.

(9) The following licensees are exempt from this rule:

(a) Licensees in residency training;

(b) Licensees serving in the military who are deployed outside Oregon for 90 days or more during the reporting period; and

(c) Volunteer Camp licensees.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 2-2009, f. & cert. ef. 1-22-09; BME 16-2009, f. & cert. ef. 10-23-09; OMB 7-2011, f. & cert. ef. 4-25-11; OMB 23-2012, f. & cert. ef. 8-3-12; OMB 2-2014, f. & cert. ef. 1-14-14

847-008-0075

Mandatory Pain Management Education

(1) All licensees of the Oregon Medical Board, except the licensees listed in section (2) of this rule, must complete mandatory continuing medical education (CME) in the subjects of pain management and/or the treatment of terminally ill and dying patients as follows:

(a) A one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Department of Human Services; and

(b) A minimum of six continuing medical education credit hours in the subjects of pain management and/or the treatment of terminally ill and dying patients. Any combination of CME coursework focusing on pain management and/or treatment of terminally ill and dying patients may be used to fulfill this requirement.

(2) Licensees holding the following types of licenses are not required to meet this requirement:

- (a) Lapsed license;
- (b) Limited License;
- (c) Telemedicine license;
- (d) Teleradiology license; or
- (e) Telemonitoring license.

(3) The required CME must be completed after January 1, 2000, and before January 2, 2009.

(4) Licensees must be prepared to provide documentation of CME if requested by the Board.

(5) All applicants granted a license after January 2, 2009, except those granted a license listed in section (2), must obtain the required CME coursework no later than 12 months after the date the Board granted licensure.

(6) Licensees who wish to reactivate to a status requiring completion of this CME who have not previously completed the required CME must obtain the required coursework no later than 12 months after the date the Board approved reactivation.

(7) The continuing medical education hours in pain management and/or the treatment of terminally ill or dying patients may be used to fulfill the continuing medical education hours required for registration renewal under 847-008-0070.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: BME 7-2005, f. & cert. ef. 7-20-05; BME 3-2009, f. & cert. ef. 1-22-09; Renumbered from 847-010-0100 by OMB 4-2011, f. & cert. ef. 2-11-11; OMB 12-2011, f. & cert. ef. 7-13-11

DIVISION 10

GENERAL

847-010-0005

Tenses, Gender, and Number

For the purpose of the rules and regulations contained in this chapter, the present tense includes the past and future tenses, and the future, the present; the masculine gender includes the feminine, and the feminine, the masculine; and the singular includes the plural, the singular.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.010 - 677.800
 Hist.: ME 17, f. 5-2-68

847-010-0010

Definitions

For the purpose of the rules and regulations contained in this chapter, the term “Board” means the Oregon Medical Board, the term “Act” means the Medical Practice Act, and the term “approved fellowship” means a fellowship training program approved by the American Osteopathic Association, the Accreditation Council for Graduate Medical Education, or is accepted for certification by a specialty board recognized by the American Board of Medical Specialties.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.010
 Hist.: ME 17, f. 5-2-68; ME 21-1987, f. & ef. 10-29-87

847-010-0012

Certification of Examination Scores and Verification of Oregon Licensure

(1) Certification of examination scores will be furnished provided that:

(a) The licensee submits a written request, fee and proper form for certification;

(b) The license was issued on the basis of written examination taken in this state.

(2) Verification of Oregon license number, date issued and current status will be furnished regardless of the status of the license (revoked/suspended/lapsed) provided the licensee submits a written request and fee.

Stat. Auth.: ORS 183 & 677
 Stats. Implemented: ORS 677.110
 Hist.: ME 11-1984(Temp), f. & ef. 7-30-84; ME 16-1984, f. & ef. 11-5-84; ME 8-1986(Temp), f. & ef. 5-5-86; ME 10-1986, f. & ef. 7-31-86

847-010-0025

Refunding of Filing Fees — Reciprocity with a Sister State

When a person files an application for licensure based upon reciprocity with a sister state, and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.265
 Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79

847-010-0030

Refunding of Filing Fees — Written Examination

When a person files an application for licensure based upon Oregon State Board written examination, and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.265
 Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79

847-010-0035

Refunding of Filing Fees — Endorsement by National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, or the Medical Council of Canada (LMCC)

When a person files an application for licensure based upon the National Board of Medical Examiners, the National Board of Osteo-

pathic Medical Examiners, or the Medical Council of Canada (LMCC), and later withdraws such application, no refund shall be provided.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.265
 Hist.: ME 17, f. 5-2-68; ME 2-1979, f. & ef. 5-1-79; ME 15-1993, f. & cert. ef. 11-1-93

847-010-0038

Fee for Re-application

A person re-applying for licensure under OAR 847-010-0025, 847-010-0030, or 847-010-0035, after a period exceeding 12 months, shall file a new application and pay the full filing fee as if filing for the first time.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.265
 Hist.: ME 2-1979, f. & ef. 5-1-79

847-010-0042

Posting Medicare Notice

(1) Every physician licensed to practice medicine in Oregon who is treating Medicare patients shall post a notice in the office stating whether or not the physician is currently participating in a Medicare Assignment Program. Where there is more than one physician in the medical practice, one Medicare notice is sufficient, provided all physicians have the same participation or non-participation status. Otherwise, two notices are required, one listing the participating physicians and the other listing non-participating physicians.

(2) A physician currently a participating physician in the Medicare Assignment Program under **42 U.S.C. 1395(b)(3)(B)II** shall post a notice reading: **(Physician’s name) is participating in the Medicare Assignment Program. The physician will not charge you fees above the Medicare determined annual deductible and the per visit co-payment. Ask your physician for more information concerning your fees.**

(3) A physician not currently a participating physician in the Medicare Assignment Program under **42 U.S.C. 1395(b)(3)(B)II** shall post a notice reading: **(Physician’s name) is not participating in the Medicare Assignment Program and may legally charge you fees in addition to the Medicare determined annual deductible and per visit co-payment. Ask your physician for more information concerning your fees.**

(4) The dimension of the sign shall be no smaller than 8” x 10”; the type size shall be no smaller than 30 point type.

(5) The posting of the sign shall assure that it can be seen and read by Medicare beneficiaries.

(6) If the physician has reasonable cause to believe that the patient cannot read the sign or cannot comprehend its content, the physician shall endeavor to explain the meaning of the notice.

[Publications: Publications referenced are available from the agency.]
 Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.099
 Hist.: ME 20-1987(Temp), f. & ef. 9-30-87; ME 2-1988, f. & cert. ef. 1-29-88

847-010-0045

Definition of Hospitals as Standard in the State of Oregon

The Oregon Medical Board of the State of Oregon will accept the following hospitals as standard as required under ORS 677.060: Those legally incorporated hospitals which are approved for internship and/or residency training by the Council on Medical Education and Hospitals of the American Medical Association or any similar body of the American Medical Association in the future whose function is that of approving hospitals for internship and/or residency training; or by any similar body of the American Osteopathic Association.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.100
 Hist.: ME 17, f. 5-2-68

847-010-0051

Limited License, Postgraduate

(1) This limited license applies to interns (PG1) and residents as defined in ORS 677.010. This limited license permits the physician to practice medicine only as part of a supervised postgraduate

training program of a school of medicine or hospital approved by the Board.

(2) The Limited License, Postgraduate shall be granted for a period of thirteen months, which allows the postgraduate the flexibility of using up to four weeks of time either before or after the start or end of twelve months of postgraduate training. The majority of the Limited License, Postgraduates are requested for the training year of late June one year to early July of the following year. When needed, the additional four weeks (thirteenth month) of training or adjustment of training dates will be used in earlier June or later July. A smaller number of Limited License, Postgraduates are requested for dates that are considered "off-cycle." The Limited License, Postgraduate may be renewed for each additional year of training. The physician must submit a limited license form and fee 30 days before the end of the thirteen months to be granted a new limited license.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.132
 Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89; ME 9-1992, f. & cert. ef. 7-17-92; BME 4-2003, f. & cert. ef. 1-27-03; BME 17-2009, f. & cert. ef. 10-23-09

847-010-0052

Limited License, Visiting Professor

(1) A physician who does not qualify for a medical license under any of the provisions of this Chapter and who is offered a teaching fellowship in an approved medical school or affiliated teaching institution in this state may, after application to and approval by the Board, be issued a Limited License, Visiting Professor. This license allows the physician to practice medicine only to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with such teaching fellowship.

(2) The Limited License, Visiting Professor is valid for a period of one year, and upon written request may be renewed for one additional year. The two years must be consecutive, and any unused portion of time can not be requested at a later date.

(3) Every physician who is issued a Limited License, Visiting Professor to practice in this state and who intends to continue practice in such teaching position beyond the period granted for the license must submit a new limited license application and fee at least 30 days before the expiration date of the license.

(4) To qualify for a Limited License, Visiting Professor, an applicant must furnish documentary evidence satisfactory to the Board of graduation from a school of medicine, and a curriculum vitae.

(5) The head of the department in which the applicant is to be appointed must certify in writing to the Board that the applicant has been offered a teaching fellowship which will be under the direction of the head of the department and will not be permitted to practice medicine unless as a necessary part of the applicant's duties as approved by the Board in section (1) of this rule.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100 & 677.132
 Hist.: ME 21-1987, f. & ef. 10-29-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 1-1991(Temp), f. 1-30-91, cert. ef. 1-31-91; ME 2-1991, f. & cert. ef. 4-19-91; ME 4-1993, f. & cert. ef. 4-22-93; BME 2-2002, f. & cert. ef. 1-28-02; BME 4-2003, f. & cert. ef. 1-27-03; BME 2-2006, f. & cert. ef. 2-8-06; BME 23-2008, f. & cert. ef. 10-31-08

847-010-0056

Limited License, Fellow

(1) Any physician who proposes to do a fellowship in Oregon and who does not wish to register under OAR 847-020-0120 or 847-020-0130 may apply for a Limited License, Fellow. A fellow is a physician who is pursuing some special line of study as part of a supervised program of an approved school of medicine or affiliated teaching institution. A Limited License, Fellow permits the physician to practice medicine only as part of a supervised fellowship program.

(2) A Limited License, Fellow shall be granted for a period of one year, and upon written request from the head of the training program submitted 30 days before the end of the first year, may be renewed for only one additional year. The two years must be consecutive.

(3) A request for a Limited License, Fellow must be accompanied by a copy of the appointment letter or contract, and a letter sent directly from the head of the training program advising that the applicant has been offered a fellowship position and the dates of the program.

(4) Every physician who is issued a Limited License, Fellow to practice in this state shall complete a limited license application form and pay the limited license fee as of the beginning of his appointment, and 30 days before the end of the first year must submit a new limited license application form and fee for the second year.

(5) Fellowships approved by the Accreditation Council for Graduate Medical Education (ACGME) may be used to qualify for a license under OAR 847-020-0120 or 847-020-0130. Non-approved fellowships may not be used toward licensure.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.132
 Hist.: ME 9-1992, f. & cert. ef. 7-17-92; ME 2-1993, f. & cert. ef. 1-29-93; BME 2-2002, f. & cert. ef. 1-28-02; BME 4-2003, f. & cert. ef. 1-27-03; BME 5-2004, f. & cert. ef. 4-22-04

847-010-0060

Limited License, SPEX/COMVEX, and Limited License, Postgraduate

A physician who is granted a Limited License, SPEX/COMVEX, or Limited License, Postgraduate in the State of Oregon is entitled to apply for and obtain a federal narcotic stamp.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.132
 Hist.: ME 17, f. 5-2-68; ME 10-1986, f. & ef. 7-31-8; ME 3-1988(Temp), f. & cert. ef. 1-29-88; ME 6-1988, f. & cert. ef. 4-20-88; BME 11-1999, f. & cert. ef. 7-23-99; BME 3-2008, f. & cert. ef. 1-22-08; OMB 3-2014, f. & cert. ef. 1-14-14

847-010-0063

Limited License, Medical Faculty

(1) A physician qualifying under OAR 847-020-0140 may be granted a Limited License, Medical Faculty. This license allows the physician to practice medicine only to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with the faculty position.

(2) A Limited License, Medical Faculty is valid for one year after issuance and may be renewed as frequently as needed for a total period not to exceed four years. The four years must be consecutive.

(3) Every physician who is issued a Limited License, Medical Faculty to practice in this state and who intends to continue practice in such faculty position beyond the period granted for the license must submit a new limited license application and fee at least 30 days before the expiration date of the license.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100 & 677.132
 Hist.: ME 21-1987, f. & ef. 10-29-87; ME 11-1988, f. & cert. ef. 8-5-88; ME 4-1993, f. & cert. ef. 4-22-93; BME 5-2001, f. & cert. ef. 4-23-01; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2004, f. & cert. ef. 4-22-04; BME 3-2007, f. & cert. ef. 1-24-07; BME 23-2008, f. & cert. ef. 10-31-08; OMB 16-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 30-2013, f. & cert. ef. 10-15-13

847-010-0064

Limited License, SPEX/COMVEX

(1) An applicant for a license to practice medicine, who, being otherwise qualified for the unlimited license, but who must take a Competency Examination (Special Purpose Examination-SPEX or Comprehensive Osteopathic Medical Variable-Purpose Examination-COMVEX), may be issued a Limited License, SPEX/COMVEX provided the applicant has completed an application under ORS 677.100 to 677.132 which is satisfactory to the Board.

(2) A Limited License, SPEX/COMVEX may be granted for a period of 6 months and permits the licensee to practice medicine only until grade results are available, and the applicant completes the initial registration process. The Limited License, SPEX/COMVEX would become invalid should the applicant fail the SPEX or COMVEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.120 & 677.132
 Hist.: ME 10-1989(Temp), f. & cert. ef. 8-4-89; ME 18-1989, f. & cert. ef. 10-20-89; ME 8-1996, f. & cert. ef. 10-29-96; ME 4-1997, f. & cert. ef. 11-3-97; BME 3-2008, f. & cert. ef. 1-22-08

847-010-0066

Visiting Physician Requirements

(1) The Oregon Medical Board may grant approval for a visiting physician to practice under the supervision of an actively licensed Oregon physician who is in good standing without disciplinary action in order to:

(a) Obtain or provide training unrelated to enrollment in a post-graduate training program for a period up to thirty days per year in a hospital, ambulatory surgical center or accredited office-based surgery facility per OAR 847-017-0010; or

(b) Provide health care services without compensation at a community nonprofit organization for a period up to five consecutive days per year.

(2) Prior to being granted approval, the physician must submit an application and the following information to the Board:

(a) A letter from the requesting hospital administrator or administrator of the accredited facility and a letter from the hospital chief of staff, hospital department chairperson or member of the governing body of the accredited facility; or a letter from the community nonprofit organization; or a letter from the Oregon licensed physician supervising the visiting physician. The letter(s) must contain the following information:

(A) Dates of Oregon practice of the visiting physician;

(B) Description of the procedure(s);

(C) Name of the responsible Oregon-licensed staff physician who will supervise; and

(D) If the visiting physician application is requested under section (1)(a) of this rule, documentation that the requesting hospital, ambulatory surgical center or accredited facility has approved privileges for the visiting physician.

(b) Documentation that the visiting physician's license in the state or country in which they are practicing is active and in good standing.

(3) The visiting physician application must be submitted at least two weeks prior to the beginning date of such practice.

(4) Patients shall be informed that they are being treated by an approved visiting physician, who is not an Oregon licensed physician.

(5) The visiting physician who requests additional time in Oregon must apply for and obtain a license to practice in the State of Oregon.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.132, 677.265
 Hist.: BME 7-2000, f. & cert. ef. 7-27-00; BME 13-2002, f. & cert. ef. 10-25-02; BME 24-2006, f. & cert. ef. 10-23-06; BME 17-2009, f. & cert. ef. 10-23-09; OMB 31-2013, f. & cert. ef. 10-15-13

847-010-0068

Practice in Oregon by Out-of-State Physicians and Physician Assistants in the Event of an Emergency

(1) In the event of a disaster emergency declared by the Governor of Oregon, the Oregon Medical Board shall allow physicians and/or physician assistants licensed in another state to provide medical care in Oregon under special provisions during the period of the declared disaster emergency, subject to such limitations and conditions as the Governor may prescribe.

(2) The out-of-state physician and/or physician assistant shall submit to the Board the following information:

(a) Verification of a permanent, current, and unrestricted license to practice in another state which is not the subject of a pending investigation by a hospital, a state medical board, or another state or federal agency; and

(b) Current federal or state photo identification, i.e., driver license or passport.

(3) The requirement for completing and submitting the information to the Board is waived if the physician is a member of the National Disaster Medical System (NDMS) under the Office of Emergency Preparedness, U.S. Department of Health and Human

Services, and submits to the Board a copy of his/her NDMS photo identification.

(4) The physician and/or physician assistant shall provide the Board documentation demonstrating a request to provide medical care from a hospital, clinic or private medical practice, public health organization, EMS agency, or federal medical facility, or has otherwise made arrangements to provide medical care in Oregon as the result of the declaration of a disaster emergency.

(5) The physician and/or physician assistant shall not practice in Oregon under the special disaster emergency provisions beyond the termination date of the emergency. Practice in Oregon beyond the termination date of the declared disaster emergency requires licensure through the Oregon Medical Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.060(4)
 Hist.: BME 12-2002, f. & cert. ef. 10-25-02

847-010-0070

Competency Examination

(1) Whenever the Board of Medical Examiners orders a medical competency examination pursuant to ORS 677.420, it may require or administer one, all, or any combination of the following examinations:

(a) The Special Purpose Examination (SPEX);

(b) The Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX);

(c) Oral examination;

(d) Any other examination that the Board determines appropriate.

(2) Failure to achieve a passing grade on any examination shall constitute grounds for suspension or revocation of examinee's license on the grounds of Manifest Incapacity to Practice Medicine as provided by ORS 677.190(15).

(3) If an oral examination is ordered by the Board, an Examination Panel shall be appointed. The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to that of the examinee's. The panel shall establish a system for weighing the score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(4) Appointment of an Examination Panel is required only when administering an oral examination.

(5) The examinee shall be given no less than two weeks' notice of the date, time and place of any examination to be administered.

(6) The medical competency examination shall be paid for by the licensee.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.110
 Hist.: ME 34, f. & ef. 5-10-77; ME 3-1979, f. & ef. 5-1-79; ME 8-1982, f. & ef. 10-27-82; ME 3-1985, f. & ef. 5-6-85; BME 12-2000, f. & cert. ef. 10-30-00; BME 9-2003, f. & cert. ef. 5-2-03; BME 3-2008, f. & cert. ef. 1-22-08

847-010-0073

Reporting Requirements

(1) Board licensees and health care facilities must report to the Board as required by ORS 676.150, 677.092, 677.190, and 677.415. These reports include, but are not limited to, the following:

(a) A licensee must self-report to the Board:

(A) Any conviction of a misdemeanor or felony or any arrest for a felony crime to the Board within 10 days after the conviction or arrest;

(B) 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 disciplinary action as described in ORS chapter 677;

(C) Any official action taken against the licensee within 10 business days of the official action; or

(D) A voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by

the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment.

(b) A licensee who has reasonable cause to believe that another state licensed health care professional has engaged in prohibited or unprofessional conduct must report the conduct within 10 working days to the board responsible for the other professional unless disclosure is prohibited by state or federal laws relating to confidentiality or protection of health information.

(c) A licensee must report within 10 business days to the Board any information that appears to show that a licensee is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(d) A health care facility must report to the Board:

(A) Any official action taken against a licensee within 10 business days of the date of the official action; or

(B) A licensee's voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment.

(2) For purposes of the statutes, reporting to the Board means making a report to the Board's Investigation Unit or the Board's Executive Director or the Board's Medical Director. Making a report to the Board's Health Professionals' Services Program (HPSP) or HPSP's Medical Director does not satisfy the duty to report to the Board.

(3) For the purposes of the statutes, the terms medical incompetence, unprofessional conduct, and impaired licensee have the following meanings:

(a) Medical Incompetence: A licensee who is medically incompetent is one who is unable to practice medicine with reasonable skill or safety due to lack of knowledge, ability, or impairment. Evidence of medical incompetence shall include:

(A) Gross or repeated acts of negligence involving patient care.

(B) Failure to achieve a passing score or satisfactory rating on a competency examination or program of evaluation when the examination or evaluation is ordered or directed by a health care facility.

(C) Failure to complete a course or program of remedial education when ordered or directed to do so by a health care facility.

(b) Unprofessional conduct: Unprofessional conduct includes the behavior described in ORS 677.188 (4) and is conduct which is unbecoming to a person licensed by the Board of Medical Examiners or detrimental to the best interest of the public and includes:

(A) Any conduct or practice contrary to recognized standards of ethics of the medical, podiatric or acupuncture professions or any conduct which does or might constitute a danger to the public, to include a violation of patient boundaries.

(B) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards.

(C) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies, administration of unnecessary treatment, employment of outmoded, unproved, or unscientific treatments, except as allowed in ORS 677.190 (1)(b), failing to obtain consultations when failing to do so is not consistent with the standard of care, or otherwise utilizing medical service for diagnosis or treatment which is or may be considered unnecessary or inappropriate.

(D) Committing fraud in the performance of, or the billing for, medical procedures.

(E) Engaging in repeated instances of disruptive behavior in the health care setting that could adversely affect the delivery of health care to patients.

(F) Any conduct related to the practice of medicine that poses a danger to the public health or safety.

(G) Sexual misconduct: Licensee sexual misconduct is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal or

physical, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes but is not limited to:

(i) Sexual violation: Licensee-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

(I) Sexual intercourse

(II) Genital to genital contact

(III) Oral to genital contact

(IV) Oral to anal contact

(V) Genital to anal contact

(VI) Kissing in a romantic or sexual manner

(VII) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent

(VIII) Encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present

(IX) Offering to provide practice-related services, such as medications, in exchange for sexual favors

(ii) Sexual impropriety: Behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or their family or associates, to include:

(I) Sexually exploitative behavior, to include taking, transmitting, viewing, or in any way using photos or any other image of a patient, their family or associates for the prurient interest of others.

(II) Intentional viewing in the health care setting of any sexually explicit conduct for prurient interests.

(III) Having any involvement with child pornography, which is defined as any visual depiction of a minor (a child younger than 18) engaged in sexually explicit conduct.

(c) Licensee Impairment: A licensee who is impaired is a licensee who is unable to practice medicine with reasonable skill or safety due to factors which include, but are not limited to:

(A) The use or abuse of alcohol, drugs, or other substances which impair ability.

(B) Mental or emotional illness.

(C) Physical deterioration or long term illness or injury which adversely affects cognition, motor, or perceptive skills.

(4) For the purposes of the reporting requirements of this rule and ORS 677.415, licensees shall be considered to be impaired if they refuse to undergo an evaluation for mental or physical competence or chemical impairment, or if they resign their privileges to avoid such an evaluation, when the evaluation is ordered or directed by a health care facility or by this Board.

(5) A report made by a board licensee or the Oregon Medical Association or other health professional association, to include the Osteopathic Physicians and Surgeons of Oregon, Inc, or the Oregon Podiatric Medical Association to the Board of Medical Examiners under ORS 677.415 shall include the following information:

(a) The name, title, address and telephone number of the person making the report;

(b) The information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with an impairment.

(6) A report made by a health care facility to the Board under ORS 677.415 (5) and (6) shall include:

(a) The name, title, address and telephone number of the health care facility making the report;

(b) The date of an official action taken against the licensee or the licensee's voluntary action withdrawing from practice, voluntary resignation or voluntary limitation of licensee staff privileges; and

(c) A description of the official action or the licensee's voluntary action, as appropriate to the report, including:

(A) The specific restriction, limitation, suspension, loss or denial of the licensee's medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(B) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the

staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(7) A report made under ORS 677.415 Section 2 may not include any information that is privileged peer review data, see ORS 41.675.

(8) All required reports shall be made in writing.

(9) Any person who reports or provides information in good faith as required by the statutes is immune from civil liability for making the report.

(10) A licensee's failure to report information or conduct as required by this rule is a violation of ORS 676.150, 677.092, 677.190, 677.205, or 677.415 and is grounds for a \$500 fine. The licensee may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 676.150, 677.205 & 677.265

Stats. Implemented: ORS 676.150, 677.092, 677.190, 677.205, 677.265 & 677.415

Hist.: BME 5-2004, f. & cert. ef. 4-22-04; BME 9-2006, f. & cert. ef. 5-8-06; BME 3-2007, f. & cert. ef. 1-24-07; BME 3-2008, f. & cert. ef. 1-22-08; BME 9-2009, f. & cert. ef. 5-1-09; BME 3-2010, f. & cert. ef. 1-26-10; OMB 4-2015, f. & cert. ef. 4-3-15

847-010-0075

Reporting of Alleged Professional Negligence

(1) As required in ORS 742.400 any insurer or approved self insurance association shall report claims of alleged professional negligence to the Oregon Medical Board within 30 days of filing of the claim. Incidents and inquiries not leading to claims need not be filed.

(2) All settlements, awards or judgments against a physician paid as a result of alleged professional negligence shall be reported to the Board within 30 days after the date of settlement, award or judgment.

Stat. Authority: ORS 677.265

Stats. Implemented: ORS 742

Hist.: ME 3-1987, f. & ef. 1-23-87; ME 10-1988, f. & cert. ef. 8-5-88; BME 1-2000, f. & cert. ef. 2-7-00

847-010-0078

Agreement Prohibited between Physician and Patient that Limits a Patient's Rights

Licensees and applicants shall not make an agreement with a patient or person, or any person or entity representing patients, nor provide any form of consideration, that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Medical Board, to truthfully and fully answer any questions posed by an agent or representative of the Board, or to participate as a witness in a Board proceeding.

Statutory Auth.: ORS 677.265

Stats. Implemented: ORS 677.132

Hist.: BME 3-2001, f. & cert. ef. 1-25-01

847-010-0081

Physician- Assisted Death with Dignity

A licensee's compliance with ORS 127.800 et seq shall not be considered a violation of 677.190(1), unprofessional or dishonorable conduct, as defined in 677.188(4)(a), (b), or (c).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 127.885

Hist.: BME 2-1998(Temp), f. & cert. ef. 2-4-98 thru 7-31-98; BME 4-1998, f. & cert. ef. 4-22-98; OMB 29-2012, f. & cert. ef. 11-22-12

847-010-0090

Hospital Clinical Clerkships

Because students of medicine doing hospital clinical clerkships (externships) in hospitals will be participating in the diagnosis and treatment of patients, it is necessary that the Oregon Medical Board establish minimum standards under which these students will be working. Therefore, the Board establishes the following rules pertaining to both hospitals and students participating in clinical clerkships. These rules do not apply to non-hospital proceptorships:

(1) Hospitals:

(a) Only hospitals conducting internship/residency programs approved by the Accreditation Council for Graduate Medical Education of the American Medical Association or the Canadian Medical Association or the Royal College of Physicians and Surgeons of

Canada or the American Osteopathic Association may provide clerkships;

(b) Clerkships may be offered only in those subjects in which an approved internship/residency program exists in that hospital;

(c) Hospitals conducting clerkships shall have a written agreement with the school of medicine sponsoring the student;

(d) Hospital clinical physicians responsible for the supervision of clinical clerks shall have an academic appointment from a school of medicine;

(e) Regular evaluation of the work of the clinical clerks shall be recorded and a copy forwarded to the school of medicine;

(f) Hospitals offering clerkships shall notify the Board of the clerkships offered and the schools with which they are affiliated.

(2) Students:

(a) Only students in the last two years of their training may participate in clerkships;

(b) Students from schools not approved by the Board shall pass Day 1 of FMGEMS before participating in the clerkship in this state.

Stat. Auth.: ORS 183 & 677

Stats. Implemented: ORS 677.100

Hist.: ME 4-1985, f. & ef. 5-6-85

847-010-0095

Peer Review

The Oregon Medical Board will participate in a peer review process to implement the provisions of ORS 441.055 by using the following rules:

(1) The Board will receive requests to appoint physicians to conduct peer review provided the requests are made jointly by all of the following:

(a) The physician whose practice is being reviewed;

(b) The executive committee of the health care facility's medical staff;

(c) The governing body of the health care facility.

(2) The Board will review requests and *may* decide to appoint physicians to conduct peer review.

(3) If the Board decides to appoint physicians to conduct peer review, the parties will be required to sign a contract agreeing to pay all costs. The Board will not be a party to such contract.

(4) The Board will appoint one or more physicians to conduct peer review in accordance with the medical staff by-laws of the facility.

(5) Reports will be processed according to Board protocol.

(6) The report of findings and conclusions of the panel will be forwarded to the requesting facility for processing according to the medical staff by-laws of the facility.

(7) If further action necessitates appropriate hearing proceedings, a panel of physicians will be appointed to conduct the hearings in accordance with the medical staff by-laws of the facility.

(8) The report of findings and conclusions of the hearings panel will be forwarded to the requesting facility in accordance with the medical staff by-laws.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 441.055

Hist.: ME 2-1988, f. & cert. ef. 1-29-88

847-010-0110

Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders

(1) A physician or physician assistant licensed pursuant to ORS Chapter 677 shall respect the patient's wishes including life-sustaining treatments. Consistent with the requirements of ORS Chapter 127, a physician or physician assistant shall respect and honor life-sustaining treatment orders executed by a physician, physician assistant or nurse practitioner. The fact that a physician, physician assistant or nurse practitioner who executed a life-sustaining treatment order does not have admitting privileges at a hospital or health care facility where the patient is being treated does not remove the obligation under this section to honor the order. In keeping with ORS Chapter 127, a physician or physician assistant shall not be subject to criminal prosecution, civil liability or professional discipline.

(2) Should new information on the health of the patient become available the goals of treatment may change. Following discussion

with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 127.505-127.660, 677.265
Hist.: BME 13-2007, f. & cert. ef. 4-26-07

DIVISION 12

PATIENT’S ACCESS TO MEDICAL RECORDS

847-012-0000

Patient’s Access to Medical Records

(1) Licensees of the Oregon Medical Board must make protected health information in the medical record available to the patient or the patient’s representative upon their request, to inspect and obtain a copy of protected health information about the individual, except as provided by law and this rule. The patient may request all or part of the record. A summary may substitute for the actual record only if the patient agrees to the substitution. Board licensees are encouraged to use the written authorization form provided by ORS 192.566.

(2) For the purpose of this rule, “health information in the medical record” means any oral, written or electronic information in any form or medium that is created or received and relates to:

- (a) The past, present, or future physical or mental health of the patient.
- (b) The provision of healthcare to the patient.
- (c) The past, present, or future payment for the provision of healthcare to the patient.

(3) Upon request, the entire health information record in the possession of the Board licensee will be provided to the patient. This includes records from other healthcare providers. Information which may be withheld includes:

- (a) Information which was obtained from someone other than a healthcare provider under a promise of confidentiality and access to the information would likely reveal the source of the information;
- (b) Psychotherapy notes;
- (c) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- (d) Other reasons specified by federal regulation.

(4) Licensees who have retired, failed to renew their license, relocated their practice out of the area, had their license revoked, or had their license suspended for one year or more must notify each patient seen within the previous two years and the Oregon Medical Board of the change in licensee’s status and how patients may access or obtain their medical records. Notifications must be in writing and sent by regular mail to each patient’s last known address within 45 days of the change in licensee’s status.

(5) Licensees who have been suspended for less than one year must notify the Board within 10 days of the suspension how patients may access or obtain their medical records.

(6) A reasonable cost may be imposed for the costs incurred in complying with the patient’s request for health information. These costs may include:

- (a) No more than \$30 for copying 10 or fewer pages of written material, and no more than 50 cents per page for pages 11 through 50, and no more than 25 cents for each additional page;
- (b) A bonus charge of \$5 if the request for records is processed and the records are mailed by first class mail to the requester within seven business days after the date of the request;
- (c) Postage costs to mail copies of the requested records;
- (d) Actual costs of preparing an explanation or summary of the health information, if such information is requested by the patient; and
- (e) Actual costs of reproducing films, x-rays, or other reports maintained in a non-written form.

(7) A patient may not be denied summaries or copies of his/her medical records because of inability to pay.

(8) Requests for medical records must be complied with within a reasonable amount of time not to exceed 30 days from the receipt of the request.

(9) Violation of this rule will result in a \$195 fine and may be cause for further disciplinary action by the Board.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 192.553, 192.556, 192.558, 192.563, 192.566, 677.265
Hist.: ME 7-1988, f. & cert. ef. 4-20-88; BME 1-2004, f. & cert. ef. 1-27-04; BME 18-2004, f. & cert. ef. 10-20-04; BME 17-2008, f. & cert. ef. 7-21-08; OMB 24-2011, f. & cert. ef. 10-18-11; OMB 8-2013, f. & cert. ef. 4-5-13

DIVISION 15

GENERAL LICENSING RULES, RELATING TO CONTROLLED SUBSTANCES

847-015-0005

Scheduled II Controlled Substance — Bariatrics Practice

(1) A physician shall not utilize a Schedule II controlled substance for purposes of weight reduction or control.

(2) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a), (b), or (c), whether or not actual injury to a patient is established.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.188 & 677.190
Hist.: ME 1-1987, f. & ef. 1-20-87; ME 1-1995, f. & cert. ef. 2-1-95

847-015-0010

Schedule III or IV Controlled Substances — Bariatrics Practice

(1) A physician shall not utilize a Schedule III or IV controlled substance for purposes of weight reduction, other than in accordance with federal Food and Drug Administration (FDA) product guidelines in effect at the time of utilization and with all the provisions of this rule.

(2) A physician may utilize a Schedule III or IV controlled substance for purposes of weight reduction in the treatment of Exogenous Obesity in a regimen of weight reduction based on caloric restriction, behavior modification and prescribed exercise, provided that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule III or IV controlled substance, the physician determines through review of the physician’s own records of prior treatment, or through review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that one of the following conditions exist:

- (A) Patient’s body mass index exceeds 30 Kg/M sq; or
- (B) Patient’s body mass index exceeds 27 Kg/M sq and the excess weight represents a threat to the patient’s health (as with hypertension, diabetes, or hypercholesterolemia.)

(b) Before initiating treatment utilizing a Schedule III or IV controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized.

(3) Continuation of Schedule III or IV designated as FDA short term use controlled substances beyond three (3) months requires documentation of an average two (2) pound per month weight loss during active weight reduction treatment, or documentation of maintenance of goal weight. Use of Schedule III or IV controlled substances with FDA approval for bariatric therapy and designated for long term use where FDA guidelines are followed may also be used beyond three months.

(4) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a), (b), or (c), whether or not actual injury to a patient is established.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.188(4) & 677.190(25)
Hist.: ME 1-1987, f. & ef. 1-20-87; ME 1-1995, f. & cert. ef. 2-1-95; ME 1-1997, f. & cert. ef. 1-28-97; BME 9-1998, f. & cert. ef. 7-22-98; BME 17-2000(Temp), f. & cert. ef. 10-30-00 thru 2-28-01; BME 4-2001, f. & cert. ef. 1-25-01

847-015-0015

Maintenance of Controlled Substances Log by Prescribing Practitioners

Any practitioner dispensing or administering controlled substances from the practitioner's office must have a Drug Enforcement Administration registration indicating the address of that office. The practitioner shall maintain an inventory log showing all controlled substances received, and administered or dispensed. This log shall also list for each controlled substance, the patient's name, amounts used, and date administered or dispensed. This log shall be available for inspection on request by the Oregon Medical Board or its authorized agents. Controlled substances samples are included in this rule.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 475.165
 Hist.: ME 15-1987, f. & ef. 8-3-87

847-015-0020

Maintenance of Controlled Substances Log — Ambulance and Medical Rescue Services Receiving Controlled Substances from Physicians

Any physician providing controlled substances for use by ambulance and medical rescue services must have a Drug Enforcement Administration registration for the address where the controlled substances and inventory log are stored. The inventory log at the registered address shall be maintained showing all controlled substances received, or dispensed to the emergency vehicle. The administration log shall also show for each controlled substance, the patient's name and amount used, date, and by whom administered or dispensed, and may be maintained in the emergency vehicle. This log should be reviewed for accuracy on a monthly basis and be readily retrievable for inspection on request by the Board, the ambulance licensing authority as specified in ORS 682.015, or their authorized agents.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 682.245
 Hist.: ME 10-1987, f. & ef. 4-28-87; ME 1-1997, f. & cert. ef. 1-28-97; BME 8-2001, f. & cert. ef. 7-18-01

847-015-0025

Dispensing, Distribution and Administration

(1) Any actively licensed physician or podiatric physician who dispenses drugs must register with the Board as a dispensing physician before beginning to dispense drugs.

(2) A physician must register with the Board as a dispensing physician before supervising a physician assistant or any other health care provider with dispensing privileges.

(3) At the time of license registration renewal, all dispensing physicians must indicate their status as a dispensing physician on the registration renewal form.

(4) Dispensing of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity dispensed, the directions for use and the name of the physician or physician assistant dispensing the drugs. The physician or physician assistant must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.

(5) Distribution of samples, without charge, is not dispensing under this rule. Distribution of samples must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed and the directions for use. The physician or physician assistant must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.

(6) Administering drugs in the physician's or podiatric physician's office is not dispensing under this rule. Administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose and the quantity administered.

(7) Any physician or podiatric physician who dispenses drugs or who supervises a physician assistant with drug dispensing authority without first registering with the Board will be fined \$195 and may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.010, 677.089, 677.510, 677.515

Hist.: ME 22-1987, f. & ef. 10-29-87; ME 9-1993, f. & cert. ef. 7-27-93; BME 1-2005, f. & cert. ef. 1-27-05; BME 24-2007, f. & cert. ef. 10-24-07; OMB 30-2011, f. & cert. ef. 10-27-11; OMB 32-2013, f. & cert. ef. 10-15-13

847-015-0030

Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain"

(1) Definitions

(a) "Controlled substance" has the meaning given that term under ORS 475.005.

(b) "Intractable pain" means a chronic pain state in which the cause of the pain cannot be removed or otherwise treated and for which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain has been found after reasonable efforts, including, but not limited to, evaluation by the attending physician.

(2) Controlled substances may be prescribed for long term treatment of intractable pain. The attending physician records must contain the attending physician's examination, diagnosis and any other supporting diagnostic evaluations and other therapeutic trials, including records from previous providers. If there is a consulting physician, written documentation of his/her corroborating findings, diagnosis and recommendations shall be included in the record.

(3) Before initiating treatment of intractable pain with controlled substances or, when it is apparent that pain which is already being treated with controlled substances has now become intractable, the attending physician shall discuss with the patient the procedures, alternatives and risks associated with the prescribing or administering controlled substances for long term management of pain. Following the discussion the patient will be given an opportunity to request further explanations. When the patient is satisfied with the explanation of the issues related to the prescribing of these drugs over long periods of time, the attending physician shall provide to the person and the person shall sign a written document outlining the issues discussed associated with the prescribed or administered controlled substances.

(4) The material risk notice should include but not be limited to:

- (a) The diagnosis;
- (b) The controlled substance and/or group of controlled substances to be used;
- (c) Anticipated therapeutic results;
- (A) Pain relief;
- (B) Functional goals;
- (d) Alternatives to controlled substance therapy;
- (e) Potential additional therapies to be used in conjunction with controlled substances; and
- (f) Potential side effects (if applicable):
 - (A) Cardiovascular;
 - (B) Central Nervous System;
 - (C) Gastrointestinal;
 - (D) Endocrine;
 - (E) Respiratory;
 - (F) Dermatologic;
 - (G) Urinary;
 - (H) Pregnancy, and
 - (I) Other.
- (g) Allergy Potential;
- (h) Interaction/Potentiation of other medications;
- (i) Potential for dose escalation/tolerance;
- (j) Withdrawal precautions;
- (k) Potential for dependence and addiction;
- (l) Potential for impairment of judgment and/or motor skills;
- (m) Satisfaction with or desire for more explanation; and
- (n) Patient signature (dated).

(5) The material risk consent form will be maintained as a permanent component of the patient record as shall documentation of long term follow-up to demonstrate the continued need for this form of therapy. A dispensing record of the amount and dose of the prescribed or administered controlled substances shall be maintained as part of the patient record.

Stat. Auth.: ORS 677.265, SB 880 2007
Stats. Implemented: ORS 677.470 - 485
Hist.: ME 4-1996, f. & cert. ef. 7-26-96; BME 8-2000, f. & cert. ef. 7-27-00; BME 6-2004, f. & cert. ef. 4-22-04; BME 9-2008, f. & cert. ef. 4-24-08

847-015-0035

Attending Physicians Prescribing Medications to Physician-Assisted Death with Dignity Patients

Attending physicians prescribing medications pursuant to ORS 127.800–127.897 must:

(1) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient’s discomfort, provided the attending physician is registered as a dispensing physician with the Oregon Medical Board, has a current Drug Enforcement Administration (D.E.A.) certificate, and complies with the provisions of ORS 677.089, OAR 847-015-0015 and 847-015-0025; or

(2) With the patient’s written consent:

(a) Contact a pharmacist, and inform the pharmacist of the purpose of the prescription; and

(b) Deliver the written prescription personally or by mail to the pharmacist who will dispense the medications to either the patient, the attending physician, or an expressly identified patient’s agent.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 127.800 - 127.995

Hist.: BME 3-1998(Temp), f. & cert. ef. 4-8-98 thru 10-5-98; BME 10-1998, f. & cert. ef. 7-22-98; OMB 29-2012, f. & cert. ef. 11-22-12

847-015-0040

Collaborative Drug Therapy Management

(1) “Collaborative Drug Therapy Management” as used in this section means the participation by a physician and a pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration and route of administration of the drug, authorized by a physician and initiated upon a prescription order for an individual patient and:

(a) Is agreed to by one physician and one pharmacist; or

(b) Is agreed to by one or more physicians in a single organized medical group, such as a hospital medical staff, clinic or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee, and one or more pharmacists at a single pharmacy registered by the Board of Pharmacy.

(2) A physician shall engage in collaborative drug therapy management with a pharmacist only under a written arrangement that includes:

(a) The identification, either by name or by description, of the participating pharmacist(s);

(b) The identification, by name, of the participating physician(s);

(c) The name of the physician and principal pharmacist who are responsible for development, training, administration, and quality assurance of the arrangement;

(d) A detailed description of the collaborative role the pharmacist(s) shall play, including but not limited to:

(A) Written protocol for specific drugs pursuant to which the pharmacist will base drug therapy management decisions for an individual patient;

(B) Circumstances which will cause the pharmacist to initiate communication with the physician, including but not limited to the need for new prescription orders and reports of patients’ therapeutic responses or adverse effects;

(C) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary;

(D) Quality assurance and periodic review by a panel of the participating physicians(s) and pharmacist(s).

(e) Authorization by the physician(s) for the pharmacist(s) to participate in the collaborative drug therapy;

(f) A provision for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years; and

(g) A description of the mechanism for the pharmacist(s) to communicate to the physician(s) and for documentation of the implementation of the collaborative drug therapy.

(3) Collaborative drug therapy management is valid only when initiated upon the prescription order of a participating physician for each individual patient.

(4) Nothing in this rule shall be construed to allow therapeutic substitution.

(5) The collaborative drug therapy protocol must be filed with the Board of Pharmacy, kept on file in the pharmacy and made available to the Board of Pharmacy and the Oregon Medical Board upon request.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 689.005(30)

Hist.: BME 12-1999, f. & cert. ef. 7-23-99

DIVISION 17

OFFICE-BASED SURGERY

847-017-0000

Preamble

Licensees of the Oregon Medical Board providing office-based invasive procedures are accountable for the welfare and safety of their patients and responsible for ensuring that the performance of these procedures meets the standard of care.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.085, 677.097, 677.265

Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0003

Classification of Office-Based Surgery

Office-based surgeries are classified by complexity.

(1) Level I are minor surgical procedures performed without anesthesia or under topical, local, or minor conduction block anesthesia not involving drug-induced alteration of consciousness, other than minimal sedation utilizing preoperative oral anxiolytic medications.

(a) The licensee must pursue continuing medical education in the field for which the services are being provided and in the proper drug dosages, management of toxicity, and hypersensitivity to local anesthetic and other drugs.

(b) The licensee must maintain active basic life support (BLS) certification.

(2) Level II are minor or major surgical procedures performed under moderate sedation/analgesia, such as oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(a) In addition to the requirements in section (1) of this rule, the licensee must:

(A) Maintain board certification or board eligibility in a specialty recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association’s Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Podiatric Surgery (ABPS) or the National Commission on Certification of Physician Assistants (NCCPA), or

(B) Obtain fifty hours each year of accredited continuing medical education (CME) relevant to the Level II surgical procedures to be performed in the office-based facility. This requirement may not be satisfied with cultural competency CME or other CME that is only generally relevant to the licensee’s practice.

(b) The licensee must be certified in advanced resuscitative techniques and must be on site at all times when patients are under the effects of anesthetic.

(c) The patient must be appropriately monitored as defined in 847-017-0005.

(3) Level III are major surgical procedures that require deep sedation/analgesia, general anesthesia, or regional blocks, and require support of vital bodily functions.

(a) In addition to the requirements in section (1) of this rule, the licensee must:

(A) Have staff privileges to perform the same procedure in a hospital or ambulatory surgical center, or

(B) Maintain board certification or board eligibility in an appropriate specialty recognized by the ABMS, the AOA-BOS, the ABPM, the ABPS or the NCCPA.

(b) The licensee must be certified in advanced resuscitative techniques and must be on site at all times when patients are under the effects of anesthetic.

(c) The patient must be appropriately monitored as defined in 847-017-0005.

(d) The licensee performing the procedure may not administer anesthesia other than additional local anesthesia and may not be primarily responsible for monitoring anesthesia during the procedure.

(4) Procedures or treatments involving the injection of a medication or substance for cosmetic purposes are the practice of medicine and must be performed as an office-based surgical procedure.

(5) Lipoplasty involving the removal of 500 cc or less volume of supernatant fat may be performed as a Level I surgical procedure. Office-based lipoplasty involving more than 500 cc volume of supernatant fat must be performed as a Level II or Level III surgical procedure.

(a) The performance of lipoplasty in an office-based setting may not result in the removal of more than 5% of total body weight or more than 4500 cc volume of supernatant fat removed, whichever is less.

(b) The licensee may not use more than 55 mg/kg of Lidocaine or 70 mcg/kg of epinephrine for tumescent anesthesia. The concentration of epinephrine in tumescent solutions may not exceed 1.5 mg/L.

(6) The following may not be performed in an office-based surgical facility:

(a) Procedures that may result in blood loss of more than 4% of the estimated blood volume in a patient with a normal hemoglobin;

(b) Procedures requiring intracranial, intrathoracic, or abdominal cavity entry; and

(c) Joint replacement procedures.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist.: OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0005

Definitions

For the purpose of these rules, the following terms are defined:

(1) "Ambulatory surgical center" has the meaning given in ORS 442.015. Nothing in OAR chapter 847, division 17 is meant to exempt a physician's office from the licensure requirements in ORS 441.015 if the office meets the definition of an ambulatory surgical center in ORS 442.015. A physician's office that meets the definition of an ambulatory surgical center must comply with OAR chapter 333, division 76.

(2) "Board" means the Oregon Medical Board.

(3) "Certified in advanced resuscitative techniques" means that the individual is currently certified either with Advanced Cardiac Life Support (ACLS) for adults or Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS) for children.

(4) "Deep sedation/analgesia" means the administration of a drug or drugs that produces depression of consciousness during which patients cannot be easily aroused and only respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

(5) "Facility" has the same definition as "office."

(6) "General anesthesia" means a drug-induced loss of consciousness during which patients are not able to be aroused, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

(7) "Health care personnel" means any person, licensed or unlicensed, who is directly related to the provision of health care services

including, but not limited to, a physician assistant, nurse practitioner, certified registered nurse anesthetist, registered nurse, licensed practical nurse or medical assistant.

(8) "Hospital" has the meaning given in ORS 442.015.

(9) "Licensee" means an individual holding a valid license issued by the Board.

(10) "Lipoplasty" means any instrumentation under the skin through incisions for the reduction of subcutaneous volume. This includes, but is not limited to, liposuction, laser lipolysis, suction assisted lipectomy and liposculpture.

(11) "Local anesthesia" means the administration of a drug or drugs that produces a transient and reversible loss of sensation in a circumscribed portion of the body.

(12) "Minimal sedation" (anxiolysis) means the administration of a drug or drugs that produces a state of consciousness that allows the patient to tolerate unpleasant medical procedures while responding normally to verbal commands. Cardiovascular or respiratory function is unaffected and defensive airway reflexes remain intact.

(13) "Minor conduction block" means the injection of local anesthesia to stop or prevent a painful sensation in a circumscribed area of the body (that is, infiltration or local nerve block), or the block of a nerve by direct pressure and refrigeration. Minor conduction blocks include but are not limited to, intercostal, retrobulbar, paravertebral, peribulbar, pudendal, and sciatic nerve and ankle blocks.

(14) "Moderate sedation/analgesia" means the administration of a drug or drugs that produces depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by a light tactile stimulation. Reflex withdrawal from painful stimulation is NOT considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.

(15) "Monitor" means regular visual observation and continuous physiologic measurement of the patient as deemed appropriate by the level of sedation or recovery using appropriate instruments to measure, display, and record physiologic values, such as heart rate, blood pressure, respiration, oxygen saturation, and end tidal capnography.

(16) "Office" means a location, other than a hospital or ambulatory surgical center, at which medical or surgical services are rendered.

(17) "Office-based surgery" means the performance of any surgical or other invasive procedure requiring anesthesia, analgesia, or sedation, including cryosurgery, laser surgery and the use of lasers that penetrate the skin, which results in patient stay of less than 24 consecutive hours and is performed by a licensee in a location other than a hospital or ambulatory surgical center.

(18) "PARQ conference" means a Procedures, Alternatives, Risks and Questions conference, in which the licensee performing the procedure explains in general terms the procedure or treatment to be undertaken, any alternative procedures or methods of treatment, and any risks to the procedure or treatment and allows questions from the patient.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.085, 677.097, 677.265

Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0008

Standard of Practice

A licensee performing office-based surgery must have received appropriate training and education in the safe and effective performance of all surgical procedures performed in the office. Such training and education should include:

(1) Indications and contraindications for each procedure;

(2) Identification and selection of appropriate patients for each procedure;

(3) Identification of realistic and expected outcomes of each procedure;

(4) Selection, maintenance, and utilization of products and equipment;

- (5) Appropriate technique for each procedure, including infection control and safety precautions;
- (6) Pharmacological intervention specific to each procedure;
- (7) Identification of complications and adverse reactions for each procedure;
- (8) Standards in surgical medical care; and
- (9) Emergency procedures to be used in the event of:
 - (a) Complications;
 - (b) Adverse reactions; or
 - (c) Equipment malfunction.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.265
 Hist.: OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0010

Licensee Use of Office-Based Surgical Facilities

A licensee performing office-based surgery must ensure that the facility meets standards to ensure patient safety.

(1) Facilities where office-based surgeries are performed must comply with all federal and state laws and regulations that affect the practice.

(2) Facilities where Level II or Level III office-based surgeries are performed must be accredited by an appropriate, Board-recognized accreditation agency, including the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), the Accreditation Association of Ambulatory Health Care (AAAHC), the Joint Commission, or the Institute for Medical Quality (IMQ). Facilities accredited by the Oregon Medical Association (OMA) prior to January 1, 2013, will continue to be recognized as accredited facilities until the accreditation period expires. Licensees of the Board performing office-based procedures in a new or existing facility, must ensure that facility is accredited within one year of the start date of the office-based procedures being performed or the date these rules are adopted, whichever is later. During the period of time the facility is in the accreditation process, the facility will make changes to come into compliance with the Administrative Rules in this Division.

(3) Facilities where Level II or Level III office-based surgeries are performed must provide health care personnel who have appropriate education and training for administration and monitoring of moderate sedation/analgesia, deep sedation/analgesia, general anesthesia or regional block.

(4) A licensee who holds a MD or DO degree as well as a DDS (Doctor of Dental Surgery) or DMD (Doctor of Dental Medicine) degree and is an active member of the Oregon Society of Oral Maxillofacial Surgeons (OSOMS) may perform maxillofacial procedures in a facility approved by the OSOMS and function under the administrative rules of the Oregon Board of Dentistry, OAR chapter 818, division 026. For all procedures that are not oral maxillofacial in nature, licensees with medical and dental licenses must follow rules laid out in OAR chapter 847, division 017.

Stat. Auth.: ORS 677.265, 679.255
 Stats. Implemented: ORS 677.060, 677.265, 679.255
 Hist.: BME 23-2006, f. & cert. ef. 10-23-06; BME 14-2007, f. & cert. ef. 7-23-07; BME 10-2008, f. & cert. ef. 4-24-08; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0015

Selection of Procedures and Patients

(1) The licensee who performs the office-based surgery or anesthetic is responsible for the safety of the patient.

(a) The licensee must evaluate and document the condition of the patient and the potential risks associated with the proposed treatment plan;

(b) The licensee must be satisfied that the procedure to be undertaken is within the scope of practice of the health care personnel, the capabilities of the facility and the condition of the patient; and

(c) The licensee must examine the patient immediately before the procedure to evaluate the risks of the procedure and the risks of anesthesia if applicable.

(2) Informed consent for the nature and objectives of the anesthesia planned and office-based surgery to be performed must be in writing and obtained from the patient[s] before the office-based surgery is performed. Informed consent is only to be obtained after

a PARQ conference and must be documented in the medical record. The informed consent must include a disclosure of the licensee's specialty board certification through the ABMS, the AOA-BOS, the ABPM, the ABPS or the NCCPA or lack thereof. The requirement for written informed consent is not necessary for minor Level I procedures limited to the skin and mucosa.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.085, 677.097, 677.265
 Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0020

Patient Medical Records

(1) A legible, complete, comprehensive and accurate medical record must be maintained for each patient evaluated or treated. The record must include:

- (a) Identity of the patient;
- (b) History and physical, diagnosis and plan;
- (c) Appropriate lab, x-ray or other diagnostic reports;
- (d) Documentation of the PARQ conference;
- (e) Disclosure of the licensee's specialty board certification through the ABMS, the AOA-BOS, the ABPM, the ABPS or the NCCPA or lack thereof;
- (f) Appropriate preanesthesia evaluation;
- (g) Narrative description of procedure;
- (h) Intraoperative and postoperative monitoring;
- (i) Pathology reports;
- (j) Documentation of the outcome and the follow-up plan; and
- (k) Provision for continuity of post-procedure care.

(2) If the office-based surgery is a Level II or Level III surgical procedure, the patient record must include a separate anesthetic record that contains documentation of anesthetic provider, procedure, and technique employed. This must include the type of anesthesia used, drugs (type and dose) and fluids administered during the procedure, patient weight, level of consciousness, estimated blood loss, duration of procedure, and any complication or unusual events related to the procedure or anesthesia.

(3) The patient record must document if tissues and other specimens have been submitted for histopathologic diagnosis.

(4) The licensee must ensure that the facility has specific and current protocols in place for patient confidentiality and security of all patient data and information.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.085, 677.097, 677.265
 Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0025

Discharge Evaluation

The licensee performing the procedure is responsible for the determination that the patient is safe to be discharged from the office after the procedure.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.085, 677.097, 677.265
 Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0030

Emergency Care and Transfer Protocols

In facilities where Level II or Level III office-based surgeries are performed, the licensee must ensure that a written plan is in place for the provision of emergency medical care as well as the safe and timely transfer of patients to a nearby hospital should hospitalization be necessary.

(1) Age-appropriate emergency supplies, equipment, and medication should be provided in accordance with the scope of surgical and anesthesia services provided at the licensee's office.

(2) All office personnel must be familiar with the documented plan for arranging emergency medical services and the safe and timely transfer of patients to a nearby hospital and must be able to take necessary actions. If cardiopulmonary resuscitation (CPR) is instituted, the plan must include immediate contact with emergency medical services.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.085, 677.097, 677.265
 Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0035

Quality Assessment

(1) Office-based surgical practices must develop a system of quality assessment that effectively and efficiently strives for continuous quality improvement.

(2) Documentation of complications and adverse incident review must be available.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.085, 677.097, 677.265

Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0037

Reporting Requirement

(1) Licensees performing office-based surgery must report the following complications and adverse incidents to the Board within ten business days of the event if the complication occurred within 30 days of the procedure:

- (a) Surgical related death;
- (b) Emergency transfer of the surgical patient to the hospital;
- (c) Anesthetic or surgical event requiring cardiopulmonary resuscitation (CPR); and
- (d) Unscheduled hospitalization related to the office-based surgery.

(2) Licensees performing or intending to perform office-based surgery must report any restriction, limitation, loss or denial of privileges in a hospital or accredited outpatient facility within ten business days of the restriction, limitation, loss or denial of privileges.

(3) The Board will review reports made under this rule to determine whether an investigation is necessary.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.415

Hist.: OMB 33-2013, f. & cert. ef. 10-15-13

847-017-0040

Facility Administration and Equipment

The licensee must ensure that specific and current arrangements are in place for obtaining laboratory, radiological, pathological and other ancillary services as may be required to support the surgical and/or anesthetic procedures undertaken.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.085, 677.097, 677.265

Hist.: BME 23-2006, f. & cert. ef. 10-23-06; OMB 33-2013, f. & cert. ef. 10-15-13

DIVISION 20

RULES FOR LICENSURE TO PRACTICE MEDICINE IN OREGON

847-020-0100

Definitions

For the purpose of OAR chapter 847, division 020, the following terms are defined:

(1) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathy leading to a degree of Doctor of Medicine or Doctor of Osteopathy, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the Board to meet the association standards.

(2) "School of medicine" means approved schools of medicine (as defined above) and international medical and osteopathic schools.

(3) "Specialty board" means a certification board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialties (AOA-BOS).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.010 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 6-2010, f. & cert. ef. 4-26-10; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0110

Application for Licensure

(1) Any person who wishes to practice medicine in this state beyond the first post-graduate training year must apply for an Oregon license to practice medicine.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents and letters.

(3) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(4) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & 677.190

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 4-2007, f. & cert. ef. 1-24-07; OMB 9-2013, f. & cert. ef. 4-5-13; OMB 4-2014, f. & cert. ef. 1-14-14

847-020-0120

Basic Requirements for Licensure of an Approved Medical School Graduate

The following requirements for licensure must be met by graduates of an approved school of medicine:

(1) Must have graduated from a school offering a full-time resident program of study in medicine or osteopathy leading to a degree of Doctor of Medicine or Doctor of Osteopathy, such program having been fully accredited or conditionally approved by the Liaison Committee of Medical Education, or the American Osteopathic Association, or having been otherwise determined by the Board to meet the association standards;

(2) Must satisfactorily complete an approved internship, residency or fellowship in the United States or Canada of at least one year in not more than one training program accredited for internship, residency or fellowship training by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the College of Family Physicians of Canada, or the Royal College of Physicians and Surgeons of Canada;

(3) Must pass a written licensing examination as provided in ORS 677.110 and OAR 847-020-0170; and

(4) Must satisfactorily meet the requirements of ORS 677.100.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100 & 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0130

Basic Requirements for Licensure of an International Medical School Graduate

The following requirements must be met in lieu of graduation from an approved school of medicine in order to qualify under ORS 677.100:

(1) Must speak English fluently and write English legibly.

(2) Must have graduated from an international school of medicine:

(a) The medical school must be chartered in the country in which it is located and must provide a resident course of professional instruction, be accredited by an accrediting organization acceptable to the Board, or be recognized by the appropriate civil authorities of the country in which the school is located as an acceptable education program. The Board may determine that the accreditation of an international medical school is not acceptable if the Board receives documentation that the medical school has had its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction or that its graduates were refused a license by any state, country or territorial jurisdiction on the grounds that the school failed or fails to meet reasonable standards for medical education facilities.

(b) The graduate must have attended at least four full terms of instruction of eight months each, with all courses having been completed by physical on-site attendance in the country in which the school is chartered. The requirement for four full terms of instruction of eight months each term may be waived for any applicant for licensure who has graduated from an international school of medicine, has substantially complied with the attendance requirements provided herein, and is certified by a specialty board.

(c) Any clinical clerkships obtained in a country other than that in which the school is chartered must be satisfactorily completed.

(d) If requested, the applicant must provide the Board with documentation to substantiate that the medical school from which the applicant graduated meets the requirements in subsection (2)(a) of this rule.

(3) Must have obtained certification by the Educational Commission for Foreign Medical Graduates. This requirement may be waived if:

(a) The accredited postgraduate training was completed in Canada; or

(b) The accredited postgraduate training was completed prior to the enforcement of the ECFMG certification; or

(c) The applicant has been certified by a specialty board; or

(d) The applicant has successfully completed a Fifth Pathway training program.

(4) Must have satisfactorily completed an approved internship, residency or clinical fellowship in the United States or Canada of at least three years of progressive training in not more than two specialties in training programs accredited for internship, residency or fellowship training by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

(a) The following may be used in lieu of the three years of postgraduate training:

(A) Current certification by a specialty board; or

(B) Successful completion of four years of practice in Oregon under a Limited License, Medical Faculty, in accordance with OAR 847-020-0140(1); or

(C) Successful completion of four years of practice in another United States jurisdiction under a license substantially similar to the Limited License, Medical Faculty.

(b) If the applicant is unable to satisfy the requirement in section (4) of this rule for postgraduate training, and the applicant has been granted a dispensation by a specialty board whereby the specialty board has granted credit for postgraduate training completed abroad toward fulfillment of the requirements for admission to a future specialty board's certification examination, the Board may consider the dispensation as fulfilling that same portion of the Board's requirement for postgraduate training.

(5) Must pass a written licensure examination as provided in ORS 677.110 and OAR 847-020-0170.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.110 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 8-2002, f. & cert. ef. 7-17-02; BME 10-2004(Temp), f. & cert. ef. 4-22-04 thru 10-15-04; BME 15-2004, f. & cert. ef. 7-13-04; BME 8-2005, f. & cert. ef. 7-20-05; BME 4-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 10-2006, f. & cert. ef. 5-8-06; BME 20-2007, f. & cert. ef. 10-24-07; BME 4-2009, f. & cert. ef. 1-22-09; BME 6-2010, f. & cert. ef. 4-26-10; BME 11-2010(Temp), f. & cert. ef. 7-26-10 thru 1-10-11; BME 17-2010, f. & cert. ef. 10-25-10; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0140

Limited License, Medical Faculty Qualifications

(1) Any physician who does not qualify for a medical license under any of the provisions of this chapter and who is offered by the Dean of an approved medical school in this state a full-time faculty position may, after application to and approval by the Board, be granted a Limited License, Medical Faculty to engage in the practice of medicine only to the extent that such practice is incident to and a necessary part of the applicant's duties as approved by the Board in connection with such faculty position.

(2) To qualify for a Limited License, Medical Faculty an applicant must meet all the following requirements:

(a) Furnish documentary evidence satisfactory to the Board that the applicant is a United States citizen or is legally admitted to the United States.

(b) Furnish documentary evidence satisfactory to the Board that the applicant has been licensed to practice and has practiced medicine and surgery for not less than four years in another state or country whose requirements for licensure are satisfactory to the Board, or has been engaged in the practice of medicine in the United States for at least four years in approved hospitals, or has completed a combination of such licensed practice and training.

(c) The dean of the medical school must certify in writing to the Board that the applicant has been appointed to a full-time faculty position; that a position is available; and that because the applicant has unique expertise in a specific field of medicine, the medical school considers the applicant to be a valuable member of the faculty.

(d) The head of the department in which the applicant is to be appointed must certify in writing to the Board that the applicant will be under the direction of the head of the department and will not be permitted to practice medicine unless as a necessary part of the applicant's duties as approved by the Board in subsection (1)(a) of this rule.

(e) The applicant may be required to take and pass an examination by the Board.

(3) A Limited License, Medical Faculty is valid for one year after issuance and may be renewed as frequently as needed for a total period not to exceed four years. The four years must be consecutive.

(4) Having completed four years of practice under a Limited License, Medical Faculty and successfully passed one of the examinations or combination of examinations per OAR 847-020-0170, the applicant is eligible for licensure.

Stat. Auth.: ORS 677.132 & 677.265

Stats. Implemented: ORS 677.100, 677.110, 677.132 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2002, f. & cert. ef. 4-23-02; BME 3-2006, f. & cert. ef. 2-8-06; BME 4-2007, f. & cert. ef. 1-24-07; BME 18-2008, f. & cert. ef. 7-21-08; BME 23-2008, f. & cert. ef. 10-31-08; OMB 9-2013, f. & cert. ef. 4-5-13; OMB 23-2013, f. & cert. ef. 10-1-13

847-020-0150

Documents and Forms to be Submitted for Licensure

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year.

(2) Birth Certificate: A copy of birth certificate.

(3) Medical School Diploma: A copy of a diploma showing graduation from an approved school of medicine or an international school of medicine.

(4) American Specialty Board Certificate or Recertification Certificate: A copy of the certificate issued by the American Specialty Board in the applicant's specialty, if applicable.

(5) Photograph: A close-up, passport quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(6) The results of a Practitioner Self-Query from the National Practitioner Data Bank sent to the Board by the applicant.

(7) Legible fingerprints as described in 847-008-0068 for the purpose of a criminal records background check.

(8) An applicant must pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and an open-book examination on the Drug Enforcement Administration's regulations governing the use of controlled substances. If an applicant fails one or both examinations three times, the applicant's application will be reviewed by the Board's Administrative Affairs Committee and the applicant must attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination(s), before being given

a fourth and final attempt to pass the examination(s). If the applicant does not pass the examination(s) on the fourth attempt, the applicant may be denied licensure.

(9) Any other documentation or explanatory statements as required by the Board.

Stat. Auth.: ORS 677.100 & 677.265

Stats. Implemented: ORS 677.010 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 3-2006, f. & cert. ef. 2-8-06; BME 15-2007, f. & cert. ef. 7-23-07; BME 20-2007, f. & cert. ef. 10-24-07; BME 6-2010, f. & cert. ef. 4-26-10; OMB 9-2013, f. & cert. ef. 4-5-13; OMB 34-2013, f. & cert. ef. 10-15-13

847-020-0160

Letters and Official Verifications to be Submitted for Licensure

The applicant must ensure that official documents are sent to the Board directly from:

(1) The Medical/Osteopathic School:

(a) A Dean’s Letter of Recommendation must include a statement concerning the applicant’s moral and ethical character and overall performance as a medical student. If the school attests that a Dean’s Letter is unavailable or the Board determines that it is unacceptable, a copy of the transcripts may be acceptable.

(b) Verification of Medical Education form must include degree issued, date of degree, dates of attendance for each year, dates and reason for any leaves of absence or repeated years, and dates, name and location of school of medicine if a transfer student.

(2) The Fifth Pathway Hospital, if such applies: An evaluation of overall performance and specific beginning and ending dates of training.

(3) The Educational Commission for Foreign Medical Graduates: Verification of certification.

(4) The Director of Medical Education, Chairman or other official of the internship, residency and fellowship hospitals in the United States and other countries: An evaluation of overall performance, specialty and specific beginning and ending dates of training.

(5) The Director or other official for practice and employment in hospitals, clinics, etc. in the United States and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospital/clinic, must include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. If the applicant has not practiced for more than two years, employment verifications will be required for the past ten (10) years. For physicians who have been or are in solo practice without hospital privileges at the time of solo practice, provide three reference letters from physicians in the local medical community who are familiar with the applicant’s practice and who have known the applicant for more than six months.

(6) All health licensing boards in any jurisdiction where the applicant has ever been licensed; regardless of status, i.e., current, lapsed, never practiced there: Verification, sent directly from the boards, must show license number, date issued, examination grades if applicable and status.

(7) Official Examination Certifications: An official examination certification showing the examination score is required directly from the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, the Medical Council of Canada, the Federation of State Medical Boards or the individual state administering the exam.

(8) The Federation of State Medical Boards: A Board Action Databank Inquiry report.

(9) Any other documentation as required by the Board, including but not limited to medical records and criminal or civil records.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.010, 677.100 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 8-2005, f. & cert. ef. 7-20-05; BME 15-2007, f. & cert. ef. 7-23-07; BME 18-2008, f. & cert. ef. 7-21-08; BME 6-2010, f. & cert. ef. 4-26-10; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0165

Application for Licensure by Military Spouse or Domestic Partner

(1) “Military spouse or domestic partner” means a spouse or domestic partner of an active member of the Armed Forces of the United States who is the subject of a military transfer to Oregon.

(2) To qualify for licensure under this rule, the military spouse or domestic partner must:

(a) Meet the qualifications for licensure as stated in OAR 847-020-0120, 847-020-0130, and 847-020-0170;

(b) Be married to, or in a domestic partnership with, a member of the Armed Forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;

(c) Be licensed to practice medicine in another state or territory of the United States;

(d) Be in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his or her license in any jurisdiction where the applicant is or has been licensed; and

(e) Have at least one year of active practice or teaching of medicine during the three years immediately preceding the application.

(3) If a military spouse or domestic partner applies for a license to practice medicine, the Board may accept:

(a) A copy of the medical school diploma to fulfill the requirement for a Dean’s Letter of Recommendation and the Verification of Medical Education form; and

(b) Verification of licensure in good standing from the jurisdiction of current or most recent practice of medicine to fulfill the requirement of verifications of licensure from all jurisdictions of prior and current health related licensure.

(4) If a military spouse or domestic partner applies for a license to practice medicine, the Board will obtain the following on behalf of the applicant:

(a) The results of a query of the National Practitioner Data Bank; and

(b) The results of a query of the Federation of State Medical Boards’ Board Action Data Bank.

(5) In addition to the documents required in section (3) of this rule and by OAR 847-020-0150 and 847-020-0160, the military spouse or domestic partner must submit a copy of the:

(a) Marriage certificate or domestic partnership registration with the name of the applicant and the name of the active duty member of the Armed Forces of the United States; and

(b) Assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration.

Stat. Auth.: ORS 677.265 & HB 2037 (2013)

Stats. Implemented: ORS 677.010, 677.100, 677.265 & HB 2037 (2013)

Hist.: OMB 21-2013(Temp), f. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 35-2013, f. & cert. ef. 10-15-13

847-020-0170

Examination for Licensure

(1) The applicant must have passed one of the following examinations or combinations of examinations:

(a) United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3.

(b) National Board of Osteopathic Medical Examiners (NBOME) examination or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) or any combination of their parts.

(c) Medical Council of Canada Qualifying Examination (MCCQE) Parts 1 and 2.

(d) Federation Licensing Examination (FLEX) Components 1 and 2 or FLEX Days I, II, and III.

(e) National Board of Medical Examiners (NBME) Parts I, II, and III.

(f) State licensing examination administered by a state or territory of the United States, if approved by the Board.

(g)(A) NBME Part I or USMLE Step 1; and

(B) NBME Part II or USMLE Step 2; and

- (C) NBME Part III or USMLE Step 3 or FLEX Component 2.
- (h) FLEX Component 1 and USMLE Step 3.

(2) The score achieved on each Step, Part, Component or state examination must equal or exceed the figure established by the entity administering the examination as a passing score.

(3) All Steps, Parts or Components listed in subsections (1)(g)–(h) must be administered prior to January 2000, except for applicants who participated in and completed a combined MD/DO/PhD program.

(4) The applicant who bases an application on passing the USMLE or the NBOME examination or the COMLEX must have done so under the following conditions:

(a) All three Steps of USMLE, or all three Levels of the NBOME examination or COMLEX or any combination, must be passed within a seven-year period which begins when the first Step or Level, either Step 1 or Step 2 or Level 1 or Level 2, is passed. An applicant who has not passed all three Steps or Levels within the seven-year period may request an exception to the seven-year requirement if he/she:

(A) Has current certification by a specialty board as defined in 847-020-0100; or

(B) Suffered from a documented significant health condition which by its severity would necessarily cause a delay to the applicant's medical or osteopathic study; or

(C) Participated in a combined MD/DO/PhD program; or

(D) Completed continuous approved post-graduate training with the equivalent number of years to an MD/DO/PhD program; or

(E) Experienced other extenuating circumstances that do not indicate an inability to safely practice medicine as determined by the Board.

(b) The applicant must have passed USMLE Step 3 or NBOME's COMLEX Level 3 within four attempts whether for Oregon or any other state. After the third failed attempt, the applicant must have completed one additional year of postgraduate training in the United States or Canada prior to readmission to the examination. The Board must approve the additional year of training to determine whether the applicant is eligible for licensure. The applicant, after completion of the required year of training, must have passed USMLE Step 3 or COMLEX Level 3 on their fourth and final attempt. An applicant who has passed USMLE Step 3 or COMLEX Level 3, but not within the four attempts as required, may request a waiver of this requirement if he/she has current certification by a specialty board as defined in 847-020-0100.

(5) The applicant who bases an application upon passing the FLEX examination must have done so under the following conditions:

(a) The FLEX examination must have been passed within seven years of the first attempt. The applicant who has taken the FLEX examination (Day I, II, and III) administered between June 1968 and December 1984 must have taken the entire examination at one sitting. The applicant who has taken the FLEX examination (Components 1 and 2), in June 1985 or after, was not required to take both Components 1 and 2 at one sitting.

(b) The applicant may not have taken the FLEX examination more than a total of four times, whether in Oregon or other states, whether the components were taken together or separately. After the third failed attempt, the applicant must have satisfactorily completed one year of approved training in the United States or Canada prior to having taken the entire FLEX examination at one sitting on the fourth and final attempt. An applicant who has passed the FLEX examination but not within the four attempts may request a waiver of this requirement if he/she has current certification by a specialty board as defined in 847-020-0100.

(c) Only the applicant's scores on the most recently taken FLEX examination will be considered to determine eligibility.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110, 677.120 & 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 5-2003, f. & cert. ef. 1-27-03; BME 10-2003, f. & cert. ef. 5-2-03; BME 14-2003(Temp), f. & cert. ef. 9-9-03 thru 3-1-04; BME 3-2004, f. & cert. ef. 1-27-04; BME 7-2004, f. & cert. ef. 4-22-04; BME 15-2004, f. & cert. ef. 7-13-04; BME 8-2005, f. & cert. ef. 7-20-05; BME 3-2006, f. & cert. ef. 2-8-06; BME 4-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 10-2006, f. & cert. ef. 5-8-06; BME 20-2007, f. & cert. ef. 10-24-

07; BME 18-2008, f. & cert. ef. 7-21-08; BME 6-2009(Temp), f. & cert. ef. 4-9-09 thru 10-2-09; Administrative correction 10-22-09; OMB 24-2012, f. & cert. ef. 8-3-12; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0182

SPEX or COMVEX Requirements

(1) If an applicant for licensure or reactivation has not completed postgraduate training within the past 10 years or been certified or recertified by a specialty board within the past 10 years, the applicant may be required to demonstrate clinical competency by passing the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX).

(2) The SPEX/COMVEX requirement may be waived if the applicant has done one or more of the following:

(a) Received a current appointment as Professor or Associate Professor at the Oregon Health and Science University or the Western University of Health Sciences College of Osteopathic Medicine of the Pacific;

(b) Completed at least 50 hours of Board-approved continuing medical education each year for the past three years; or

(c) Can demonstrate ongoing participation in maintenance of certification with a specialty board as defined in 847-020-0100.

(3) The applicant who fails the SPEX or COMVEX three times, whether in Oregon or other states, must successfully complete one year of an accredited residency or an accredited or Board-approved clinical fellowship before retaking the SPEX or COMVEX.

(4) The applicant may be granted a Limited License, SPEX/COMVEX according to 847-010-0064.

(5) All rules, regulations and statutory requirements pertaining to the medical school graduate remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.132, 677.190 & 677.265

Hist.: OMB 25-2012, f. & cert. ef. 8-3-12; OMB 9-2013, f. & cert. ef. 4-5-13; OMB 13-2014, f. & cert. ef. 10-8-14

847-020-0183

Re-Entry to Practice — SPEX or COMVEX Examination, Re-Entry Plan

If an applicant has ceased the practice of medicine for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to demonstrate clinical competency.

(1) The applicant who has ceased the practice of medicine for a period of 12 or more consecutive months may be required to pass the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). This requirement may be waived if the applicant has done one or more of the following:

(a) The applicant has received a current appointment as Professor or Associate Professor at the Oregon Health and Science University or the Western University of Health Sciences College of Osteopathic Medicine of the Pacific;

(b) The applicant can demonstrate ongoing participation in maintenance of certification with a specialty board as defined in 847-020-0100; or

(c) Subsequent to ceasing practice, the applicant has:

(A) Completed one year of an accredited residency, or

(B) Completed one year of an accredited or Board-approved clinical fellowship, or

(C) Been certified or recertified by a specialty board as defined in 847-020-0100, or

(D) Obtained continuing medical education to the Board's satisfaction.

(2) The applicant who has ceased the practice of medicine for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out-of-practice, the applicant may be required to do one or more of the following:

(a) Pass the SPEX/COMVEX examination;

(b) Practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the Board;

(c) Obtain certification or re-certification, or participate in maintenance of certification, with a specialty board as defined in 847-020-0100;

(d) Complete a re-entry program as determined appropriate by the Board;

(e) Complete one year of accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director;

(f) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years.

(3) The applicant who fails the SPEX or COMVEX examination three times, whether in Oregon or other states, must successfully complete one year of an accredited residency or an accredited or Board-approved clinical fellowship before retaking the SPEX or COMVEX examination.

(4) The applicant may be granted a Limited License, SPEX/COMVEX according to 847-010-0064.

(5) All of the rules, regulations and statutory requirements pertaining to the medical school graduate remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.190 & 677.265

Hist.: BME 20-2007, f. & cert. ef. 10-24-07; BME 4-2008, f. & cert. ef. 1-22-08; BME 6-2010, f. & cert. ef. 4-26-10; OMB 25-2011, f. & cert. ef. 10-18-11; OMB 9-2013, f. & cert. ef. 4-5-13; OMB 11-2014, f. & cert. ef. 4-9-14; OMB 13-2014, f. & cert. ef. 10-8-14

847-020-0185

License Application Withdrawals

(1) The Board will consider a request by an applicant to withdraw his/her application for licensure in the State of Oregon under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains no evidence of violation of any provision of ORS 677.010 — 677.855.

(2) An applicant may request to withdraw his/her application for licensure in the State of Oregon and the withdrawal will be reported to the Federation of State Medical Boards under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains evidence that the applicant may have violated any provision of ORS 677.010 — 677.855, but the Board has decided that there is an insufficient basis to proceed to formal discipline, or a licensing body in another state has imposed formal discipline or entered into a consent agreement for the same conduct, and that action has been reported to the National Practitioner Data Bank.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.190, 677.265

Hist.: BME 11-2006, f. & cert. ef. 5-8-06; OMB 34-2013, f. & cert. ef. 10-15-13

847-020-0190

Denial of Licensure

An applicant may not be entitled to a license who:

(1) Has failed to pass a medical licensure examination for licensure in the State of Oregon;

(2) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated and the applicant's license is in good standing in the state or country which had revoked the same;

(3) Has been refused a license or certificate in any other state or country on any grounds other than failure in a medical licensure examination;

(4) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(5) Has been guilty of cheating or subverting the medical licensing examination process. Medical licensing examination means any examination given by the Board to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(a) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(b) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other

than examination materials distributed by board staff, which could facilitate the applicant in completing the examination;

(c) Communicating with any other examinee during the administration of the examination;

(d) Removing from the examining room any examination materials;

(e) Photographing or otherwise reproducing examination materials.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.190

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 11-2003, f. & cert. ef. 7-15-03; OMB 9-2013, f. & cert. ef. 4-5-13

847-020-0200

Required School Subjects

Subjects covered in schools of medicine that grant degrees of Doctor of Medicine or Doctor of Osteopathy as set forth in ORS 677.110 are basic sciences, clinical sciences, clinical competence and/or other subjects that may be specified by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

DIVISION 23

RULES FOR LICENSURE OF VOLUNTEER EMERITUS PHYSICIANS

847-023-0000

Definitions

(1) "Health clinic" means a public health clinic or a health clinic operated by a charitable corporation that mainly provides primary physical health, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient.

(2) "Emeritus registration" means a licensee who has retired from active practice, but does only volunteer, non-remunerative practice and receives no direct monetary compensation, may register and pay an annual emeritus registration fee.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.120, 677.265

Hist.: BME 16-2006, f. & cert. ef. 7-25-06

847-023-0005

Qualifications

(1) The Board may issue a volunteer emeritus license to a physician who volunteers at a health clinic provided that the physician:

(a) Has a current license to practice medicine in another state or territory of the United States or the District of Columbia; and

(b) Has successfully passed one of the examinations or combination of examinations per OAR 847-020-0170.

(2) A physician applying for a license to volunteer in health clinics who has not practiced medicine for more than twenty-four (24) months immediately prior to filing the application for licensure with the Board, may be required to take and pass the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). This requirement may be waived if the applicant has done one or more of the following:

(a) Within ten years of filing an application with the Board, completed an accredited one year residency, or an accredited or Board approved one year clinical fellowship;

(b) Within ten years of filing an application with the Board, been certified or recertified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA-BOS);

(c) Obtained continuing medical education to the Board's satisfaction; or

(d) Can demonstrate ongoing participation in maintenance of certification with the ABMS or AOA-BOS.

(3) The Limited License, SPEX/COMVEX may be granted for a period of 6 months and permits the licensee to practice medicine only until the grade results of the SPEX or COMVEX examination are available and the applicant completes the initial registration pro-

cess. The Limited License, SPEX/COMVEX would become invalid should the applicant fail the SPEX or COMVEX examination and the applicant, upon notification of failure of the examination, must cease practice in this state as expeditiously as possible, but not to exceed two weeks after the applicant receives notice of failure of the examination.

Stat. Auth.: ORS 677.120 & 677.265

Stats. Implemented: ORS 677.120 & 677.265

Hist.: BME 16-2006, f. & cert. ef. 7-25-06; BME 5-2008, f. & cert. ef. 1-22-08; OMB 1-2015, f. & cert. ef. 1-13-15

847-023-0010

Documents and Forms to be Submitted for Licensure

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year. The application fee is waived for physicians applying for a volunteer emeritus license.

(2) Birth Certificate: A copy of birth certificate.

(3) Medical School Diploma: A copy of a diploma showing graduation from an approved school of medicine or an international school of medicine. International medical graduates must have graduated after meeting the attendance requirements specified in OAR 847-020-0130.

(4) American Specialty Board Certification or Recertification: A copy of the certification or recertification certificate issued by the American Specialty Board in the applicant's specialty, if applicable.

(5) Photograph: A close-up, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(6) The results of a Practitioner Self-Query from the National Practitioner Data Bank sent directly to the Board by the applicant.

(7) Legible fingerprints as described in 847-008-0068 for the purpose of a criminal records background check.

(8) An applicant must pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and an open-book examination on the Drug Enforcement Administration's regulations governing the use of controlled substances. If an applicant fails one or both examinations three times, the applicant's application will be reviewed by the Board's Administrative Affairs Committee and the applicant must attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination(s) before being given a fourth and final attempt to pass the examination(s). If the applicant does not pass the examination(s) on the fourth attempt, the applicant may be denied licensure.

(9) Any other documentation or explanatory statements as required by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.120 & 677.265

Hist.: BME 9-2007(Temp), f. & cert. ef. 2-6-07 thru 8-3-07; BME 16-2007, f. & cert. ef. 7-23-07; BME 7-2010, f. & cert. ef. 4-26-10; OMB 1-2015, f. & cert. ef. 1-13-15

847-023-0015

Letters and Official Verifications to be Submitted for Licensure

(1) The applicant must ensure that either official documents are sent directly to the Board from the source or a certified copy is sent directly to the Board from another state medical board where the applicant is licensed:

(a) The Verification of Medical Education form, which includes degree issued, date of degree, dates of attendance, dates and reason of any leaves of absence or repeated years, and dates, name and location of medical school if a transfer student. Graduates of medical schools in the United States must have graduated from a school per OAR 847-020-0120(1) and graduates of international

medical schools must have graduated from a school per 847-020-0130(2).

(b) A Dean's Letter of Recommendation, which includes a statement concerning the applicant's moral and ethical character and overall performance as a medical student. If the school attests that a Dean's Letter is unavailable or the Board determines that it is unacceptable, a copy of the transcripts may be acceptable.

(c) A letter from the Fifth Pathway Hospital, if such applies, which includes an evaluation of overall performance and specific beginning and ending dates of training.

(d) A letter from the Director of Medical Education, Chairman or other official of the internship, residency and fellowship hospitals in the United States and other countries in which the postgraduate training was served, which includes an evaluation of overall performance and specific beginning and ending dates of training.

(2) The applicant must ensure that official documents are sent directly to the Board from:

(a) The Director or other official for practice and employment in hospitals, clinics, etc. in the United States and other countries: A currently dated original letter (a copy is not acceptable), from the hospital/clinic, which must include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. If the applicant has not practiced for more than two years, employment verifications will be required for the past ten (10) years. For physicians who have been or are in solo practice without hospital privileges at the time of solo practice, provide three reference letters from physicians in the local medical community who are familiar with the applicant's practice and who have known the applicant for more than six months.

(b) The health licensing board in a state, district, territory or jurisdiction in the United States or Canada where the applicant has been licensed and is currently practicing or most recently practiced: Verification, which must show license number, date issued and status.

(c) Official Examination Certifications: An official examination certification showing the examination score is required from the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), the Federation Licensing Examination (FLEX), the Federation of State Medical Boards for the United States Medical Licensing Examination (USMLE), or the Medical Council of Canada.

(d) The Federation of State Medical Boards: A Board Action Databank Inquiry report.

(e) The Educational Commission for Foreign Medical Graduates Verification of Certification.

(f) Any other documentation as required by the Board, including but not limited to medical records and criminal or civil records.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.120 & 677.265

Hist.: BME 9-2007(Temp), f. & cert. ef. 2-6-07 thru 8-3-07; BME 16-2007, f. & cert. ef. 7-23-07; BME 7-2010, f. & cert. ef. 4-26-10; OMB 1-2015, f. & cert. ef. 1-13-15

DIVISION 25

RULES FOR LICENSURE TO PRACTICE MEDICINE ACROSS STATE LINES

847-025-0000

Preamble

(1) A physician granted a license to practice medicine across state lines is subject to all the provisions of the Medical Practice Act (ORS Chapter 677), and to all the administrative rules of the Oregon Medical Board.

(2) A physician granted a license to practice medicine across state lines has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677, including but not limited to the following:

(a) The physician shall establish a physician-patient relationship;

(b) The physician shall make a judgment based on some type of objective criteria upon which to diagnose, treat, correct or prescribe;

(c) The physician shall engage in all necessary practices that are in the best interest of the patient; and

(d) The physician shall refrain from writing prescriptions for medication resulting only from a sale or consultation over the Internet.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00; BME 14-2008(Temp), f. & cert. ef. 7-15-08 thru 1-9-09; BME 24-2008, f. & cert. ef. 10-31-08

847-025-0010

Definitions

“The practice of medicine across state lines” means:

(1) The direct rendering to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within Oregon for the purpose of patient care by a physician located outside Oregon as a result of the transmission of individual patient data by electronic or other means from within Oregon to that physician or the physician’s agent outside Oregon; or

(2) The direct rendering of medical treatment to a person located within Oregon by a physician located outside Oregon as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician or the physician’s agent outside the state.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

847-025-0020

Exemptions

A license to practice across state lines is not required of a physician:

(1) Engaging in the practice of medicine across state lines in an emergency (ORS 677.060(3)); or

(2) Located outside this state who consults with another physician licensed to practice medicine in this state, and who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state;

(3) Located outside the state and has an established physician-patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that physician.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

847-025-0030

Limitations

(1) A license for the practice of medicine across state lines does not permit a physician to practice medicine in the state of Oregon except when engaging in the practice of medicine across state lines.

(2) A license to practice medicine across state lines is not a limited license per ORS 677.132.

(3) A physician issued a license to practice medicine across state lines shall not:

(a) Act as a dispensing physician as described in ORS 677.010 (5);

(b) Treat a person within this state for intractable pain, per ORS 677.470, 677.489;

(c) Act as a supervising physician of an Oregon licensed Physician Assistant as defined in ORS 677.495(4);

(d) Act as a supervising physician of an Oregon-certified First Responder or Emergency Medical Technician as defined in ORS 682.245;

(e) Be eligible for any tax credit provided by ORS 316.076;

(f) Participate in the Rural Health Services Program under 442.550 to 442.570; or

(g) Assert a lien for services under ORS 87.555.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

847-025-0040

Qualifications

(1) To qualify for a license to practice medicine across state lines:

(a) An out-of-state physician must hold a full, unrestricted license to practice medicine in any other state, must not have been the recipient of a previous disciplinary or other actions by any other state or jurisdiction; or

(b) An out-of-state physician who has been the recipient of previous disciplinary or other action by any state or jurisdiction may be issued a license for the practice of medicine across state lines if the Board finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public interest, health, welfare and safety of the citizens of the state of Oregon; and

(c) Must otherwise meet the standards of licensure under ORS 677.

(2) An out-of-state physician would not qualify for a license to practice medicine across state lines if the applicant is the subject of a pending investigation by a state medical board or another state or federal agency.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

847-025-0050

Application

(1)(a) When applying for a license to practice medicine across state lines, the physician shall submit to the Board the completed application, fees, documents, letters, and any other information required by the Board for physician (MD/DO) licensure as stated in OAR 847, division 020.

(b) A description of the applicant’s intended practice of medicine across state lines in the state of Oregon.

(2) A physician applying for a license to practice medicine across state lines who has not completed the licensure process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.139, 677.265

Hist.: BME 10-2000, f. & cert. ef. 7-27-00; BME 2-2002, f. & cert. ef. 1-28-02; BME 5-2007, f. & cert. ef. 1-24-07

847-025-0060

Medical Records and Personal Appearance

A physician granted a license to practice medicine across state lines shall:

(1) Comply with all applicable laws, rules, and regulations in this state governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this state are maintained; and

(2) Produce patient medical records or other materials as requested by the Board and appear before the Board following receipt of a written notice issued by the Board. Failure of the physician to appear or to produce records or materials as requested shall constitute grounds for disciplinary action per ORS 677.190.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.135, 677.137, 677.139 & 677.141

Hist.: BME 10-2000, f. & cert. ef. 7-27-00

DIVISION 26

RULES FOR LICENSE BY EXPEDITED ENDORSEMENT

847-026-0000

Qualifications for License by Endorsement

(1) The Oregon Medical Board may issue a license by endorsement to a physician who:

(a) Meets the requirements for licensure as stated in OAR 847-020-0120, 847-020-0130, 847-020-0170, and 847-023-0005;

(b) Has not had privileges at a hospital, clinic, or surgical center denied, reduced, restricted, suspended, revoked, terminated and has not been subject to staff disciplinary action or non-renewal of an

employment contract for reasons in the Board's judgment related to medical practice or unprofessional conduct, or been requested to voluntarily resign or had privileges suspended while under investigation;

(c) Is eligible for primary source verification of medical education, post-graduate training and examination scores through the state in which the applicant was originally licensed. The Board may use current certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists as a proxy for verification of medical education, post-graduate training and examination scores from the initial state of licensure;

(d) Is in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his/her license in any state, district, territory, or jurisdiction where applicant is or has been licensed;

(e) Has no significant malpractice claim patterns or patient care issues as determined by the Board;

(f) Has one (1) year of current, active, unrestricted, unlimited clinical practice in their medical specialty, if any, as an active, unrestricted, unlimited licensee of a state, district, territory, or jurisdiction in the United States or Canada in the year preceding the physician's submission to the Board of an application to practice in Oregon, or if retired must have been retired for no more than one (1) calendar year preceding the physician's submission to the Board of an application to practice in Oregon.

(A) Clinical patient practice will be documented by verification of staff privileges, or non-consulting medical employment.

(B) A year of accredited clinical fellowship in the applicant's medical specialty as an active, unrestricted, unlimited licensee of a state, district, territory or jurisdiction in the United States or Canada qualifies as a year of clinical practice.

(2) A physician is not eligible for licensure by endorsement if the Board finds that the applicant has engaged in conduct prohibited by ORS 677.190.

(3) An applicant ineligible for licensure by endorsement may make a full and complete application per the requirements of OAR 847, division 020, or OAR 847, division 023.

Stat. Auth.: ORS 677.133 & 677.265

Stats. Implemented: ORS 677.133 & 677.265

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10; OMB 2-2015, f. & cert. ef. 1-13-15; OMB 8-2015, f. & cert. ef. 10-13-15

847-026-0005

Application

The applicant must submit a completed application to the board on a form furnished by the Board with the required non-refundable application fee. The applicant must attest that all questions have been answered completely and all answers and statements are true and correct. Any false information is grounds for denial, limitation, suspension or revocation of licensure.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

847-026-0010

Documents, Letters, Certifications Obtained by the Board

The Board will obtain the following documents, letters, certifications if any and results of queries of national databases required for licensure on behalf of the applicant:

(1) Verification of certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(2) Verification of re-certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(3) The results of a query of the National Practitioner Data Bank; and

(4) The results of the query of the Federation of State Medical Boards' Board Action Data Bank.

Stat. Auth.: ORS 677.265, 677.115

Stats. Implemented: ORS 677.265, 677.115)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10; OMB 36-2013, f. & cert. ef. 10-15-13

847-026-0015

Documents and Forms to be Submitted for Licensure

(1) The following additional documents are required for a completed application and can be submitted by the applicant, the applicant's initial state of licensure, or the Federation of State Medical Boards' Federation Credentialing Verification Service Profile (FCVS):

(a) Birth Certificate: A copy of the applicant's birth certificate for proof of name and birth date, and any name change documentation if there has been a name change from birth name;

(b) Medical School Diploma: A copy of a diploma showing the applicant's graduation from an approved school of medicine, or a foreign school of medicine that meets the requirement of OAR 847-020-0130(2)(b)(D);

(c) Internship, Residency and Fellowship Certificates: A copy of official internship, residency and fellowship certificates showing the applicant's completion of all postgraduate training;

(2) The applicant must submit the following:

(a) An open-book examination on the Medical Practice Act and an open-book examination on the regulations of the Drug Enforcement Administration governing the use of controlled substances;

(b) The completed fingerprint card with the Identification Verification form.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

847-026-0020

Letters and Official Grade Certifications to be Submitted for Licensure

The applicant must request official letters or verifications to be sent to the Board directly from the following:

(1) The Executive Secretary of the State Boards in the United States or Canada where the applicant has been currently or most recently practicing. The currently dated original verification of license (copy is not acceptable) shall show license number, date issued, grades if applicable and status.

(2) The National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), the Medical Council of Canada (LMCC), or the Federation of State Medical Boards (FLEX, USMLE) must provide an official grade certification if not available from the initial state of licensure;

(3) The Director or other official for practice and employment in hospitals, clinics and surgical centers in the United States and Canada. A verification form or letter with original signature must be submitted from the practice sites where the applicant was physically practicing which shall include an evaluation of overall performance and specific beginning and ending dates of practice and employment from the past five (5) years.

Stat. Auth.: ORS 677.265, HB 2435 (2009)

Stats. Implemented: ORS 677.265, HB 2435 (2009)

Hist.: BME 21-2009(Temp), f. & cert. ef. 10-23-09 thru 4-15-10; BME 4-2010, f. & cert. ef. 1-26-10

DIVISION 28

RULES FOR LICENSURE OF VOLUNTEER CAMP PHYSICIANS

847-028-0000

Preamble

A physician granted a license to volunteer medical services at a camp operated by a nonprofit organization:

(1) Is subject to all the provisions of the Medical Practice Act (ORS Chapter 677), and to all the administrative rules of the Oregon Medical Board.

(2) Has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.110 & 677.120
 Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0010

Qualifications

The Oregon Medical Board may issue a license for the voluntary provision of health care services at a camp operated by a nonprofit organization to a physician who has a current license to practice medicine in another state or territory of the United States or the District of Columbia, provided that:

- (1) The physician practices medicine for no more than 14 days in a calendar year at a camp operated by a non-profit organization;
- (2) Renders services within the scope of practice authorized by the physician's license;
- (3) Holds a current license that has not been suspended or revoked and is not under current disciplinary action (order) pursuant to disciplinary proceedings in any jurisdiction;
- (4) Is not under internal review or discipline in any hospital, clinic, or health care facility; and
- (5) Is not under disciplinary investigation by any medical licensing authority that issued the physician a state license to practice medicine.
- (6) Must otherwise meet the standards of licensure under ORS 677.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.110 & 677.120
 Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0020

Limitations

(1) A license to volunteer medical services at a camp operated by a nonprofit organization does not permit a physician to practice medicine in the state of Oregon except when engaging in the provision of health care services at a camp operated by a nonprofit organization.

(2) A license to volunteer medical services at a camp operated by a nonprofit organization is not a limited license per ORS 677.132.

(3) A physician issued a license to volunteer medical services at a camp operated by a nonprofit organization shall not:

- (a) Act as a dispensing physician as described in ORS 677.010(5);
- (b) Treat a person within this state for intractable pain, per ORS 677.470, 677.489;
- (c) Act as a supervising physician of an Oregon licensed Physician Assistant as defined in ORS 677.495(4);
- (d) Act as a supervising physician of an Oregon-certified First Responder or Emergency Medical Technician as defined in ORS 682.245;
- (e) Be eligible for any tax credit provided by ORS 316.076;
- (f) Participate in the Rural Health Services Program under ORS 442.550 to 442.570; or
- (g) Assert a lien for services under ORS 87.555.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.110 & 677.120
 Hist.: BME 3-2002, f. & cert. ef. 1-28-02

847-028-0030

Application

(1) When applying for a license to volunteer medical services at a camp operated by a nonprofit organization, the physician shall submit to the Board the completed application, fees, documents, letters, and any other information required by the Board for physician (MD/DO) licensure as stated in OAR 847, division 020.

(2) A physician applying for a license to volunteer medical services at a camp operated by a nonprofit organization who has not completed the process within a 12 month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.265
 Hist.: BME 3-2002, f. & cert. ef. 1-28-02; BME 6-2007, f. & cert. ef. 1-24-07

847-028-0040

Medical Records and Personal Appearance

A physician granted a license to volunteer medical services at a camp operated by a nonprofit organization shall:

(1) Comply with all applicable laws, rules, and regulations in this state governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this state are maintained; and

(2) Produce patient medical records or other materials as requested by the Board and appear before the Board following receipt of a written notice issued by the Board. Failure of the physician to appear or to produce records or materials as requested shall constitute grounds for disciplinary action per ORS 677.190.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.110 & 677.120
 Hist.: BME 3-2002, f. & cert. ef. 1-28-02

DIVISION 31

BOARD APPROVAL OF FOREIGN SCHOOLS OF MEDICINE

847-031-0010

Criteria for Approval of Foreign Schools of Medicine

A foreign school of medicine must meet the following criteria to be approved by the Oregon Medical Board.

(1) Objectives: A foreign school of medicine shall have a program designed to prepare graduates to enter and complete graduate medical education to qualify for licensure, and to provide competent medical care.

(2) Governance: A foreign school of medicine shall be chartered by the jurisdiction in which it operates.

(3) Administration:

(a) The administrative officers and members of the foreign school medicine faculty shall be appointed by, or under the authority of, the governing board of the foreign school of medicine or its parent university.

(b) The dean of the foreign school of medicine shall be qualified by education and experience to provide leadership in medical education and in the care of patients.

(c) The manner in which the foreign school of medicine is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees shall be promulgated in medical school or university bylaws.

(d) If components of the program are conducted at sites geographically separated from the main campus, the foreign school of medicine shall be fully responsible for the conduct and quality of the educational program at these sites and for identification of the faculty there.

(4) Educational Program for the M.D./D.O. degree:

(a) Duration: The program in the art and science of medicine leading to the M.D./D.O. degree shall include at least 130 weeks of instruction preferably scheduled over a minimum of four calendar years.

(b) Design and Management: The program's faculty shall be responsible for the design, implementation, and evaluation of the curriculum.

(c) Content:

(A) The program's faculty shall be responsible for devising a curriculum that permits the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum shall be designed so that students acquire an understanding of the scientific concepts underlying medicine.

(B) The curriculum shall include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within the basic sciences shall include laboratory or other

practical exercises which facilitate ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

(C) The fundamental clinical subjects which shall be offered in the form of required patient-related clerkships are internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Under these disciplines or independently, students shall receive basic instruction in all organ systems. Instruction and experience in patient care shall be provided in both hospital and ambulatory settings and shall include the important aspects of acute, chronic, preventive and rehabilitative care.

(D) Each required clerkship shall allow the student to undertake a thorough study of a series of selected patients having the major and common types of disease problems represented in the primary and related disciplines of the clerkship.

(E) Supervision shall be provided throughout required clerkships by members of the school's faculty. The required clerkships shall be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students.

(d) Evaluation of Student Achievement:

(A) A committee of the faculty shall establish principles and methods for the evaluation of student achievement and make decisions regarding promotion and graduation.

(B) The faculty of each discipline shall set the standards of achievement by students in the study of the discipline. Narrative descriptions of student performance and of non-cognitive achievements shall be recorded to supplement grade reports.

(C) The chief academic officer and the directors of all courses and clerkships shall design and implement a system of evaluation of the work of each student during progression through each course or clerkship.

(5) Medical Students. Admissions:

(a) The faculty of each foreign school of medicine shall develop criteria and procedures for the selection of students which shall be published and available to potential applicants and to their collegiate advisors.

(b) The selection of students for the study of medicine shall be the responsibility of the foreign school of medicine faculty through a duly constituted committee.

(c) The number of students to be admitted shall be determined by the resources of the school and the number of qualified applicants. The clinical resources include finances, the size of the faculty, the variety of academic fields represented, the library, the number and size of classrooms and student laboratories and the adequacy of their equipment and office and laboratory space for the faculty. There shall be available a spectrum of clinical resources sufficiently under the control of the faculty to ensure breadth and quality of bedside and ambulatory clinical teaching.

(6) Resources for the Educational Program:

(a) General Facilities: A foreign school of medicine shall provide buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to teaching and learning. The facilities shall include faculty offices and research laboratories, student classrooms and laboratories, facilities for individual and group study, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable.

(b) Faculty:

(A) Members of the faculty shall have evidence of clinical competence and commitment to teaching. Effective teaching requires understanding of pedagogy, knowledge of the discipline, and construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The Administration and the faculty shall have knowledge of methods for measurement of the student performance in accordance with the stated educational objectives and national norms.

(B) In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members shall be appointed who possess, in addition to a comprehensive knowledge of their

major discipline, expertise in one or more subdivisions or specialties within each of their disciplines. In the clinical sciences, the number and kind of specialists appointed shall relate to the amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level, as well as for graduate and continuing medical education.

(C) There shall be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process shall involve the faculty, the appropriate departmental heads, and the dean. Each appointee shall receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits.

(c) Library: The foreign school of medicine shall have a well-maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources shall be equipped to allow students to learn methods of retrieving information, as well as the use of self-instruction materials. A professional library staff shall supervise the library and provide instruction in its use.

(d) Clinical Teaching Facilities:

(A) The foreign school of medicine shall have adequate resources to provide clinical instruction to its medical students. Resources shall include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each hospital shall either be accredited or otherwise demonstrate its capability to provide safe and effective care. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources shall be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week.

(B) The nature of the relationship of the foreign school of medicine to affiliated hospitals and other clinical resources is extremely important.

(C) There shall be written affiliation agreements that define the responsibilities of each party. The degree of the schools authority shall reflect the extent that the affiliated clinical facility participates in the educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members shall have authority consistent with their responsibility for the instruction of the students.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.110

Hist. BME 9-2001, f. & cert. ef. 7-24-01

847-031-0020

Protocol for Evaluation of Foreign Schools of Medicine

(1) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall complete the medical evaluation form prepared by the Federation of State Medical Boards. This form may be submitted directly to the Oregon Board through the Federation.

(2) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall post a bond of \$20,000 in U.S. Funds with the Oregon Board to cover costs of this evaluation. The Board shall give an accounting of the expenditure of these funds at the conclusion of the evaluation and any excess funds shall be returned to the foreign school of medicine.

(3) The completed evaluation form will be reviewed by an evaluation panel appointed by the Board. This panel may consist of a member or members of the Board and as many non-Board members as the Board may deem necessary.

(4) As part of the evaluation, the panel may decide an on-site visit is necessary.

(5) Sixty days after submitting the initial report, the panel shall submit to the Board its final recommendations and any additional information provided by the school. The Board at its next meeting shall accept, reject or modify the recommendations.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265

Hist. BME 9-2001, f. & cert. ef. 7-24-01; BME 5-2006, f. & cert. ef. 2-8-06

847-031-0030

Recertification

(1) Approval of a foreign school of medicine shall be valid for a maximum period of five years. If for any reason the Board determines that certification should be terminated the Board may, with reasonable cause, terminate approval at any time.

(2) Provisional approval may be granted for periods of time less than five years.

Stat. Auth.: ORS 183 & 677.265
 Stats. Implemented: ORS 677.265
 Hist. BME 9-2001, f. & cert. ef. 7-24-01

847-031-0040

Approval of Foreign Schools of Medicine by Other States

The Oregon Medical Board may accept any foreign school of medicine which has been approved by another state using criteria substantially similar to Oregon's.

Stat. Auth.: ORS 183 & 677.265
 Stats. Implemented: ORS 677.265
 Hist. BME 9-2001, f. & cert. ef. 7-24-01

847-031-0050

Approval of Foreign Schools of Medicine by Foreign Accrediting Agencies

The Oregon Medical Board may accept as approved, a foreign school of medicine which has been approved by an agency which utilizes criteria and processes similar to the U.S. Liaison Committee on Medical Education.

Stat. Auth.: ORS 183 & 677.265
 Stats. Implemented: ORS 677.265
 Hist. BME 9-2001, f. & cert. ef. 7-24-01

DIVISION 35

EMERGENCY MEDICAL SERVICES PROVIDERS AND SUPERVISING PHYSICIANS

847-035-0001

Definitions

(1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Authority as an Advanced Emergency Medical Technician (AEMT).

(2) "Agent" means a medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Board, a resident of or actively practicing in the area in which the emergency service is located, designated by the supervising physician to provide direction of the medical services of emergency medical services providers as specified in these rules.

(3) "Authority" means the Public Health Division, Emergency Medical Services and Trauma Systems of the Oregon Health Authority.

(4) "Board" means the Oregon Medical Board for the State of Oregon.

(5) "Committee" means the EMS Advisory Committee to the Oregon Medical Board.

(6) "Emergency Care" as defined in ORS 682.025(4) means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(7) "Emergency Medical Responder" means a person who is licensed by the Authority as an Emergency Medical Responder.

(8) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an EMT.

(9) "Emergency Medical Technician-Intermediate (EMT-Intermediate)" means a person who is licensed by the Authority as an EMT-Intermediate.

(10) "In Good Standing" means a person who is currently licensed, who does not have any restrictions placed on his/her license, and who is not on probation with the licensing agency for any reason.

(11) "Nonemergency care" as defined in ORS 682.025(8) means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS Chapter 677, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board in the course of providing prehospital care.

(12) "Paramedic" means a person who is licensed by the Authority as a Paramedic.

(13) "Scope of Practice" means the maximum level of emergency and nonemergency care that an emergency medical services provider may provide as defined in OAR 847-035-0030.

(14) "Standing Orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an emergency medical services provider issued by the supervising physician commensurate with the scope of practice and level of licensure of the emergency medical services provider.

(15) "Supervising Physician" means a person licensed as a medical or osteopathic physician under ORS Chapter 677, actively registered and in good standing with the Board, approved by the Board, and who provides direction of, and is ultimately responsible for emergency and nonemergency care rendered by emergency medical services providers as specified in these rules. The supervising physician is also ultimately responsible for the agent designated by the supervising physician to provide direction of the medical services of the emergency medical services provider as specified in these rules.

Stat. Auth.: ORS 682.245
 Stats. Implemented: ORS 682.245
 Hist.: ME 2-1983, f. & cert. ef. 7-21-83; ME 7-1985, f. & cert. ef. 8-5-85; ME 11-1986, f. & cert. ef. 7-31-86; ME 15-1988, f. & cert. ef. 10-20-88; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96; ME 3-1996, f. & cert. efg. 7-25-96; BME 6-1998, f. & cert. ef. 4-27-98; BME 13-1999, f. & cert. ef. 7-23-99; BME 10-2002, f. & cert. ef. 7-22-02; BME 18-2010, f. & cert. ef. 10-25-10; OMB 1-2011, f. & cert. ef. 2-11-11; OMB 13-2011, f. & cert. ef. 7-13-11; OMB 30-2012, f. & cert. ef. 10-22-12

847-035-0011

EMS Advisory Committee

(1) There is created an EMS Advisory Committee, consisting of six members appointed by the Oregon Medical Board. The Board must appoint two physicians, three emergency medical services providers from nominations provided from EMS agencies, organizations, and individuals, and one public member.

(a) The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are supervising physicians, medical directors, or practicing emergency medicine physicians.

(b) The three EMS members must be Oregon licensed emergency medical services providers for at least two years and have been residents of this state for at least two years. At least two of the three EMS members must be actively practicing prehospital care, and at least one of the three EMS members must be a Paramedic.

(c) Two of the six committee members must be from rural or frontier Oregon.

(d) The public member or the spouse, domestic partner, child, parent or sibling of the public member may not be employed as a health professional.

(2)(a) The term of office of a member of the committee is three years, and members may be reappointed to serve not more than two terms.

(b) Vacancies in the committee must be filled by appointment by the Board for the balance of an unexpired term, and each member must serve until a successor is appointed and qualified.

(3) The members of the advisory committee are entitled to compensation and expenses as provided for Board members in ORS 677.235.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265 & 682.245

Hist.: BME 12-2001, f. & cert. ef. 10-30-01; BME 18-2009, f. & cert. ef. 10-23-09; OMB 14-2012, f. & cert. ef. 4-17-12; OMB 30-2012, f. & cert. ef. 10-22-12; OMB 10-2013, f. & cert. ef. 4-5-13

847-035-0012

Duties of the Committee

(1) The EMS Advisory Committee must:

(a) Review requests for additions, amendments, or deletions to the scope of practice for emergency medical services providers, and recommend to the Board changes to the scope of practice.

(b) Recommend requirements and duties of supervising physicians of emergency medical services providers; and

(c) Recommend physician nominations for the State EMS Committee.

(2) All actions of the EMS Advisory Committee are subject to review and approval by the Board.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 677.265 & 682.245

Hist.: BME 12-2001, f. & cert. ef. 10-30-01; OMB 30-2012, f. & cert. ef. 10-22-12

847-035-0020

Application and Qualifications for a Supervising Physician and Agent

(1) The Board has delegated to the Authority the following:

(a) Designing the supervising physician and agent application;

(b) Approving a supervising physician or agent; and

(c) Investigating and disciplining any emergency medical services provider who violates their scope of practice.

(2) The Authority must provide copies of any supervising physician or agent applications and any emergency medical services provider disciplinary action reports to the Board upon request.

(3) The Authority must immediately notify the Board when questions arise regarding the qualifications or responsibilities of the supervising physician or agent of the supervising physician.

(4) A supervising physician and agent must meet the following qualifications:

(a) Be a medical or osteopathic physician currently licensed under ORS Chapter 677, actively registered and in good standing with the Board;

(b) Be in current practice;

(c) Be a resident of or actively practicing in the area in which the emergency service is located;

(d) Possess thorough knowledge of skills assigned by standing order to emergency medical services providers; and

(e) Possess thorough knowledge of laws and rules of the State of Oregon pertaining to emergency medical services providers; and

(f) Have completed or obtained one of the following no later than one calendar year after beginning the position as a supervising physician:

(A) Thirty-six months of experience as an EMS Medical Director;

(B) Completion of the one-day National Association of EMS Physicians (NAEMSP®) Medical Direction Overview Course, or an equivalent course as approved by the Authority;

(C) Completion of the three-day National Association of EMS Physicians (NAEMSP®) National EMS Medical Directors Course and Practicum®, or an equivalent course as approved by the Authority;

(D) Completion of an ACGME-approved Fellowship in EMS; or

(E) Subspecialty board certification in EMS.

(5) A supervising physician must meet ongoing education standards by completing or obtaining one of the following every two calendar years:

(a) Attendance at one Oregon Health Authority EMS supervising physician's forum;

(b) Completion of an average of four hours of EMS-related continuing medical education per year; or

(c) Participation in maintenance of certification in the subspecialty of EMS.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.245

Hist.: ME 13-1984, f. & ef. 8-2-84; ME 2-1985(Temp), f. & ef. 1-21-85; ME 5-1985, f. & ef. 5-6-85; ME 7-1985, f. & ef. 8-5-85; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96; OMB 6-2012, f. & cert. ef. 2-10-12; OMB 30-2012, f. & cert. ef. 10-22-12

847-035-0025

Supervision

(1) A supervising physician is responsible for the following:

(a) Issuing, reviewing and maintaining standing orders within the scope of practice not to exceed the licensure level of the emergency medical services provider when applicable;

(b) Explaining the standing orders to the emergency medical services provider, making sure they are understood and not exceeded;

(c) Ascertaining that the emergency medical services provider is currently licensed and in good standing with the Division;

(d) Providing regular review of the emergency medical services provider's practice by:

(A) Direct observation of prehospital emergency care performance by riding with the emergency medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(e) Providing or coordinating formal case reviews for emergency medical services providers by thoroughly discussing a case (whether one in which the emergency medical services provider has taken part or a textbook case) from the time the call was received until the patient was delivered to the hospital. The review should include discussing what the problem was, what actions were taken (right or wrong), what could have been done that was not, and what improvements could have been made; and

(f) Providing or coordinating continuing education. Although the supervising physician is not required to teach all sessions, the supervising physician is responsible for assuring that the sessions are taught by a qualified person.

(2) The supervising physician may delegate responsibility to his/her agent to provide any or all of the following:

(a) Explanation of the standing orders to the emergency medical services provider, making sure they are understood, and not exceeded;

(b) Assurance that the emergency medical services provider is currently licensed and in good standing with the Division;

(c) Regular review of the emergency medical services provider's practice by:

(A) Direct observation of prehospital emergency care performance by riding with the emergency medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(d) Provide or coordinate continuing education. Although the supervising physician or agent is not required to teach all sessions, the supervising physician or agent is responsible for assuring that the sessions are taught by a qualified person.

(3) Nothing in this rule may limit the number of emergency medical services providers that may be supervised by a supervising physician so long as the supervising physician can meet with the emergency medical services providers under his/her direction for a minimum of two hours each calendar year.

(4) An emergency medical services provider may have more than one supervising physician as long as the emergency medical services provider has notified all of the supervising physicians involved, and the emergency medical services provider is functioning under one supervising physician at a time.

(5) The supervising physician must report in writing to the Authority's Chief Investigator any action or behavior on the part of the emergency medical services provider that could be cause for disciplinary action under ORS 682.220 or 682.224.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.245

Hist.: ME 2-1983, f. & ef. 7-21-83; ME 13-1984, f. & ef. 8-2-84; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96; OMB 13-2011, f. & cert. ef. 7-13-11; OMB 30-2012, f. & cert. ef. 10-22-12

Scope of Practice

847-035-0030

Scope of Practice

(1) The Oregon Medical Board has established a scope of practice for emergency and nonemergency care for emergency medical services providers. Emergency medical services providers may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001.

(2) The scope of practice for emergency medical services providers is the maximum functions which may be assigned to an emergency medical services provider by a Board-approved supervising physician. The scope of practice is not a set of statewide standing orders, protocols, or curriculum.

(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.

(4) Standing orders for an individual emergency medical services provider may be requested by the Board or Authority and must be furnished upon request.

(5) An emergency medical services provider, including an Emergency Medical Responder, may not function without assigned standing orders issued by a Board-approved supervising physician.

(6) An emergency medical services provider, acting through standing orders, must respect the patient's wishes including life-sustaining treatments. Physician-supervised emergency medical services providers must request and honor life-sustaining treatment orders executed by a physician, nurse practitioner or physician assistant if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) Whenever possible, medications should be prepared by the emergency medical services provider who will administer the medication to the patient.

(8) An Emergency Medical Responder may:

(a) Conduct primary and secondary patient examinations;

(b) Take and record vital signs;

(c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;

(d) Open and maintain an airway by positioning the patient's head;

(e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(f) Provide care for musculoskeletal injuries;

(g) Assist with prehospital childbirth;

(h) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;

(i) Administer medical oxygen;

(j) Maintain an open airway through the use of:

(A) A nasopharyngeal airway device;

(B) A noncuffed oropharyngeal airway device;

(C) A pharyngeal suctioning device;

(k) Operate a bag mask ventilation device with reservoir;

(L) Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;

(m) Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;

(n) Prepare and administer epinephrine by automatic injection device for anaphylaxis;

(o) Prepare and administer naloxone via intranasal device or auto-injector for suspected opioid overdose; and

(p) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the Emergency Medical Responder:

(A) Has successfully completed an Authority-approved course of instruction in the use of the automatic or semi-automatic defibrillator; and

(B) Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Authority; and

(q) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician.

(9) An Emergency Medical Technician (EMT) may:

(a) Perform all procedures that an Emergency Medical Responder may perform;

(b) Ventilate with a non-invasive positive pressure delivery device;

(c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or

(B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.

(d) Perform tracheobronchial tube suctioning on the endotracheal intubated patient;

(e) Provide care for suspected shock;

(f) Provide care for suspected medical emergencies, including:

(A) Obtain a capillary blood specimen for blood glucose monitoring;

(B) Prepare and administer epinephrine by subcutaneous injection, intramuscular injection, or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Prepare and administer albuterol treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.

(g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;

(h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(i) Assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by:

(A) Assembling and priming IV fluid administration sets; and

(B) Opening, assembling and uncapping preloaded medication syringes and vials;

(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT is summoned to assist that patient;

(L) In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by auto-injector, using protocols approved by the Authority and adopted by the supervising physician; and

(m) In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing.

(10) An Advanced Emergency Medical Technician (AEMT) may:

- (a) Perform all procedures that an EMT may perform;
- (b) Initiate and maintain peripheral intravenous (I.V.) lines;
- (c) Initiate saline or similar locks;
- (d) Obtain peripheral venous blood specimens;
- (e) Initiate and maintain an intraosseous infusion in the pediatric patient;
- (f) Perform tracheobronchial suctioning of an already intubated patient; and

(g) Prepare and administer the following medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician:

- (A) Analgesics for acute pain: nitrous oxide.
- (B) Anaphylaxis: epinephrine;
- (C) Antihypoglycemics:
 - (i) Hypertonic glucose;
 - (ii) Glucagon;
- (D) Nebulized bronchodilators:
 - (i) Albuterol;
 - (ii) Ipratropium bromide;
- (E) Vasodilators: nitroglycerine;
- (F) Naloxone; and
- (G) Physiologic isotonic crystalloid solution.

(11) An EMT-Intermediate may:

(a) Perform all procedures that an Advanced EMT may perform;

(b) Initiate and maintain an intraosseous infusion;

(c) Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

- (A) Vasoconstrictors:
 - (i) Epinephrine;
 - (ii) Vasopressin;
- (B) Antiarrhythmics:
 - (i) Atropine sulfate;
 - (ii) Lidocaine;
 - (iii) Amiodarone;
- (C) Analgesics for acute pain:
 - (i) Morphine;
 - (ii) Nalbuphine Hydrochloride;
 - (iii) Ketorolac tromethamine;
 - (iv) Fentanyl;
- (D) Antihistamine: Diphenhydramine;
- (E) Diuretic: Furosemide;
- (F) Intraosseous infusion anesthetic: Lidocaine;
- (G) Anti-Emetic: Ondansetron;

(d) Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(e) Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order;

(f) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort;

(g) Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the EMT-Intermediate's EMS agency personnel, under the supervising physician's standing order;

(h) Insert an orogastric tube;

(i) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such

maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

- (j) Perform electrocardiographic rhythm interpretation; and
- (k) Perform cardiac defibrillation with a manual defibrillator.

(12) A Paramedic may:

(a) Perform all procedures that an EMT-Intermediate may perform;

(b) Initiate the following airway management techniques:

- (A) Endotracheal intubation;
- (B) Cricothyrotomy; and

(C) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway;

(c) Initiate a nasogastric tube;

(d) Provide advanced life support in the resuscitation of patients in cardiac arrest;

(e) Perform emergency cardioversion in the compromised patient;

(f) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

(g) Perform electrocardiographic interpretation;

(h) Initiate needle thoracostomy for tension pneumothorax in a prehospital setting;

(i) Obtain peripheral arterial blood specimens under specific written protocols authorized by the supervising physician;

(j) Access indwelling catheters and implanted central IV ports for fluid and medication administration;

(k) Initiate and maintain urinary catheters; and

(L) Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.245

Hist.: ME 2-1983, f. & ef. 7-21-83; ME 3-1984, f. & ef. 1-20-84; ME 12-1984, f. & ef. 8-2-84; ME 7-1985, f. & ef. 8-5-85; ME 12-1987, f. & ef. 4-28-87; ME 27-1987(Temp), f. & ef. 11-5-87; ME 5-1988, f. & ef. 1-29-88; ME 12-1988, f. & ef. 8-5-88; ME 15-1988, f. & ef. 10-20-88; ME 2-1989, f. & ef. 1-25-89; ME 15-1989, f. & ef. 9-5-89, & corrected 9-22-89; ME 6-1991, f. & ef. 7-24-91; ME 10-1993, f. & ef. 7-27-93; ME 3-1995, f. & ef. 2-1-95; ME 1-1996, f. & ef. 2-15-96; ME 3-1996, f. & ef. 7-25-96; BME 6-1998, f. & ef. 4-27-98; BME 13-1998(Temp), f. & ef. 8-6-98 thru 2-2-99; BME 14-1998, f. & ef. 10-26-98; BME 16-1998, f. & ef. 11-24-98; BME 13-1999, f. & ef. 7-23-99; BME 14-2000, f. & ef. 10-30-00; BME 11-2001, f. & ef. 10-30-01; BME 9-2002, f. & ef. 7-17-02; BME 10-2002, f. & ef. 7-22-02; BME 1-2003, f. & ef. 1-27-03; BME 12-2003, f. & ef. 7-15-03; BME 4-2004, f. & ef. 1-27-04; BME 11-2004(Temp), f. & ef. 4-22-04 thru 10-15-04; BME 12-2004(Temp), f. & ef. 6-11-04 thru 12-8-04; BME 21-2004(Temp), f. & ef. 11-15-04 thru 4-15-05; BME 2-2005, f. & ef. 1-27-05; BME 5-2005, f. & ef. 4-21-05; BME 9-2005, f. & ef. 7-20-05; BME 18-2006, f. & ef. 7-25-06; BME 22-2006, f. & ef. 10-23-06; BME 7-2007, f. & ef. 1-24-07; BME 11-2007, f. & ef. 4-26-07; BME 24-2007, f. & ef. 10-24-07; BME 11-2008, f. & ef. 4-24-08; BME 19-2008, f. & ef. 7-21-08; BME 10-2009, f. & ef. 5-1-09; BME 13-2009, f. & ef. 7-20-09; BME 18-2009, f. & ef. 10-23-09; BME 22-2009(Temp), f. & ef. 10-23-09 thru 4-15-10; BME 5-2010, f. & ef. 1-26-10; BME 8-2010(Temp), f. & ef. 4-26-10 thru 10-15-10; BME 12-2010, f. & ef. 7-26-10; BME 18-2010, f. & ef. 10-25-10; OMB 1-2011, f. & ef. 2-11-11; OMB 5-2011, f. & ef. 4-8-11; OMB 8-2011, f. & ef. 4-25-11; OMB 15-2012, f. & ef. 4-17-12; OMB 30-2012, f. & ef. 10-22-12; OMB 11-2013, f. & ef. 4-5-13; OMB 14-2014, f. & ef. 10-8-14; OMB 5-2015, f. & ef. 4-3-15; OMB 11-2015, f. & ef. 10-13-15

DIVISION 50

PHYSICIAN ASSISTANT

847-050-0005

Preamble

(1) A physician assistant is a person qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a physician licensed under ORS Chapter 677, in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS 677 to extend high quality medical care to more people throughout the state.

(2) The licensed physician is in all cases regarded as the supervisor of the physician assistant.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495 - 677.535

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; BME 13-2003, f. & cert. ef. 7-15-03; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0010

Definitions

As used in OAR 847-050-0005 to 847-050-0065:

(1) "Agent" means a physician designated in writing and retained at the primary practice location by the supervising physician who provides direction and regular review of the medical services of the physician assistant when the supervising physician is unavailable for short periods of time, such as but not limited to when the supervising physician is on vacation.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Committee" means Physician Assistant Committee.

(4) "Grandfathered physician assistant" means the physician assistant registered prior to July 12, 1984 who does not possess the qualifications of OAR 847-050-0020. Grandfathered physician assistants may retain all practice privileges which have been granted prior to July 12, 1984.

(5) "Physician assistant" means a person who is licensed as such in accordance with ORS 677.265, 677.495, 677.505, 677.510, 677.515, 677.520 and 677.525.

(6) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used.

(7) "Practice description" means a written description of the duties and functions of the physician assistant in relation to the physician's practice, submitted by the supervising physician and the physician assistant to the Board and approved prior to January 1, 2012.

(8) "Supervising physician organization" means a group of supervising physicians who collectively supervises a physician assistant. One physician within the supervising physician organization must be designated as the primary supervising physician of the physician assistant.

(9) "Supervising physician" means a physician licensed under ORS Chapter 677, actively registered and in good standing with the Board as a Medical Doctor or Doctor of Osteopathic Medicine, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant.

(10) "Supervision" means the routine review by the supervising physician or designated agent, as described in the practice agreement or Board-approved practice description of the medical services provided by the physician assistant. The supervising physician or designated agent and the physician assistant must maintain direct communication, either in person, by telephone, or other electronic means. There are three categories of supervision:

(a) "General Supervision" means the supervising physician or designated agent is not on-site with the physician assistant, but must be available for direct communication, either in person, by telephone, or other electronic means.

(b) "Direct Supervision" means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.

(c) "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.495

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME

2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; BME 4-2002, f. & cert. ef. 4-23-02; BME 13-2003, f. & cert. ef. 7-15-03; BME 12-2006, f. & cert. ef. 5-8-06; BME 19-2010, f. & cert. ef. 10-25-10; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0015

Application

(1) Each application for the licensure of a physician assistant must meet the licensing requirements as set forth in ORS 677.512.

(2) No applicant is entitled to licensure who:

(a) Has failed an examination for licensure in the State of Oregon;

(b) Has had a license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(c) Has been refused a license or certificate in any other state on any grounds other than failure in a medical licensure examination; or

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

(3) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period from date of receipt of the application must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265 & 677.512

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; BME 4-2002, f. & cert. ef. 4-23-02; BME 13-2010(Temp), f. & cert. ef. 7-26-10 thru 1-10-11; BME 19-2010, f. & cert. ef. 10-25-10; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0020

Qualifications

On or after January 25, 2008, an applicant for licensure as a physician assistant in this state must possess the following qualifications:

(1) Have successfully completed a physician assistant education program which is approved by the American Medical Association Committee on Allied Health Education and Accreditation (C.A.H.E.A.), the Commission on Accreditation for Allied Health Education Programs (C.A.A.H.E.P.), or the Accreditation Review Commission on Education for the Physician Assistant (A.R.C.P.A.).

(2) Have passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission on Certification of Physician Assistants (N.C.C.P.A.).

(a) The applicant may take the PANCE once in a 90-day period or three times per calendar year, whichever is fewer.

(A) The applicant has no more than four attempts in six years to pass the PANCE. If the applicant does not pass the PANCE within four attempts, the applicant is not eligible for licensure.

(B) An applicant who has passed the NCCPA certification exam, but not within the four attempts required by this rule, may request a waiver of this requirement if he/she has current certification by the NCCPA.

(b) Those who have met the requirements of section (1) of this rule may make application for a Limited License, Pending Examination before passing the PANCE examination with the stipulation that if the examination is not passed within one year from the date of application, the Board withdraws its approval.

(3) Applicants seeking prescription privileges must meet the requirements specified in OAR 847-050-0041.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265 & 677.512

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 10-1984, f. & ef. 7-20-84; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1993, f. & cert. ef. 4-22-93; ME 17-1994, f. & cert. ef. 10-25-94; BME 1-1998, f. & cert. ef. 1-30-98; BME 2-2000, f. & cert. ef. 2-7-00; BME 1-2001, f. & cert. ef. 1-25-01; BME 6-2003, f. & cert. ef. 1-27-03; BME 6-2008, f. & cert. ef. 1-22-08; BME 10-2010(Temp), f. & cert. ef. 4-26-10 thru 10-15-10; BME 14-2010, f. & cert. ef. 7-26-10; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 5-2014, f. & cert. ef. 1-14-14

847-050-0022

Application for Licensure by Military Spouse or Domestic Partner

(1) "Military spouse or domestic partner" means a spouse or domestic partner of an active member of the Armed Forces of the United States who is the subject of a military transfer to Oregon.

(2) To qualify for licensure under this rule, the military spouse or domestic partner must:

(a) Meet the qualifications for licensure as stated in OAR 847-050-0020;

(b) Be married to, or in a domestic partnership with, a member of the Armed Forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;

(c) Be licensed to practice as a physician assistant in another state or territory of the United States;

(d) Be in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his or her license in any jurisdiction where the applicant is or has been licensed; and

(e) Have at least one year of active practice as a physician assistant or teaching at a physician assistant education program during the three years immediately preceding the application.

(3) If a military spouse or domestic partner applies for a license to practice as a physician assistant, the Board may accept:

(a) A copy of the physician assistant education program diploma to fulfill the requirement for the Verification of Medical Education form; and

(b) Verification of licensure in good standing from the jurisdiction of current or most recent practice as a physician assistant to fulfill the requirement of verifications of licensure from all jurisdictions of prior and current health related licensure.

(4) If a military spouse or domestic partner applies for a license to practice as a physician assistant, the Board will obtain the following on behalf of the applicant:

(a) The results of a query of the National Practitioner Data Bank; and

(b) The results of a query of the Federation of State Medical Boards' Board Action Data Bank.

(5) In addition to the documents required in section (3) of this rule and by OAR 847-050-0015 and 847-050-0020, the military spouse or domestic partner must submit a copy of the:

(a) Marriage certificate or domestic partnership registration with the name of the applicant and the name of the active duty member of the Armed Forces of the United States; and

(b) Assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration.

Stat. Auth.: ORS 677.265 & HB 2037 (2013)
 Stats. Implemented: ORS 677.265, 677.512 & HB 2037 (2013)
 Hist.: OMB 21-2013(Temp), f. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 35-2013, f. & cert. ef. 10-15-13

847-050-0023

Limited License, Pending Examination

(1) An applicant for a Physician Assistant license who has successfully completed a physician assistant education program approved by the American Medical Association Council on Allied Health Education and Accreditation (CAHEA), or the Commission on Accreditation for Allied Health Education Programs (CAAHEP), or the Accreditation Review Commission on Education for the Physi-

cian Assistant (ARCPA) but has not yet passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission for the Certification of Physician Assistants (NCCPA) may be issued a Limited License, Pending Examination, if the following are met:

(a) The application file is complete with the exception of certification by the NCCPA to the satisfaction of the Board; and

(b) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

(2) A practice agreement must be submitted to the Board within ten days after the physician assistant begins practice in accordance with OAR 847-050-0040.

(3) A Limited License, Pending Examination may include prescriptive privileges for Schedules III through V if the supervising physician specifies these prescription privileges for the physician assistant in the practice agreement;

(4) A Limited License, Pending Examination may be granted for a period of six months.

(5) Upon receipt of verification that the applicant has passed the NCCPA examination, and if their application file is otherwise satisfactorily complete, the applicant will be considered for a permanent license.

(6) The Limited License, Pending Examination will automatically expire if the applicant fails the NCCPA examination.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.132 & 677.535
 Hist.: ME 5-1993, f. & cert. ef. 4-22-93; ME 9-1995, f. & cert. ef. 7-28-95; BME 14-2002, f. & cert. ef. 10-25-02; BME 13-2003, f. & cert. ef. 7-15-03; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 5-2014, f. & cert. ef. 1-14-14; OMB 15-2014, f. & cert. ef. 10-8-14

847-050-0025

Interview and Examination

(1) In addition to all other requirements for licensure, the Board may require the applicant to appear for a personal interview regarding information received in the application process. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

(2) The applicant is required to pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR) chapter 847, division 050. If an applicant fails the open-book examination three times, the applicant's application will be reviewed by the Board. An applicant who has failed the open-book examination three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.100, 677.190, 677.265, 677.512
 Hist.: ME 23(Temp), f. & ef. 1-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 9-1995, f. & cert. ef. 7-28-95; BME 11-1998, f. & cert. ef. 7-22-98; BME 13-2003, f. & cert. ef. 7-15-03; BME 13-2006, f. & cert. ef. 5-8-06; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 6-2014, f. & cert. ef. 1-14-14; OMB 10-2015(Temp), f. 10-13-15, cert. ef. 1-1-16 thru 6-28-16

847-050-0027

Approval of Supervising Physician

(1) Prior to using the services of a physician assistant under a practice agreement, a supervising physician or primary supervising physician of a supervising physician organization must be approved as a supervising physician by the Board.

(2) The primary supervising physician of a supervising physician organization must apply as a supervising physician with the Board and must attest that each supervising physician in the super-

vising physician organization has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician.

(3) Physicians applying to be a supervising physician or the primary supervising physician of a supervising physician organization must:

(a) Submit a supervising physician application and application fee; and

(b) Take an online course and pass an open-book exam on the supervising physician requirements and responsibilities given by the Board. A passing score on the exam is 75%. If the supervising physician applicant fails the exam three times, the physician's application will be reviewed by the Board. A supervising physician applicant who has failed the exam three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the exam, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the exam on the fourth attempt, the physician's application may be denied.

(4) The physician may be subject to Board investigation prior to approval or may be limited or denied approval as a supervising physician for the following:

(a) There are restrictions upon or actions against the physician's license;

(b) Fraud or misrepresentation in applying to use the services of a physician assistant.

(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010-990.

(6) Failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement is a violation of ORS 677.510 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.205 & 677.510

Hist.: ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 5-1984, f. & ef. 1-20-84; ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 21-1989, f. & cert. ef. 10-20-89; ME 2-1990, f. & cert. ef. 1-29-90; ME 5-1994, f. & cert. ef. 1-24-94; ME 9-1995, f. & cert. ef. 7-28-95; BME 13-2003, f. & cert. ef. 7-15-03; OMB 2-2011, f. & cert. ef. 2-11-11; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 11-2012(Temp), f. & cert. ef. 3-2-12 thru 8-29-12; OMB 26-2012, f. & cert. ef. 8-3-12; OMB 2-2013, f. & cert. ef. 1-11-13; OMB 17-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 37-2013, f. & cert. ef. 10-15-13

847-050-0029

Locum Tenens Assignments

Locum tenens means a temporary absence by the physician assistant or supervising physician which is filled by a substitute physician assistant or supervising physician. The following is required for a locum tenens assignment:

(1) Within ten days of the start of the locum tenens assignment, the supervising physician of the practice which desires the substitute must submit a notification of locum tenens assignment to the Board.

(2) The notification of locum tenens assignment must include the name of the substitute physician assistant or supervising physician who is filling the locum tenens assignment, duration of the locum tenens assignment, a description of how supervision of the physician assistant will be maintained, and any changes in the practice agreement or Board-approved practice description for the practice during the locum tenens assignment.

(3) The substitute physician assistant or supervising physician who is filling the locum tenens assignment must be currently licensed in Oregon, with active, locums tenens, or emeritus registration status, and be in good standing with the Board.

(4) The physician assistant must be qualified to provide the same type of service as described in the current practice agreement or Board-approved practice description for the locum tenens.

(5) The supervising physician who is filling the locum tenens assignment must be approved as a supervising physician by the

Board in accordance with OAR 847-050-0027 (Approval of Supervising Physician).

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265 & 677.510

Hist.: ME 1-1986, f. & ef. 1-21-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1990, f. & cert. ef. 4-25-90; BME 6-2003, f. & cert. ef. 1-27-03; BME 11-2005, f. & cert. ef. 10-12-05; BME 14-2010, f. & cert. ef. 7-26-10; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0035

Grounds for Discipline

(1) The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. The supervising physician and/or agent is responsible for the acts of the physician assistant and may be subject to disciplinary action for such violations by the physician assistant. The physician assistant is also subject to disciplinary action for violations. Proceedings under these rules are conducted in the manner specified in ORS 677.200.

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:

(a) The physician assistant has held himself/herself out, or permitted another to represent the physician assistant to be a licensed physician.

(b) The physician assistant has in fact performed medical services without the direction or under the supervision of a Board-approved supervising physician or agent.

(c) The physician assistant has performed a task or tasks beyond the physician assistant's competence or outside the scope of practice of the supervising physician or outside the practice agreement as stated in OAR 847-050-0040. This is not intended to limit the ability of a physician assistant to learn new procedures under personal supervision.

Stat. Auth.: ORS 677.190, 677.205 & 677.265

Stats. Implemented: ORS 677.190, 677.205, 677.265 & 677.505

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; BME 23-2007, f. & cert. ef. 10-24-07; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0037

Supervision

(1) A physician may not use the services of a physician assistant without first obtaining Board approval as a supervising physician.

(2) The supervising physician, agent, or in the case of a supervising physician organization, the primary supervising physician and acting supervising physician, are personally responsible for the direction, supervision and regular review of the medical services provided by the physician assistant, in keeping with the practice agreement or Board-approved practice description.

(3) The type of supervision and maintenance of supervision provided for each physician assistant must be described in the practice agreement or Board-approved practice description. The supervising physician must provide for maintenance of verbal communication with the physician assistant at all times, whether the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other, as described in the following:

(a) The practice setting is listed in the practice agreement or Board-approved practice description of the physician assistant.

(b) Practice locations, other than primary or secondary practice locations, such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice agreement or Board-approved practice description if the duties are the same as those listed in the practice agreement or Board-approved practice description. The medical records for the patients seen at these additional practice locations must be held either at the supervising

physician's primary practice location or the additional practice locations. The supervision of the physician assistant at locations other than the primary or secondary practice location must be the same as for the primary or secondary practice location.

(c) The supervising physician or designated agent must provide a minimum of eight (8) hours of on-site supervision every month, or as approved by the Board.

(d) The supervising physician or designated agent must provide chart review of a number or a percentage of the patients the physician assistant has seen as stated in the practice agreement or Board-approved practice description.

(4) The supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or Board-approved practice description.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.510 & 677.515

Hist.: ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982; f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 2-1990, f. & cert. ef. 1-29-90; BME 1-1998, f. & cert. ef. 1-30-98; BME 9-1999, f. & cert. ef. 4-22-99; BME 2-2000, f. & cert. ef. 2-7-00; BME 4-2002, f. & cert. ef. 4-23-02; BME 4-2005, f. & cert. ef. 4-21-05; BME 20-2008, f. & cert. ef. 7-21-08; BME 12-2009(Temp), f. & cert. ef. 7-14-09 thru 12-14-09; BME 19-2009, f. & cert. ef. 10-23-09; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0038

Agents

(1) The supervising physician who is not a member of a supervising physician organization may designate an agent or agents to direct and supervise the physician assistant when the supervising physician is unavailable for short periods of time. The agents must meet the following requirements:

(a) Be licensed as a medical or osteopathic physician under ORS 677, actively registered and in good standing with the Board;

(b) Practice in the same city or practice area as the supervising physician or physician assistant.

(c) Be qualified to supervise as designated in the practice agreement, and be competent to perform the duties delegated to the physician assistant.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the supervising physician must determine that the agent understands and accepts supervisory responsibility. The agent must sign an acknowledgement of all practice agreements between the supervising physician and the physician assistant(s) the agent will supervise, and a copy must be kept at the primary practice location. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Stat. Auth.: ORS 183 & 677

Stats. Implemented: ORS 677.495 & 677.510

Hist.: ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90; BME 4-2002, f. & cert. ef. 4-23-02; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0040

Method of Performance

(1) The physician assistant may perform at the direction of the supervising physician and/or agent only those medical services as included in the practice agreement or Board-approved practice description.

(2) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify himself or herself as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(3) The supervising physician must furnish reports, as required by the Board, on the performance of the physician assistant or student.

(4) The practice agreement must be submitted to the Board within ten days after the physician assistant begins practice with the supervising physician or supervising physician organization.

(5) The supervising physician must notify the Board of any changes to the practice agreement within ten days of the effective date of the change.

(6) Supervising physicians must update the practice agreement biennially during the supervising physician's license renewal process.

(7) A supervising physician and physician assistant who have a Board-approved practice description that was approved prior to January 1, 2012 and who wish to make changes to the practice description must enter into a practice agreement in accordance with ORS 677.510(6)(a).

(8) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.510

Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 8-1985, f. & ef. 8-5-85; ME 5-1986, f. & ef. 4-23-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 31-2012, f. & cert. ef. 10-22-12

847-050-0041

Prescribing and Dispensing Privileges

(1) An Oregon grandfathered physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The Oregon grandfathered physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and

(b) The Oregon grandfathered physician assistant has documented adequate education or experience in pharmacology commensurate with the practice agreement or Board-approved practice description.

(2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in (1) or (2) are fulfilled and if the following conditions are met:

(a) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board-approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.

(b) The physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA) and must complete all required continuing medical education coursework.

(4) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the supervising physician and the name of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written. The physician assistant must sign the prescription and the signature must be followed by the letters

“P.A.” Also the physician assistant’s Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(5) A supervising physician or primary supervising physician of a supervising physician organization may apply to the Board for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.

(a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant has been delegated Schedule II prescription privileges by the supervising physician.

(b) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:

- (A) Location of the practice site;
- (B) Accessibility to the nearest pharmacy; and
- (C) Medical necessity for dispensing.

(c) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (5)(b) of this rule:

(A) The physician assistant may not dispense Schedule I through IV controlled substances;

(B) The physician assistant must complete a drug dispensing training program jointly developed by the Oregon Medical Board and the State Board of Pharmacy; and

(C) The supervising physician or primary supervising physician of a supervising physician organization must submit to the Board:

- (i) A plan for drug delivery and control;
- (ii) An annual report on the physician assistant’s use of dispensing authority;
- (iii) A list of the drugs or classes of drugs the physician assistant will dispense; and

(iv) A list of all facilities where the physician assistant will dispense and documentation that each of these facilities has been registered with the State Board of Pharmacy as a supervising physician dispensing outlet.

(6) A physician assistant with dispensing authority must:

- (a) Dispense medications personally;
- (b) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689, and the physician assistant must maintain records of receipt and dispensing; and

(c) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.

(7) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(8) A supervising physician or primary supervising physician of a supervising physician organization for a physician assistant who is applying for dispensing authority must be registered with the Oregon Medical Board as a dispensing physician.

(9) Failure to comply with any subsection of this rule is a violation of the ORS Chapter 677 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.190, 677.205, 677.470, 677.515 & 677.545
 Hist.: ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 6-1982, f. & ef. 10-27-82; ME 10-1984, f. & ef. 7-20-84; ME 5-1986, f. & ef. 4-23-86; ME 16-1987, f. & ef. 8-3-87; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1994, f. & cert. ef. 1-24-94; BME 2-2000, f. & cert. ef. 2-7-00; BME 4-2002, f. & cert. ef. 4-23-02; BME 4-2002, f. & cert. ef. 4-23-02; BME 13-2003, f. & cert. ef. 7-15-03; BME 8-2004, f. & cert. ef. 4-22-04; BME 3-2005, f. & cert. ef. 1-27-05; BME 6-2006, f. & cert. ef. 2-8-06; [OMB 21-

2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 16-2012(Temp), f. 5-8-12, cert. ef. 6-1-12 thru 11-28-12; OMB 34-2012(Temp), f. 11-8-12, cert. e. 11-28-12 thru 5-27-13; OMB 3-2013, f. & cert. ef. 1-11-13

**847-050-0042
 Registration**

(1) The registration renewal form and fee must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of each odd-numbered year in order for the physician assistant’s registration to be renewed for the next 24 months. This application must also include submission of an updated practice agreement or validation of an existing practice agreement or Board-approved practice description.

(2) Upon failure to comply with section (1) of this rule, the license will automatically lapse as per ORS 677.228.

(3) A one-time surcharge is required for each physician assistant renewing his or her license for the 2014-2015 biennial registration period or applying for an initial license during calendar years 2014 and 2015.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.510 & 677.512
 Hist.: ME 1-1979, f. & ef. 1-2-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 7-1984, f. & ef. 1-26-84; ME 2-1990, f. & cert. ef. 1-29-90; ME 7-1990, f. & cert. ef. 4-25-90; ME 7-1991, f. & cert. ef. 7-24-91; ME 5-1994, f. & cert. ef. 1-24-94; BME 6-2003, f. & cert. ef. 1-27-03; BME 25-2008, f. & cert. ef. 10-31-08; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 17-2013(Temp), f. 7-12-13, cert. ef. 7-15-13 thru 1-11-14; OMB 37-2013, f. & cert. ef. 10-15-13

**847-050-0043
 Inactive Registration, Initial Licensure, and Re-Entry to Practice**

(1) Any physician assistant licensed in this state who changes location to some other state or country, or who is not in a current supervisory relationship with a licensed physician for six months or more, will be listed by the Board as inactive.

(2) If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the Affidavit of Reactivation and processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the physician assistant during the period of inactive registration to be such that the physician assistant would have been denied a license if applying for an initial license.

(4) If a physician assistant applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

- (a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);
- (b) Provide documentation of current N.C.C.P.A. certification;
- (c) Complete 30 hours of Category I continuing medical education acceptable to the Board for every year the applicant has ceased practice;

(d) Agree to increased chart reviews upon re-entry to practice.

(5) The physician assistant applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.512
 Hist.: ME 12-1986, f. & ef. 7-31-86; ME 2-1990, f. & cert. ef. 1-29-90; ME 10-1992, f. & cert. ef. 7-17-92; ME 5-1996, f. & cert. ef. 7-26-96; BME 11-1998, f. & cert. ef. 7-22-98; BME 2-2000, f. & cert. ef. 2-7-00; BME 25-2008, f. & cert.

ef. 10-31-08; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 29-2011, f. & cert. ef. 10-27-11; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 11-2014, f. & cert. ef. 4-9-14

847-050-0046

Active Status for Temporary, Rotating Assignments

(1) A physician assistant, upon notification to the Board, may retire from active, permanent practice and change to Emeritus status which allows the physician assistant to practice temporary, volunteer assignments. A physician assistant with Emeritus status who wishes to volunteer at a medical facility must have a practice agreement or Board-approved practice description prior to starting practice at each assignment.

(2) A physician assistant, upon notification to the Board, may retire from active, permanent practice and maintain Active status by practicing at medical facilities for assignments on a rotating basis. A physician assistant who wishes to maintain active status and practice in rotating assignments at permanent locations must have a practice agreement or Board-approved practice description and must provide the Board with timely notification of the dates of each assignment prior to beginning each rotating assignment.

Stat. Auth.: ORS 677.265 & 677.545
 Stats. Implemented: ORS 677.265, 677.510 & 677.515
 Hist.: BME 9-2010, f. & cert. ef. 4-26-10; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0050

Termination of Supervision

Upon termination of a supervisory relationship both the supervising physician and the physician assistant must submit to the Board a written report concerning the reason(s) for termination of the relationship. Such report must be submitted to the Board within 15 days following termination of supervision.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.510
 Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0055

Professional Corporation or Partnership

Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 58.185
 Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0060

Physician Assistant Student

(1) Where applicable, any person who is enrolled as a student in any school offering an accredited physician assistant education program must comply with OAR 847-050-0005 to 847-050-0065.

(2) Notwithstanding any other provisions of these rules, a physician assistant student may perform medical services when such ser-

vices are rendered within the scope of an accredited physician assistant education program.

Stat. Auth.: ORS 677
 Stats. Implemented: ORS 677.515
 Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-2-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12

847-050-0063

Physician Assistant Committee

(1) There is created a Physician Assistant Committee consisting of five members. Members of the committee are appointed as follows:

(a) The Oregon Medical Board for the State of Oregon must appoint one of its members and one physician. The physician who is not a member of the Board must supervise a physician assistant.

(b) The Oregon Medical Board must appoint three physician assistants after considering persons nominated by the Oregon Society of Physician Assistants.

(2) The term of each member of the committee is three years. A member must serve until a successor is appointed. If a vacancy occurs, it must be filled for the unexpired term by a person with the same qualifications as the retiring member.

(3) If any vacancy under section (1) of this rule is not filled within 45 days, the Governor must make the necessary appointment from the category which is vacant.

(4) The committee elects its own chairperson with such powers and duties as fixed by the committee.

(5) A quorum of the committee is three members. The committee must hold a meeting at least once quarterly and at such other times the committee considers advisable to review requests to use the services of physician assistants and for dispensing privileges and to review applications for licensure or renewal.

(6) The chairperson may call a special meeting of the Physician Assistant Committee upon at least 10 days' notice in writing to each member, to be held at any place designated by the chairperson.

(7) The committee members are entitled to compensation and expenses as provided for Board members in ORS 677.235.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.235, 677.540
 Hist.: BME 15-1999, f. & cert. ef. 10-28-99; BME 1-2001, f. & cert. ef. 1-25-01; BME 25-2008, f. & cert. ef. 10-31-08; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 32-2012, f. & cert. ef. 10-22-12; Suspended by OMB 10-2015(Temp), f. 10-13-15, cert. ef. 1-1-16 thru 6-28-16

847-050-0065

Duties of the Committee

(1) The Physician Assistant Committee must:

(a) Review physician assistants' applications for licensure and renewal of licensure.

(b) Recommend approval or disapproval of physician assistants' applications for licensure and renewal of licensure.

(c) Review requests to use the services of physician assistants.

(d) Review the criteria for prescriptive privileges for physician assistants.

(e) Review any other matters related to physician assistant practice in Oregon.

(2) All actions of the physician assistant committee are subject to review and approval by the Board.

Stat. Auth.: ORS 677.265
 Stats. Implemented: ORS 677.540
 Hist.: ME 23(Temp), f. & ef. 10-12-71; ME 25, f. 1-20-72, ef. 2-1-72; ME 1-1979, f. & ef. 1-29-79; ME 5-1979, f. & ef. 11-30-79; ME 4-1980(Temp), f. 8-5-80, ef. 8-6-80; ME 7-1980, f. & ef. 11-3-80; ME 4-1981(Temp), f. & ef. 10-20-81; ME 2-1982, f. & ef. 1-28-82; ME 2-1990, f. & cert. ef. 1-29-90; BME 15-1999, f. & cert. ef. 10-28-99; BME 6-2006, f. & cert. ef. 2-8-06; [OMB 21-2011(Temp), f. & cert. ef. 10-13-11 thru 4-10-12; Suspend temporary by OBDD 28-2011(Temp), f. & cert. ef. 10-26-11 thru 4-10-12]; OMB 32-2011(Temp), f. 12-15-11, cert. ef. 1-1-12 thru 6-29-12; OMB 7-2012, f. & cert. ef. 2-10-12; OMB 16-2012(Temp),

f. 5-8-12, cert. ef. 6-1-12 thru 11-28-12; OMB 34-2012(Temp), f. 11-8-12, cert. e. 11-28-12 thru 5-27-13; OMB 3-2013, f. & cert. ef. 1-11-13; Suspended by OMB 10-2015(Temp), f. 10-13-15, cert. ef. 1-1-16 thru 6-28-16

DIVISION 65

HEALTH PROFESSIONALS' SERVICES PROGRAM

847-065-0005

Licensees with Mental Illness Treated in Hospital Exceeding 25 Consecutive Days

A licensee's participation in the Health Professionals' Services Program (HPSP), to include inpatient evaluations or treatment in a treatment facility that exceeds 25 consecutive days, does not require an automatic suspension of a licensee, if the licensee is in compliance with their HPSP agreement and does not practice medicine during a period of impairment. If the HPSP makes a determination that the licensee has a mental illness that affects the ability of the licensee to safely practice medicine, the HPSP will ask the licensee to immediately withdraw from practice. If the licensee declines, the HPSP will immediately report to the Board that the licensee has a mental illness that affects the ability of the licensee to safely practice, and with this report provide a copy of the evaluation upon which this determination is based.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.225, 677.645

Hist.: BME 20-2009, f. & cert. ef. 10-23-09; OMB 3-2011, f. & cert. ef. 2-11-11

847-065-0010

Purpose, Intent and Scope

The Oregon Medical Board recognizes that substance use disorders and/or mental disorders are potentially progressive, chronic diseases. The Board believes that physicians, podiatric physicians, physician assistants and acupuncturists who develop these diseases can, with appropriate treatment, be assisted with recovery and return to the practice of medicine and acupuncture. It is the intent of the Board that a licensee with a substance use disorder and/or mental disorder may have the opportunity to enter the Health Professionals' Services Program (HPSP). Participation in the HPSP does not shield a licensee from possible disciplinary action.

Stat. Auth.: ORS 676.185-676.200 & 677.265

Stats. Implemented: ORS 676.185-676.200 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0015

Definitions

The following definitions apply to OAR chapter 847, division 065, except as otherwise stated in the definition:

(1) "Assessment or evaluation" means the process an independent third-party evaluator uses to diagnose the licensee and to recommend treatment options for the licensee.

(2) "Board" means the Oregon Medical Board.

(3) "Business day" means Monday through Friday, except legal holidays as defined in ORS 187.010 (or ORS 187.020).

(4) "Contractor" means the entity that has contracted with the Division to conduct the HPSP.

(5) "Diagnosis" means the principal mental health or substance use diagnosis listed in the current Diagnostic Statistical Manual (DSM). The diagnosis is determined through the assessment and any examinations, tests or consultations suggested by the assessment.

(6) "Division" means the Department of Human Services, Addictions and Mental Health Division.

(7) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

(8) "Federal regulations" means:

(a) As used in ORS 676.185(5)(d), a "positive toxicology test result as determined by federal regulations pertaining to drug testing" means a test result that meets or exceeds the cutoff concentrations shown in 49 CFR § 40.87 (2009); and

(b) As used in ORS 676.190(5)(g), requiring a "licensee to submit to random drug or alcohol testing in accordance with federal regulations" means licensees are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees' unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee must have an equal chance of being tested each time selections are made, as described in 40 CFR § 199.105(c)(5) (2009). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR § 199.105(c)(7) (2009).

(9) "Fitness to practice evaluation" means the process a qualified, independent third-party evaluator uses to determine if the licensee can safely perform the essential functions of the licensee's health practice.

(10) "Final enrollment" means a licensee has provided all documentation required by OAR 847-065-0035 and has met all eligibility requirements to participate in the HPSP.

(11) "Independent third-party evaluator" means an individual or center who is approved by the Board to evaluate, diagnose, and offer treatment options for substance use disorders and/or mental disorders.

(12) "Licensee" means a licensed physician, podiatric physician, physician assistant or acupuncturist who is licensed or certified by the Board.

(13) "Mental disorder" means a clinically significant syndrome identified in the current DSM that is associated with disability or with significantly increased risk of disability.

(14) "Monitoring agreement" means an individualized agreement between a licensee and the contractor that meets the requirements for a diversion agreement set by ORS 676.190.

(15) "Positive toxicology test result" means a test result that meets or exceeds the cutoff concentrations shown in 49 CFR 40.87 (2009), a test result that shows other drugs or alcohol, or a test result that fails to show the appropriate presence of a currently prescribed drug that is part of a treatment program related to a condition being monitored by HPSP.

(16) "Provisional enrollment" means temporary enrollment, pending verification that a licensee meets all program eligibility criteria.

(17) "Self-referred licensee" means a licensee who seeks to participate in the program without a referral from the Board.

(18) "Substance abuse" means a disorder related to the taking of a drug of abuse (including alcohol); to the side effects of a medication; and to a toxin exposure, including: substance use disorders (substance dependence and substance abuse) and substance-induced disorders (including but not limited to substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorders and mood disorders), as defined in DSM criteria.

(19) "Substantial non-compliance" means that a licensee is in violation of the terms of his or her monitoring agreement in a way that gives rise to concerns about the licensee's ability or willingness to participate in the HPSP. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.185(5). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement.

(20) "Toxicology testing" means urine testing or alternative chemical monitoring including blood, saliva, breath or hair as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(21) "Treatment" means the planned, specific, individualized health and behavioral-health procedures, activities, services and supports that a treatment provider uses to remediate symptoms of a substance use disorder and/or mental disorder.

Stat. Auth.: ORS 676.185 - 676.200 & 677.265

Stats. Implemented: ORS 676.185 - 676.200 & 677.265

Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0020

Participation in Health Professionals Services Program

Effective July 1, 2010, the Board must participate in the Health Professionals' Services Program and may refer eligible licensees to the contractor in lieu of or in addition to discipline. Only licensees who meet the eligibility criteria may be referred by the Board to the contractor.

Stat. Auth.: ORS 676.185-676.200 & 677.265
 Stats. Implemented: ORS 676.185-676.200 & 677.265
 Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0025

Eligibility for Participation in Health Professionals Services Program

- (1) Licensee must be evaluated by an independent third-party evaluator.
- (2) The evaluation must include a diagnosis of a substance use disorder and/or mental disorder with the appropriate diagnostic code from the DSM, and treatment options.
- (3) Licensee must provide a written statement agreeing to enter the HPSP and agreeing to abide by all rules established by the Board.
- (4) Licensee must enter into the "HPSP Monitoring Agreement."
- (5) The Board will determine whether a Board-referred licensee's practice has presented or presents a danger to the public. The contractor will determine whether a self-referred licensee's practice has presented or presents a danger to the public.

Stat. Auth.: ORS 676.185 - 676.200 & 677.265
 Stats. Implemented: ORS 676.185 - 676.200 & 677.265
 Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. & cert. ef. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0030

Procedure for Board Referrals

- (1) When the Board receives information involving a licensee who may have substance abuse and/or a mental disorder, the Board staff will investigate and complete a report to be presented at a Board meeting.
- (2) If licensee meets eligibility criteria and the Board approves entry into the HPSP, the Board will provide a written referral. The referral must include:
 - (a) A copy of the report from the independent third-party evaluator who diagnosed the licensee;
 - (b) The treatment options developed by the independent third-party evaluator;
 - (c) A statement that the Board has investigated the licensee's professional practice and conduct;
 - (d) A description of any restrictions or requirements imposed by the Board or recommended by the Board on the licensee's professional practice;
 - (e) A written statement from the licensee agreeing to enter the HPSP and agreeing to abide by all terms and conditions established by the contractor; and
 - (f) A statement that the licensee has agreed to report any arrest for or conviction of a misdemeanor or felony crime to the Board within three business days after the licensee is arrested or convicted.

Stat. Auth.: ORS 676.185-676.200 & 677.265
 Stats. Implemented: ORS 676.185-676.200 & 677.265
 Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0035

Procedure for Self-Referred Licensees

Board licensees may self-refer to the HPSP.
 (1) Provisional Enrollment: To be provisionally enrolled in the program, a self-referred licensee must:

- (a) Sign a written consent allowing disclosure and exchange of information among the contractor, the licensee's employer, independent third-party evaluators and treatment providers;
 - (b) Sign a written consent allowing disclosure and exchange of information among the contractor, the Board, the licensee's employer, independent third-party evaluators and treatment providers in the event the contractor determines the licensee to be in substantial non-compliance with his or her monitoring agreement as defined in OAR 847-065-0065;
 - (c) Attest that the licensee is not, to the best of the licensee's knowledge, under investigation by the Board; and
 - (d) Agree to and sign a monitoring agreement.
- (2) Final Enrollment: To move from provisional enrollment to final enrollment in the program, a self-referred licensee must:
- (a) Obtain at the licensee's own expense and provide to the contractor, an independent third-party evaluator's written evaluation containing a DSM diagnosis and diagnostic code and treatment recommendations;
 - (b) Agree to cooperate with the contractor's investigation to determine whether the licensee's practice while impaired presents or has presented a danger to the public; and
 - (c) Enter into an amended monitoring agreement, if required by the contractor.
- (3) Once a self-referred licensee seeks enrollment in the HPSP, failure to complete final enrollment may constitute substantial non-compliance and may be reported to the Board.
- Stat. Auth.: ORS 676.185 - 676.200 & 677.265
 Stats. Implemented: ORS 676.185 - 676.200 & 677.265
 Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. & cert. ef. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0040

Disqualification Criteria

- Licensees, either Board-referred or self-referred, may be disqualified from entering the HPSP for factors including, but not limited to:
- (1) Licensee's disciplinary history;
 - (2) Severity and duration of the licensee's impairment;
 - (3) Extent to which licensee's practice can be limited or managed to eliminate danger to the public;
 - (4) If licensee's impairment cannot be managed with treatment and monitoring;
 - (5) Evidence of criminal history that involves injury or endangerment to others;
 - (6) Evidence of sexual misconduct;
 - (7) Evidence of non-compliance with a monitoring program from another state;
 - (8) Pending investigations with the Board or boards from other states;
 - (9) Previous Board investigations with findings of substantiated abuse or dependence; and
 - (10) Prior enrollment in, but failure to successfully complete, the Oregon Medical Board Health Professionals Program or HPSP.
- Stat. Auth.: ORS 676.185-676.200 & 677.265
 Stats. Implemented: ORS 676.185-676.200 & 677.265
 Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0045

Approval of Independent Third-Party Evaluators

- (1) To be approved by the Board as an independent third-party evaluator, an evaluator must be:
 - (a) Licensed as required by the jurisdiction in which the evaluator works;
 - (b) Able to provide a comprehensive assessment of and written report describing a licensee's diagnosis, degree of impairment, and treatment options; and
 - (c) Able to facilitate a urinalysis of the licensee at intake.
- (2) The Board reserves the right to not approve an independent third-party evaluator for any reason.

(3) The Board or contractor will not accept an evaluator as independent in a particular case if, in the Board's or contractor's judgment, the evaluator's judgment is likely to be influenced by a personal or professional relationship with a licensee.

Stat. Auth.: ORS 676.185-676.200 & 677.265
Stats. Implemented: ORS 676.185-676.200 & 677.265
Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0050

Approval of Treatment Providers

(1) To be approved by the Board as a treatment provider, a provider must be:

(a) Licensed as required by the jurisdiction in which the provider works;

(b) Able to provide appropriate treatment considering licensee's diagnosis, degree of impairment, and treatment options proposed by the independent third-party evaluator; and

(c) Able to facilitate a urinalysis of the licensee at intake.

(2) A treatment provider may not have a personal or professional relationship with a licensee.

(3) The Board will maintain a list of treatment providers available to licensees upon request.

Stat. Auth.: ORS 676.185-676.200 & 677.265
Stats. Implemented: ORS 676.185-676.200 & 677.265
Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

847-065-0055

Licensee Responsibilities

All licensees must:

(1) Agree to report any arrest for or conviction of a misdemeanor or felony crime to the contractor within three business days after the licensee is arrested or convicted of the crime;

(2) Comply continuously with his or her monitoring agreement, including any restrictions on his or her practice, for at least two years or longer, as specified in the monitoring agreement;

(3) Abstain from mind-altering or intoxicating substances or potentially addictive drugs, unless the drug is approved by the contractor and prescribed for a documented medical condition by a person authorized by law to prescribe the drug to the licensee;

(4) Report use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours to contractor;

(5) Participate in a treatment plan approved by a third-party evaluator or treatment provider;

(6) Limit practice as required by the contractor or the Board;

(7) Cooperate with supervised monitoring of practice;

(8) Participate in a follow-up evaluation, when necessary, of licensee's fitness to practice;

(9) Submit to random drug or alcohol testing, unless the licensee is diagnosed with solely a mental health disorder and the Board does not otherwise require the licensee to submit to random drug and alcohol testing;

(10) Report at least weekly to the contractor regarding the licensee's compliance with the monitoring agreement;

(11) Report applications for licensure in other states, changes in employment and changes in practice setting to the contractor;

(12) Agree to be responsible for the cost of evaluations, toxicology testing, treatment and monitoring;

(13) Report to the contractor any investigations or disciplinary action by any state, or state or federal agency, including Oregon;

(14) Participate in required meetings according to the treatment plan; and

(15) Maintain current license status and/or report any changes in license status.

Stat. Auth.: ORS 676.185 - 676.200 & 677.265
Stats. Implemented: ORS 676.185 - 676.200 & 677.265
Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. & cert. ef. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0060

Completion Requirements

(1) The time spent participating in a monitored program before transferring from the Health Professionals Program to the Health Professionals' Services Program effective July 1, 2010, will be counted toward the required term of monitored practice.

(2) The licensee will remain enrolled in the program for a minimum of two consecutive years.

(3) The Board-referred licensee must have complied with the licensee's monitoring agreement to the satisfaction of the Board. The self-referred licensee must have complied with the licensee's monitoring agreement to the satisfaction of the contractor.

Stat. Auth.: ORS 676.185 - 676.200 & 677.265
Stats. Implemented: ORS 676.185 - 676.200 & 677.265
Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. & cert. ef. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0065

Substantial Non-Compliance Criteria

(1) The contractor will report substantial non-compliance with a diversion agreement to the Board within one business day after the contractor learns of the substantial non-compliance, including but not limited to information that a licensee:

- (a) Engaged in criminal behavior;
- (b) Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety with a patient;
- (c) Was impaired in a health care setting in the course of the licensee's employment;
- (d) Received a positive toxicology test result;
- (e) Violated a restriction on the licensee's practice imposed by the contractor or the Board;
- (f) Was civilly committed for mental illness;
- (g) Entered into a diversion agreement, but failed to participate in the HPSP;
- (h) Was referred to the HPSP, but failed to enroll in the HPSP;
- (i) Forged, tampered with, or modified a prescription;
- (j) Violated any rules of prescriptive authority;
- (k) Violated any provisions of OAR 847-065-0055;
- (L) Violated any terms of the diversion agreement; or
- (m) Failed to complete the monitored practice requirements as stated in OAR 847-065-0060.

(2) The Board will review reports from the program. The Board may request the contractor to provide the licensee's complete record, and the contractor must send these records to the Board as long as a valid release of information is in place.

(3) If the Board finds that a licensee is substantially noncompliant with a diversion agreement, the Board may investigate and determine the appropriate sanction.

Stat. Auth.: ORS 676.185 - 676.200 & 677.265
Stats. Implemented: ORS 676.185 - 676.200 & 677.265
Hist.: BME 15-2010(Temp), f. & cert. ef. 8-3-10 thru 1-18-11; BME 20-2010, f. & cert. ef. 10-25-10; OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12; OMB 22-2013(Temp), f. & cert. ef. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 38-2013, f. & cert. ef. 10-15-13

847-065-0070

Licensees with Primary Residence or Work Site Outside of Oregon

If a licensee's primary residence or work site is located outside the State of Oregon, the licensee must enroll in the HPSP, in accordance with OAR 847-065-0025 and 847-065-0030 for Board-referred or 847-065-0035 for self-referred licensees, and may choose to be monitored by the out-of-state's health professional program if the following conditions are met:

(1) The other state's health professional program is substantially similar with the relevant Oregon statutes. It is the duty of the contractor to verify this information and notify the Board of any discrepancies;

(2) The other state's health professional program sends quarterly reports on the licensee to the contractor; and

(3) The other state's health professional program will promptly report any substantial non-compliance with the licensee's diversion agreement to the contractor.

Stat. Auth.: ORS 676.185-676.200 & 677.265
 Stats. Implemented: ORS 676.185-676.200 & 677.265
 Hist.: OMB 9-2011, f. & cert. ef. 4-25-11; OMB 17-2012(Temp), f. & cert. ef. 7-31-12 thru 1-15-13; OMB 33-2012, f. & cert. ef. 10-22-12

DIVISION 70

ACUPUNCTURE

847-070-0005

Definitions

As used in the rules regulating the practice of acupuncture:

(1)(a) "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

(A) Traditional and modern Oriental Medical and acupuncture techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods; and

(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Clinical training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

(4) "Committee" means the Acupuncture Advisory Committee.

(5) "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.

(6) "Physician" means an individual licensed to practice medicine pursuant to ORS Chapter 677.

Stat. Auth.: ORS 677.265 & 677.759
 Stats. Implemented: ORS 677.265, 677.757, 677.759 & 677.780
 Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 6-1993, f. & cert. ef. 4-22-93; ME 4-1995, f. & cert. ef. 5-3-95; BME 21-2008, f. & cert. ef. 7-21-08; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0007

Practice of Acupuncture

(1) No person may practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board.

(2) A physician who desires to be approved as a clinical supervisor must meet the requirements of OAR 847-070-0015.

Stat. Auth.: ORS 677.265 & 677.756 & 677.759
 Stats. Implemented: ORS 677.759
 Hist.: ME 6-1984, f. & ef. 1-20-84; ME 4-1995, f. & cert. ef. 5-3-95; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0015

Application

(1) Every applicant must satisfactorily complete an application and document evidence of qualifications listed in OAR 847-070-0016 to the satisfaction of the Board. Such application and documentation must be complete before an applicant may be considered eligible for licensure.

(2) False documentation is grounds for denial of licensure or disciplinary action by the Board.

(3) An applicant applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(4) No applicant is entitled to licensure who:

(a) Has had his/her license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(b) Has been refused a license or certificate in any other state on any grounds other than failure in an acupuncture licensure examination; or

(c) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

Stat. Auth.: ORS 677.265 & 677.759
 Stats. Implemented: ORS 677.759
 Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 2-1980, f. & ef. 1-30-80; ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 1-1985, f. & ef. 1-21-85; ME 10-1985, f. & ef. 8-5-85; ME 13-1986, f. & ef. 7-31-86; ME 6-1987, f. & ef. 1-23-87; ME 19-1987(Temp), f. & ef. 8-7-87; ME 24-1987, f. & ef. 10-29-87; ME 8-1988, f. 6-10-88, cert. ef. 6-6-88; ME 22-1989, f. & cert. ef. 10-20-89; ME 3-1991(Temp), f. & cert. ef. 4-19-91; ME 8-1991, f. & cert. ef. 7-24-91; ME 1-1992, f. & cert. ef. 1-21-92; ME 6-1993, f. & cert. ef. 4-22-93; ME 7-1993(Temp), f. 4-22-93, cert. ef. 4-23-93; ME 11-1993, f. & cert. ef. 7-27-93; ME 6-1994, f. & cert. ef. 1-24-94; ME 4-1995, f. & cert. ef. 5-3-95; ME 11-1995, f. & cert. ef. 11-21-95; ME 5-1997, f. & cert. ef. 11-3-97; BME 5-1998, f. & cert. ef. 4-22-98; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0016

Qualifications

(1) An applicant for licensure as an acupuncturist must have:

(a) Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAOM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) for the purpose of establishing equivalency to the ACAOM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAOM accredited program must also meet the curricular requirements of ACAOM in effect at the time of graduation.

(b) Current certification in acupuncture by the NCCAOM. An applicant will be deemed certified by the NCCAOM in Acupuncture if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination. The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.

(2) An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(a) Five years of licensed clinical acupuncture practice in the United States. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and oriental medicine. Documentation of this practice will be required and is subject to Board approval; and

(c) Successful completion of the ACAOM western medicine requirements in effect at the time of graduation from the acupuncture program, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) Current certification in acupuncture by the NCCAOM. An applicant will be deemed certified in Acupuncture by the NCCAOM if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination. The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.

(3) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.

(4) In addition to meeting the requirements in (1), (2) or (3) of this rule, all applicants for licensure must have the following qualifications:

(a) Licensure in good standing from the state or states of all prior and current health related licensure; and

(b) Have good moral character as those traits would relate to the applicant's ability properly engage in the practice of acupuncture; and

(c) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the NCCAOM written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination, such as TOEFL (Test of English as a Foreign Language), or TSE (Test of Spoken English). An applicant must obtain a TOEFL score of 500 or more for the written TOEFL exam and 173 or more for the computer based TOEFL exam, or a TSE score of 200 or more prior to July 1995, and a score of 50 or more after July 1995. An applicant who is certified through the NCCAOM Credentials Documentation Examination must also have passed an English proficiency examination.

Stat. Auth.: ORS 677.265 & 677.759

Stats. Implemented: ORS 677.265, 677.759 & 677.780

Hist.: ME 5-1997, f. & cert. ef. 11-3-97; BME 5-1998, f. & cert. ef. 4-22-98; BME 15-1998, f. & cert. ef. 10-26-98; BME 15-1998, f. & cert. ef. 10-26-98; BME 16-1999, f. & cert. ef. 10-28-99; BME 13-2001, f. & cert. ef. 10-30-01; BME 6-2002, f. & cert. ef. 4-23-02; BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06; BME 10-2007, f. & cert. ef. 4-26-07; BME 7-2008(Temp), f. & cert. ef. 4-24-08 thru 10-6-08; BME 21-2008, f. & cert. ef. 7-21-08; BME 14-2009, f. & cert. ef. 7-20-09; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0017

Clinical Training

(1) A clinical supervisor must meet the following requirements:

(a) Be an actively licensed Oregon acupuncturist who has practiced as an acupuncturist for a period of at least five years, and is in good standing with the Board; or

(b) Be an actively licensed Oregon physician who is in good standing with the Board, who has been practicing acupuncture for a period of at least five years, and has passed the examination for acupuncture; or

(c) Be an acupuncturist or physician licensed, registered, or certified by another jurisdiction, who is in good standing with such jurisdiction, who has been practicing acupuncture for a period of at least five years and has passed a qualifying examination for acupuncture, or been certified in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.) through its Credentials Documentation Examination. If a portion of those five or more years was prior to licensing, registration, or certification, then prior practice must be documented to the Board's satisfaction. The N.C.C.A.O.M. Certification Standards for Documen-

tation will be used. All clinical supervisors under this section are subject to Board approval.

(2) Board approved clinical supervisors, acupuncturists or physicians shall supervise no more than two acupuncture trainees in an informal private clinical setting.

(3) Where applicable, an individual shall comply with OAR 847-070-0005 to 847-070-0055 if they are:

(a) Enrolled in a school approved to offer credit for post-secondary clinical education in Oregon; or

(b) A practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Oregon Medical Board.

(4) Where applicable, an individual may perform acupuncture in a training situation only when such services are rendered by an acupuncture student:

(a) Who is enrolled in a school approved to offer credit for post-secondary clinical education in Oregon; or

(b) Who is a practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Oregon Medical Board.

(5) An individual who is a trainee or student of acupuncture may not perform any act that constitutes the practice of medicine or the practice of acupuncture, except under direct supervision of a person approved by the Board to provide clinical training as described in rule 847-070-0017.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.060(3)

Hist.: ME 6-1984, f. & ef. 1-20-84; ME 14-1984, f. & ef. 8-2-84; ME 10-1985, f. & ef. 8-5-85; ME 13-1986, f. & ef. 7-31-86; ME 8-1988, f. 6-10-88, cert. ef. 6-6-88; ME 6-1993, f. & cert. ef. 4-22-93; ME 6-1994, f. & cert. ef. 1-24-94; BME 5-1999, f. & cert. ef. 4-22-99; BME 15-2000, f. & cert. ef. 10-30-00

847-070-0019

Interview and Examination

(1) In addition to all other requirements for licensure, the Board may require an applicant to appear for a personal interview regarding information received in the application process. Unless excused in advance, failure to appear before a Committee of the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

(2) If there is reasonable cause to question the qualifications of an applicant, the Board in its discretion may require the applicant to do one or more of the following:

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof;

(c) Provide documentation of current NCCAOM Acupuncture certification;

(d) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets NCCAOM's recertification requirements would qualify as Board-approved continuing education;

(e) Complete a mentorship of at least 20 hours under a Board-approved mentor who must individually supervise the applicant. The mentor must report the successful completion of the mentorship to the Board.

(3) An applicant must pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR chapter 847, division 70).

Stat. Auth.: ORS 677.265, 677.759

Stats. Implemented: ORS 677.175 & 677.759

Hist.: BME 12-2005, f. & cert. ef. 10-12-05; BME 21-2006, f. & cert. ef. 10-23-06; BME 5-2009, f. & cert. ef. 1-22-09; OMB 8-2014, f. & cert. ef. 1-14-14; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0020

Regulation of Activities of Acupuncturists

(1) An individual other than a physician who is not authorized by the Board to engage in the practice of acupuncture shall not administer acupuncture treatment to any other individual.

(2) An acupuncturist shall report promptly to the referring physician, if requested, the method of acupuncture treatment and the results of such treatment together with such other information as the referring physician requires to maintain the records regarding acupuncture treatment.

(3) An acupuncturist must clearly indicate that he/she is an acupuncturist to individuals being treated. The acupuncturist must wear a name tag with the designation "Acupuncturist" thereon when practicing in a hospital or clinic setting where other health care providers practice. Acupuncturists are not required to wear name tags in a private practice setting.

(4) An acupuncturist shall not represent him/herself as a physician or permit another to so represent him/her.

(5) An acupuncturist who has completed a program that leads to a doctoral degree in Acupuncture and Oriental Medicine from a school that has federally recognized accreditation may identify him/herself as a "doctor of acupuncture and oriental medicine."

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; BME 16-1999, f. & cert. ef. 10-28-99; BME 5-2009, f. & cert. ef. 1-22-09

847-070-0022

Documents to be Submitted for Licensure

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year.

(2) Birth Certificate: A copy of birth certificate and a copy of Change of Name documentation, Marriage Certificate, or Divorce Decree if the applicant's name has been changed by court order, adoption, marriage, divorce, etc.

(3) Acupuncture School Diploma: A copy of a diploma showing graduation from an approved school of acupuncture for those applicants who qualify under OAR 847-070-0016(1).

(4) Photograph: A close-up, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(5) A letter from the Dean of the applicant's program of acupuncture for those applicants who qualify under OAR 847-070-0016(1).

(6) A letter from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) verifying current certification in acupuncture by the NCCAOM for those applicants who qualify under OAR 847-070-0016(1) or (2).

(7) A letter verifying licensure in good standing from the state or states of all prior and current health-related licensure.

(8) A letter from the Director or other official for practice and employment to include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. For acupuncturists who have been or are in solo practice, three reference letters from acupuncturists in the local treatment community who are familiar with the applicant's practice and who have known the applicant for more than six months.

Stat. Auth.: ORS 677.265 & 677.759

Stats. Implemented: ORS 677.275 & 677.759

Hist.: BME 21-2006, f. & cert. ef. 10-23-06; BME 19-2007, f. & cert. ef. 10-24-07; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0024

Application for Licensure by Military Spouse or Domestic Partner

(1) "Military spouse or domestic partner" means a spouse or domestic partner of an active member of the Armed Forces of the United States who is the subject of a military transfer to Oregon.

(2) To qualify for licensure under this rule, the military spouse or domestic partner must:

(a) Meet the qualifications for licensure as stated in OAR 847-070-0016;

(b) Be married to, or in a domestic partnership with, a member of the Armed Forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;

(c) Be licensed to practice acupuncture in another state or territory of the United States;

(d) Be in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his or her license in any jurisdiction where the applicant is or has been licensed; and

(e) Have at least one year of active practice or teaching of acupuncture during the three years immediately preceding the application.

(3) If a military spouse or domestic partner applies for a license to practice acupuncture, the Board may accept:

(a) A copy of the acupuncture school diploma to fulfill the requirement for a letter from the Dean of the applicant's acupuncture school; and

(b) Verification of licensure in good standing from the jurisdiction of current or most recent practice of acupuncture to fulfill the requirement of verifications of licensure from all jurisdictions of prior and current health related licensure.

(4) In addition to the documents required in section (3) of this rule and in OAR 847-070-0022, the military spouse or domestic partner must submit a copy of the:

(a) Marriage certificate or domestic partnership registration with the name of the applicant and the name of the active duty member of the Armed Forces of the United States; and

(b) Assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration.

Stat. Auth.: ORS 677.265 & HB 2037 (2013)

Stats. Implemented: ORS 677.275, 677.759 & HB 2037 (2013)

Hist.: OMB 21-2013(Temp), f. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 35-2013, f. & cert. ef. 10-15-13

847-070-0025

Disciplinary Proceedings

The Board may suspend or revoke the authority of an acupuncturist to engage in the practice of acupuncture and any disciplinary proceedings against an acupuncturist or any individual charged with the unlawful practice of acupuncture shall be in accordance with ORS Chapter 183.

Stat. Auth.: ORS 183 & 677

Stats. Implemented: ORS 677.190

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82

847-070-0030

Revocation or Suspension of Authority to Engage in the Practice of Acupuncture

The Board may suspend or revoke the authority of an acupuncturist to engage in the practice of acupuncture if the Board finds that:

(1) The acupuncturist has represented him/herself as a physician or permitted another to so represent him/her.

(2) The acupuncturist has performed any act involving the practice of acupuncture in violation of any applicable law or rules regulating the practice of acupuncture.

(3) The acupuncturist has engaged in conduct constituting gross negligence in the practice of acupuncture.

(4) The acupuncturist is manifestly incapable to engage in the practice of acupuncture.

(5) The acupuncturist has violated any of the provisions of ORS 677.190.

Stat. Auth.: ORS 677

Stats. Implemented: ORS 677.190

Hist.: ME 31, f. 9-9-75, ef. 10-11-75; ME 4-1979, f. & ef. 5-1-79; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84

847-070-0033

Visiting Acupuncturist Requirements

(1) The Oregon Medical Board may grant approval for a visiting acupuncturist to demonstrate acupuncture needling as part of a

seminar, conference, or workshop sponsored by an Oregon school or an Oregon school's program of acupuncture or oriental medicine, or professional organization of acupuncture, or any seminar, conference, or workshop approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide continuing education training for a period up to ten days no more than three times a year. The visiting acupuncturist who requests additional time beyond the ten days, or submits more than three requests in a year, must apply for and obtain a license to practice in the state of Oregon. An Oregon licensed acupuncturist must be in attendance at the seminar, conference or workshop.

(2) Prior to being granted approval, the following information must be submitted to the Oregon Medical Board:

(a) A letter from the school or program of acupuncture or oriental medicine, or organization which will have an out-of-state acupuncturist demonstrate needling as part of a seminar, conference, or workshop with the following information:

(A) Dates of the seminar, conference, or workshop in which the visiting acupuncturist will be demonstrating acupuncture needling;

(B) Description of the seminar, conference or workshop;

(C) Name of the responsible Oregon acupuncturist, licensed under ORS 677, actively registered and in good standing with the Board, who will be in attendance and responsible for the conduct of the visiting acupuncturist at the seminar, conference or workshop.

(D) A curriculum vitae for the visiting acupuncturist; and

(b) If the visiting acupuncturist is licensed, certified or registered to practice as an acupuncturist in the state in which the acupuncturist is practicing, the visiting acupuncturist must provide documentation that their license, certificate, or registration is active and in good standing.

(3) The request for approval to practice in the state of Oregon as a visiting acupuncturist must be received at least two weeks prior to the beginning date of such practice.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265(1) & (2)

Hist.: BME 9-2004, f. & cert. ef. 4-22-04; BME 19-2004, f. & cert. ef. 10-20-04

847-070-0037

Limited License, Pending Examination

(1) An acupuncturist who meets all requirements for Oregon acupuncture licensure but has not yet passed the acupuncture certification examination given by the National Certification Commission on Acupuncture and Oriental Medicine (NCCAOM) may be issued a Limited License, Pending Examination for the purpose of obtaining clinical training in Oregon under the supervision of a Board approved clinical supervisor if the following criteria are met:

(a) The application file is complete to the satisfaction of the Board.

(b) Certification by the NCCAOM is pending.

(c) The clinical supervisor approved to supervise the applicant meets the qualifications in OAR 847-070-0017 and is on-site and available to supervise at all times when the applicant is training.

(d) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

(2) Any person obtaining clinical training under a Limited License, Pending Examination must identify themselves to patients as an acupuncture trainee and wear a name tag identifying themselves as a trainee.

(3) A Limited License, Pending Examination may be granted for a period of six months.

(4) Upon receipt of verification that the applicant has passed the acupuncture certification examination given by the NCCAOM, and if the applicant's application file is otherwise satisfactorily complete, the applicant shall be scheduled for approval of permanent licensure.

(5) The Limited License, Pending Examination will automatically be canceled if the applicant fails the acupuncture certification examination given by the NCCAOM.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.759

Hist.: BME 5-1999, f. & cert. ef. 4-22-99; BME 19-2007, f. & cert. ef. 10-24-07;

OMB 7-2014, f. & cert. ef. 1-14-14; OMB 16-2014, f. & cert. ef. 10-8-14

847-070-0038

Limited License, Visiting Professor

(1) An acupuncturist who has received a teaching position in a school of acupuncture in this state may be issued a Limited License, Visiting Professor if the following criteria are met:

(a) The applicant has established to the satisfaction of the Board that he/she has the skills and training equivalent to OAR 847-070-0016 (1);

(b) The applicant has at least five years experience as an acupuncturist; and

(c) The applicant has submitted the appropriate form and fee for a Limited License, Visiting Professor.

(2) The head of the acupuncture school in which the applicant will be teaching shall certify in writing to the Board that the applicant has been offered a teaching position which will be under the direction of the head of the department and will not be permitted to practice acupuncture unless as a necessary part of the applicant's teaching position as approved by the Board.

(3) An acupuncturist who is applying for a Limited License, Visiting Professor may also be approved as a clinical supervisor if the applicant meets the requirements of OAR 847-070-0017.

(4) The Limited License, Visiting Professor may be granted for one year and may be granted a total of two one-year extensions upon annual review of the written justification of the need based upon academic necessity. The renewal form and fee must be submitted 30 days before the end of the year if an extension of the Limited License, Visiting Professor is requested.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265, 677.759

Hist.: ME 2-1981, f. & ef. 2-3-81; ME 9-1982, f. & ef. 10-27-82; ME 6-1984, f. & ef. 1-20-84; ME 1-1985, f. & ef. 1-21-85; ME 13-1989, f. & cert. ef. 8-4-89; ME 8-1990, f. & cert. ef. 4-25-90; ME 9-1991, f. & cert. ef. 7-24-91; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; ME 5-1997, f. & cert. ef. 11-3-97; BME 14-2001, f. & cert. ef. 10-30-01; BME 15-2003, f. & cert. ef. 10-23-03; BME 10-2007, f. & cert. ef. 4-26-07

847-070-0039

Registration

(1) Upon Board approval of an applicant to be licensed to practice acupuncture, the applicant must pay the registration fee before being issued a certificate.

(2) An application for renewal of the biennial registration and the statutory registration fee shall be submitted to the Oregon Medical Board prior to midnight June 30 of every even-numbered year.

(3) Upon failure to comply with section (1) and (2) of this rule, the license shall lapse as per ORS 677.228.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.228 & 677.265

Hist.: ME 6-1993, f. & cert. ef. 4-22-93; ME 6-1994, f. & cert. ef. 1-24-94; ME 10-1996, f. & cert. ef. 10-29-96

847-070-0045

Inactive Registration and Re-Entry to Practice

(1) Any acupuncturist licensed in this state who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist must file an Affidavit of Reactivation and pay a processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the acupuncturist during the period of inactive registration to be such that the acupuncturist would have been denied a license if applying for an initial license.

(4) If an acupuncturist applicant has ceased practice for a period of 24 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);

(b) Provide documentation of current NCCAOM Acupuncture or Oriental Medicine certification;

(c) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice;

(d) Complete a mentorship of at least 20 hours under a Board-approved mentor who must individually supervise the licensee. The mentor must report the successful completion of the mentorship to the Board.

(5) The acupuncturist applicant who has ceased practice for a period of five or more consecutive years may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Stat. Auth.: ORS 677.265 & 677.759

Stats. Implemented: ORS 677.175 & 677.759

Hist.: ME 24-1987, f. & ef. 10-29-87; ME 6-1993, f. & cert. ef. 4-22-93; ME 10-1996, f. & cert. ef. 10-29-96; BME 16-1999, f. & cert. ef. 10-28-99; BME 12-2005, f. & cert. ef. 10-12-05; BME 5-2009, f. & cert. ef. 1-22-09; OMB 8-2012, f. & cert. ef. 2-10-12; OMB 11-2014, f. & cert. ef. 4-9-14; OMB 3-2015, f. & cert. ef. 1-13-15

847-070-0050

Acupuncture Advisory Committee

(1) An Acupuncture Advisory Committee is established. The committee must consist of six members appointed by the Board. The Board must appoint one of its members, two physicians, and three acupuncturists licensed by the Board. The acupuncture members may be appointed from nominations of the Oregon Association of Acupuncture and Oriental Medicine and other professional acupuncture organizations.

(2) The term of office of a member of the committee is three years, and members may be reappointed to serve not more than two terms. Vacancies in the committee must be filled by appointment by the Board for the balance of the unexpired term, and each member must serve until a successor is appointed and qualified.

(3) The Board may remove any member from the committee.

(4) The committee elects its own chairperson with such powers and duties as fixed by the committee.

(5) The committee members are entitled to compensation and expenses as provided for Board members in ORS 677.235.

Stat. Auth.: ORS 677.265 & 677.759

Stats. Implemented: ORS 677.235, 677.265, 677.759 & 677.780

Hist.: ME 4-1995, f. & cert. ef. 5-3-95; ME 10-1996, f. & cert. ef. 10-29-96; BME 15-1998, f. & cert. ef. 10-26-98; BME 14-2001, f. & cert. ef. 10-30-01; BME 19-2007, f. & cert. ef. 10-24-07; OMB 16-2011, f. & cert. ef. 7-13-11; OMB 18-2013, f. & cert. ef. 7-12-13

847-070-0055

Duties of the Committee

The Acupuncture Advisory Committee shall:

(1) Review and recommend approval or disapproval of all applications submitted to the Board for acupuncture licensing and for renewal thereof.

(2) Recommend to the Board standards of professional responsibility and practice for licensed acupuncturists.

(3) Recommend to the Board standards of didactic and clinical education and training for acupuncture licensing.

(4) Recommend to the Board standards for clinical supervisors and trainees.

(5) Recommend to the Board licensing examinations, and temporary licenses as considered appropriate.

Stat. Auth.: ORS 677.265 & 677.757 - 677.770

Stats. Implemented: ORS 677.265

Hist.: ME 4-1995, f. & cert. ef. 5-3-95; BME 14-2001, f. & cert. ef. 10-30-01

DIVISION 80

PODIATRIC MEDICINE

847-080-0001

Definitions

(1) "Ankle" means the tibial plafond and its posterolateral border or posterior malleolus, the medial malleolus, the distal fibula or lateral malleolus, and the talus.

(2) "Board" means the Oregon Medical Board of the State of Oregon.

(3) "Podiatric physician and surgeon" means a podiatric physician and surgeon whose practice is limited to treating ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.805

Hist.: ME 6-1986, f. & ef. 4-23-86; BME 11-2000, f. & cert. ef. 7-27-00; BME 8-2007, f. & cert. ef. 1-24-07; BME 22-2007, f. & cert. ef. 10-24-07

847-080-0002

Application for Licensure

(1) When applying for licensure the applicant must submit to the Board the completed application, fees, documents and letters.

(2) A person applying for licensure under these rules who has not completed the licensure process within a 12 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(3) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.190, 677.265, 677.810 & 677.840

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 3-1990, f. & cert. ef. 1-29-90; BME 8-2007, f. & cert. ef. 1-24-07; OMB 20-2013, f. & cert. ef. 7-12-13; OMB 9-2014, f. & cert. ef. 1-14-14

847-080-0010

Requirements for Licensure

The applicant for licensure must have:

(1) Graduated from a school or college of podiatric medicine accredited by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association.

(2) Successfully passed a licensing examination as provided in OAR 847-080-0018.

(3) Fulfilled one of the following:

(a) Satisfactory completion of one year of post-graduate training served in a hospital that is approved by the CPME, or

(b) Satisfactory completion of one year of post-graduate training in a hospital residency program that was not approved by the CPME and current certification by the American Board of Podiatric Medicine or the American Board of Podiatric Surgery.

(4) Satisfactorily met the requirements of ORS 677.820 and 677.825.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.820, 677.825 & 677.830

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 7-1982, f. & ef. 10-27-82; Suspended by ME 3-1983(Temp), f. & ef. 10-3-83 to 10-7-83; Suspended by ME 2-1984(Temp), f. & ef. 1-20-84; ME 11-1985, f. & ef. 8-6-85; ME 6-1986, f. & ef. 4-23-86; ME 8-1994, f. & cert. ef. 4-29-94; BME 16-2004, f. & cert. ef. 7-13-04; BME 13-2005, f. & cert. ef. 10-12-05; BME 18-2006, f. & cert. ef. 7-25-06; BME 12-2008, f. & cert. ef. 4-24-08; BME 27-2008, f. & cert. ef. 10-31-08; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0013

Documents to Be Submitted for Licensure

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year.

(2) Birth Certificate: A copy of birth certificate.

(3) Doctor of Podiatric Medicine Diploma: A copy of a diploma showing graduation from a school of podiatry.

(4) Photograph: A close-up, passport quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(5) The results of a Practitioner Self-Query from the National Practitioner Data Bank sent directly to the Board by the applicant.

(6) Legible fingerprints as described in 847-008-0068 for the purpose of a criminal records background check.

(7) An applicant must pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and an open-book examination on the Drug Enforcement Administration's regulations governing the use of controlled substances. If an applicant fails one or both examinations three times, the applicant must attend an informal meeting with a Board member, a Board investigator or the Medical Director of the Board to discuss the applicant's failure of the examination(s), before being given a fourth and final attempt to pass the examination(s). If the applicant does not pass the examination(s) on the fourth attempt, the applicant may be denied licensure.

(8) Any other documentation or explanatory statements as required by the Board.

Stat. Auth.: ORS 677.265 & 677.820

Stats. Implemented: ORS 181.534, 677.820, 677.825 & 677.830

Hist.: ME 6-1986, f. & ef. 4-23-86; ME 17-1987, f. & ef. 8-3-87; BME 17-2007, f. & cert. ef. 7-23-07; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0016

Application for Licensure by Military Spouse or Domestic Partner

(1) "Military spouse or domestic partner" means a spouse or domestic partner of an active member of the Armed Forces of the United States who is the subject of a military transfer to Oregon.

(2) To qualify for licensure under this rule, the military spouse or domestic partner must:

(a) Meet the requirements for licensure as stated in OAR 847-080-0010;

(b) Be married to, or in a domestic partnership with, a member of the Armed Forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;

(c) Be licensed to practice podiatric medicine in another state or territory of the United States;

(d) Be in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his or her license in any jurisdiction where the applicant is or has been licensed; and

(e) Have at least one year of active practice or teaching of podiatric medicine during the three years immediately preceding the application.

(3) If a military spouse or domestic partner applies for a license to practice podiatric medicine, the Board may accept:

(a) A copy of the podiatric medical school diploma to fulfill the requirement for a Dean's Letter of Recommendation and the Verification of Medical Education form; and

(b) Verification of licensure in good standing from the jurisdiction of current or most recent practice of podiatric medicine to fulfill the requirement of verifications of licensure from all jurisdictions of prior and current health related licensure.

(4) If a military spouse or domestic partner applies for a license to practice podiatric medicine, the Board will obtain the results of a query of the National Practitioner Data Bank on behalf of the applicant.

(5) In addition to the documents required in section (3) of this rule and in OAR 847-080-0013 and 847-080-0017, the military spouse or domestic partner must submit a copy of the:

(a) Marriage certificate or domestic partnership registration with the name of the applicant and the name of the active duty member of the Armed Forces of the United States; and

(b) Assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration.

Stat. Auth.: ORS 677.265, 677.820 & HB 2037 (2013)

Stats. Implemented: ORS 677.820, 677.825, 677.830 & HB 2037 (2013)

Hist.: OMB 21-2013(Temp), f. 8-2-13, cert. ef. 8-3-13 thru 1-30-14; OMB 35-2013, f. & cert. ef. 10-15-13

847-080-0017

Letters and Official Verifications to be Submitted for Licensure

The applicant must ensure that official documents are sent to the Board directly from:

(1) The School of Podiatry:

(a) The Verification of Medical Education form, which includes: degree issued, date of degree, dates of attendance, dates and reason of any leaves of absence or repeated years, and dates, name and location of school of podiatric medicine school if a transfer student.

(b) A Dean's Letter of Recommendation, which includes a statement concerning the applicant's moral and ethical character and overall performance as a podiatric medical student. If the school attests that a Dean's Letter is unavailable or the Board determines that it is unacceptable, a copy of the transcripts may be acceptable.

(2) The Director of Podiatric Education, Chairman or other official of the residency hospital in U.S.: A currently dated original letter (a copy is not acceptable), sent directly from the hospitals in which any post-graduate training was served, which includes an evaluation of overall performance and specific beginning and ending dates of training.

(3) The Director or other official for practice and employment in hospitals, clinics, etc., in the U.S. and foreign countries: A currently dated original letter (a copy is not acceptable), sent directly from the hospital/clinic, which includes an evaluation of overall performance and specific beginning and ending dates of practice and employment.

(4) All health licensing boards in any jurisdiction where the applicant has ever been licensed; regardless of status, i.e., current, lapsed, never practiced there: Verification, sent directly from the boards, must show license number, date issued and status.

(5) Official Examination Certification: An official certification of examination scores for the American Podiatric Medical Licensing Examination (APMLE) Parts I, II and III or the National Board of Podiatric Medical Examiners (NBPME) examination Parts I, II and III is required directly from the NBPME or the Federation of Podiatric Medical Boards.

(6) Federation of Podiatric Medical Boards Disciplinary Report: A Disciplinary Report sent directly from the Federation of Podiatric Medical Boards to the Board.

(7) Any other documentation as required by the Board, including but not limited to medical records and criminal or civil records.

Stat. Auth.: ORS 677.265 & 677.820

Stats. Implemented: ORS 677.820, 677.825 & 677.830

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 6-1986, f. & ef. 4-23-86; ME 17-1987, f. & ef. 8-3-87; BME 20-2004, f. & cert. ef. 10-20-04; BME 19-2006, f. & cert. ef. 7-25-06; BME 17-2007, f. & cert. ef. 7-23-07; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0018

Examination for Licensure

The applicant must base an application upon the licensing examination administered by the National Board of Podiatric Medical Examiners (NBPME). The licensing examination is limited to the American Podiatric Medical Licensing Examination (APMLE) or the NBPME examination. No application will be accepted on the basis of reciprocity or written examination, other than an examination administered by the NBPME.

(1) The applicant must pass Parts I, II and III of the licensing examination.

(2) Part III of the licensing examination may be waived if the applicant graduated from a school or college of podiatric medicine before January 1, 2001; and

(a) Is licensed as a podiatric physician in another state; or

(b) Is certified by the American Board of Podiatric Medicine (ABPM) or the American Board of Podiatric Surgery (ABPS).

(3) The score achieved on each Part of the examination must equal or exceed the figure established by the NBPME as a passing score.

(4) All three Parts of the licensing examination must be passed within a seven-year period which begins when the first Part, either Part I or Part II, is passed. An applicant who graduated from a school or college of podiatric medicine on or after January 1, 2001, and who has not passed all three Parts within the seven-year period may request a waiver of the seven-year requirement if he or she:

(a) Has current certification by the ABPM or the ABPS; or

(b) Suffered from a documented significant health condition which by its severity would necessarily cause a delay to the applicant's podiatric study; or

(c) Experienced other extenuating circumstances that do not indicate an inability to safely practice podiatric medicine as determined by the Board.

(5) The applicant who graduated from a school or college of podiatric medicine on or after January 1, 2001, must have passed Part III of the licensing examination within four attempts, whether for Oregon or for any other state. After the third failed attempt, the applicant must have completed one additional year of postgraduate training in the United States prior to readmission to the examination. The Board must approve the additional year of training to determine whether the applicant is eligible for licensure. The applicant, after completion of the required year of training, must have passed Part III on their fourth and final attempt. An applicant who has passed Part III of the licensing examination, but not within the four attempts as required, may request a waiver of this requirement if he or she has current certification by the ABPM or the ABPS.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.825 & 677.830

Hist.: ME 6-1986, f. & cert. ef. 4-23-86; ME 17-1987, f. & cert. ef. 8-3-87; ME 23-1989(Temp), f. & cert. ef. 10-20-89; ME 3-1990, f. & cert. ef. 1-29-90; ME 13-1992, f. & cert. ef. 10-22-92; ME 8-1994, f. & cert. ef. 4-29-94; ME 11-1996, f. & cert. ef. 10-29-96; BME 2-1999, f. & cert. ef. 1-26-99; BME 4-1999, f. & cert. ef. 2-17-99; BME 10-2005, f. & cert. ef. 7-20-05; BME 19-2006, f. & cert. ef. 7-25-06; BME 17-2007, f. & cert. ef. 7-23-07; BME 18-2007(Temp), f. & cert. ef. 7-23-07 thru 1-8-08; BME 22-2007, f. & cert. ef. 10-24-07; BME 12-2008, f. & cert. ef. 4-24-08; BME 27-2008, f. & cert. ef. 10-31-08; OMB 26-2011, f. & cert. ef. 10-18-11; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0021

Competency Examination and Re-Entry to Practice

(1) The applicant who has not completed postgraduate training within the past 10 years or been certified or recertified with the ABPM or the ABPS within the past 10 years may be required to pass a competency examination in podiatry. The competency examination may be waived if the applicant can demonstrate ongoing participation in maintenance of certification with the ABPM or ABPS, or has completed at least 50 hours of Board-approved continuing education each year for the past three years.

(2) The applicant who has ceased practice for a period of 12 or more consecutive months immediately preceding an application for licensure or reactivation may be required to pass a competency examination in podiatry. The competency examination may be waived if the applicant can demonstrate ongoing participation in maintenance of certification with the ABPM or ABPS, or subsequent to ceasing practice, the applicant has:

(a) Passed the licensing examination administered by the NBPME, or

(b) Been certified or recertified by the ABPM or ABPS, or

(c) Completed a Board-approved one-year residency or clinical fellowship, or

(d) Obtained continuing medical education to the Board's satisfaction.

(3) The applicant who has ceased the practice of medicine for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the

amount of time out of practice, the applicant may be required to do one or more of the following:

(a) Pass the licensing examination;

(b) Practice for a specified period of time under a mentor/supervising podiatric physician who will provide periodic reports to the Board;

(c) Obtain certification or re-certification, or participate in maintenance of certification, with the ABPM or the ABPS;

(d) Complete a re-entry program as determined appropriate by the Board;

(e) Complete one year of an accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director;

(f) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years.

(4) Licensure shall not be granted until all requirements of OAR chapter 847, division 80, are completed satisfactorily.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.825 & 677.830

Hist.: OMB 20-2013, f. & cert. ef. 7-12-13; OMB 11-2014, f. & cert. ef. 4-9-14; OMB 13-2014, f. & cert. ef. 10-8-14

847-080-0022

Qualifications to Perform Ankle Surgery

Ankle surgery must be conducted in a certified hospital or in an ambulatory surgical center certified by the Health Division. To be eligible to perform ankle surgery in the state of Oregon, the licensed podiatrist shall meet the qualifications from one of the following sections prior to being approved by the Board to perform ankle surgery:

(1) Completion of a Council on Podiatric Medical Education (CPME) approved surgical residency; board certification by the American Board of Podiatric Surgery (ABPS) in Foot and Ankle Surgery; documented clinical experience as approved by the Board; and current clinical privileges to perform reconstructive/rearfoot ankle surgery in a Joint Commission approved hospital; or

(2) Completion of a CPME approved surgical residency; and board qualified by the ABPS in Reconstructive Rearfoot/Ankle Surgery progressing to board certification in Reconstructive Rearfoot/Ankle Surgery within seven years.

Stat. Auth.: ORS 677.245

Stats. Implemented: ORS 677.812

Hist.: BM 11-2000, f. & cert. ef. 7-27-00; BME 7-2003, f. & cert. ef. 1-27-03; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0028

License Application Withdrawals

(1) The Board will consider a request by an applicant to withdraw his/her application for licensure in the State of Oregon under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains no evidence of violation of any provision of ORS 677.010–677.855.

(2) An applicant may request to withdraw his/her application for licensure in the State of Oregon, and the withdrawal will be reported to the Federation of Podiatric Medical Boards under the following circumstances:

(a) The applicant is eligible for licensure; and

(b) The file contains evidence that the applicant may have violated any provision of ORS 677.010–677.855, but the Board has decided that there is an insufficient basis to proceed to formal discipline, or a licensing body in another state has imposed formal discipline or entered into a consent agreement for the same conduct, and that action has been reported to the National Practitioner Data Bank.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.190, 677.265 & 677.820

Hist.: OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0030

Denial of License

No applicant is entitled to a podiatry license who:

(1) Has failed an examination for licensure in the State of Oregon;

(2) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated

and the applicant's license is in good standing in the state or country which had revoked the same;

(3) Has been refused a license or certificate in any other state or country on any grounds other than failure in a podiatric licensure examination;

(4) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply; or

(5) Has been guilty of cheating or subverting the podiatric licensing examination process. Podiatric licensing examination means any examination given by the Board, other states, or national testing organization, to an applicant for registration, certification or licensure under this act. Evidence of cheating or subverting includes, but is not limited to:

(a) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(b) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by Board staff, which could facilitate the applicant in completing the examination;

(c) Communicating with any other examinee during the administration of the examination;

(d) Removing from the examining room any examination materials;

(e) Photographing or otherwise reproducing examination materials.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.190 & 677.265

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85; ME 6-1986, f. & ef. 4-23-86; OMB 20-2013, f. & cert. ef. 7-12-13

847-080-0035

Approved Podiatry Colleges

Podiatry colleges approved by the Board are only those approved by the American Podiatric Medical Association Council on Podiatry Education.

Stat. Auth.: ORS 183 & 677

Stats. Implemented: ORS 677.820

Hist.: ME 4-1982, f. & ef. 4-23-82; ME 11-1985, f. & ef. 8-6-85