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## PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 847  
OREGON MEDICAL BOARD

**FILED**

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FILING CAPTION: Replacing "Osteopathy" with the correct term "Osteopathic Medicine" pursuant to HB 3363

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### RULES:

847-008-0000, 847-008-0005, 847-020-0100, 847-020-0120, 847-020-0160, 847-020-0170, 847-020-0200, 847-035-0001, 847-035-0020, 847-050-0038

AMEND: 847-008-0000

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Use statutory definitions for "licensee" and "physician."

CHANGES TO RULE:

847-008-0000

Definitions ¶

As used in OAR chapter 847, ¶

(1) "Licensee" means an individual holding a valid license, or certificate issued by the Board to practice as a ¶

(2) "Physician" means a person who holds a degree of Doctor of Medicine, or Doctor of Osteopathy, Doctor of Podiatric Medicine, Physician Assistant, or Acupuncturist or equivalent, or a person who holds a degree of Doctor of Podiatric Medicine if in 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.

Statutory/Other Authority: ORS 688.830-688.835, ORS 677.265

Statutes/Other Implemented: ORS 688.800-688.835, 677.010

AMEND: 847-008-0005

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Remove reference to "form" because applications are now online. Remove the title "Doctor of Osteopathy" and instead just refer to "physicians" collectively as defined in the amended OAR 847-008-0000.

CHANGES TO RULE:

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~~application and fee for ~~Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine~~physicians and ~~P~~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~~application and fee for ~~Doctors of Medicine, Doctors of Osteopathy, Doctors of Podiatric Medicine~~physicians and ~~P~~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~~Physicians 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.

Statutory/Other Authority: ORS 677.265~~139~~, ORS 677.265, ORS 677.512

Statutes/Other Implemented: ORS 677.172~~2010~~, ORS 677.139, ORS 677.172, ORS 677.228, ORS 677.265, ORS 677.512, ORS 677.520, ORS 677.765

AMEND: 847-020-0100

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Replace the antiquated term "osteopathy" with "osteopathic medicine."

CHANGES TO RULE:

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 osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, 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).

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.010, ORS 677.265

AMEND: 847-020-0120

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Replace the antiquated term "osteopathy" with "osteopathic medicine."

CHANGES TO RULE:

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 osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, 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.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.100, ORS 677.110

AMEND: 847-020-0160

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Replace "Medical/Osteopathic School" with "school of medicine" to reflect that both allopathic and osteopathic programs are medical schools.

CHANGES TO RULE:

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~~ school of medicine:¶¶

(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.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.010, ORS 677.100, ORS 677.265

AMEND: 847-020-0170

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Remove distinction between medical and osteopathic school because both are medical schools.

CHANGES TO RULE:

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.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.110, ORS 677.120, ORS 677.265

AMEND: 847-020-0200

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Replace the antiquated term "osteopathy" with "osteopathic medicine."

CHANGES TO RULE:

847-020-0200

Required School Subjects ¶

Subjects covered in schools of medicine that grant degrees of Doctor of Medicine or Doctor of Osteopathyic Medicine 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.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.110



AMEND: 847-035-0001

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Remove distinction between medical and osteopathic physicians because both are licensed physicians and may supervise Emergency Medical Services (EMS) providers.

CHANGES TO RULE:

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 677.100 to 677.228,~~ 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~~ physician licensed as a ~~medical or osteopathic~~ physician under ORS

~~Chapter 677~~ under ORS 677.100 to 677.228, 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.

Statutory/Other Authority: ORS 682.245

Statutes/Other Implemented: ORS 682.025, ORS 682.245

AMEND: 847-035-0020

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Remove distinction between medical and osteopathic physicians because both are licensed physicians and may supervise Emergency Medical Services (EMS) providers.

CHANGES TO RULE:

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~~physician licensed under ORS Chapter ~~677~~677.100 to 677.228, 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<sup>®</sup>) 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<sup>®</sup>) National EMS Medical Directors Course and Practicum<sup>®</sup>, 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.

Statutory/Other Authority: ORS 682.245

Statutes/Other Implemented: ORS 682.025, ORS 682.245

AMEND: 847-050-0038

NOTICE FILED DATE: 10/26/2017

RULE SUMMARY: Remove distinction between medical and osteopathic physicians because both are licensed physicians and may supervise physician assistants. Add Oregon-licensed podiatric physicians to the list of professionals who may supervise physician assistants pursuant to SB 831 (2017).

CHANGES TO RULE:

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 osteopa~~ physician licensed under ORS 677.100 to 677.228, or a podiatric physician under ORS 677 and surgeon licensed under ORS 677.805 to 677.840, 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.

Statutory/Other Authority: ORS ~~183,677~~677.265

Statutes/Other Implemented: ORS 677.495, ORS 677.510