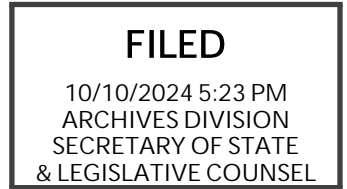




PERMANENT ADMINISTRATIVE ORDER

OMB 17-2024
CHAPTER 847
OREGON MEDICAL BOARD



FILING CAPTION: Implementing HB 4010 (2024) to update physician assistant title to physician associate.

EFFECTIVE DATE: 10/10/2024

AGENCY APPROVED DATE: 10/03/2024

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RULES:

847-005-0005, 847-008-0005, 847-008-0010, 847-008-0068, 847-008-0070, 847-010-0066, 847-010-0068, 847-010-0110, 847-010-0200, 847-015-0050, 847-017-0005, 847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0050, 847-028-0020, 847-035-0030, 847-050-0010, 847-050-0015, 847-050-0020, 847-050-0021, 847-050-0022, 847-050-0023, 847-050-0029, 847-050-0035, 847-050-0041, 847-050-0043, 847-050-0046, 847-050-0060, 847-050-0080, 847-050-0082, 847-065-0010, 847-065-0015

AMEND: 847-005-0005

RULE TITLE: Licensure Fees

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) Licensing Fees:

(a) Initial License Application — \$375.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology — \$314/year+*.

(c) Registration: Emeritus — \$50/year.

(d) Limited License, SPEX/COMVEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate Application — \$185.

(2) Acupuncture Licensing Fees:

(a) Initial License Application — \$245.

(b) Registration: Active, Inactive, Locum Tenens and Military/Public Health — \$201/year*.

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Visiting Professor, Pending Examination Application — \$75.

(3) Physician Associate Licensing Fees:

(a) Initial License Application — \$245.

(b) Registration: Active, Inactive, Locum Tenens, Military/Public Health, and Telemedicine — \$239/year*.

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Pending Examination Application — \$75.

(4) Doctor of Podiatric Medicine Licensing Fees:

(a) Initial Application — \$340.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine and Telemonitoring — \$304/year*.

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Postgraduate Application — \$185.

(5) Other Application or Licensing Fees:

(a) Reactivation Application Fee — \$50.

(b) Electronic Prescription Drug Monitoring Program — \$35/year**.

(c) Workforce Data Fee — \$2/year***.

(d) Criminal Records Check Fee — \$52****.

(6) Delinquent Registration Renewals:

(a) Delinquent MD/DO Registration Renewal — \$195.

(b) Delinquent Acupuncture Registration Renewal — \$80.

(c) Delinquent Physician Associate Registration Renewal — \$80.

(d) Delinquent Doctor of Podiatric Medicine Registration Renewal — \$195.

(7) All Board fees and fines are non-refundable and non-transferable.

+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 431A.850-431A.895, 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 181A.195(9)(e), fee is the actual cost of acquiring and furnishing criminal offender information.

STATUTORY/OTHER AUTHORITY: ORS 677.265, 181A.195, 431A.880, 676.410

STATUTES/OTHER IMPLEMENTED: ORS 677.265, 181A.195, 431A.880, 676.410, 677.290

AMEND: 847-008-0005

RULE TITLE: Registration Periods

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

Every licensee of the Board shall renew their registration prior to the last day of each renewal period as follows:

- (1) The registration renewal application and fee for physicians and physician associates 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 application and fee for physicians and physician associates 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) 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 677.139, ORS 677.265, ORS 677.512

STATUTES/OTHER IMPLEMENTED: ORS 677.010, ORS 677.139, ORS 677.172, ORS 677.228, ORS 677.265, ORS 677.512, ORS 677.520, ORS 677.765

AMEND: 847-008-0010

RULE TITLE: Initial Registration

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) An applicant for licensure as a physician, physician associate, 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) A person applying for licensure must ensure the license application is complete and accurate throughout the application process. A person applying for licensure must update the Board within 10 business days regarding any changes in information previously provided or any new information that becomes available during the application process.

(3) An application expires if not completed within a 12-month consecutive period.

(4) Once an application expires and per OAR 847-020-0110(3), a person applying for licensure must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(5) The application is not subject to section (3) once the application is reviewed by the Board or a Committee of the Board.

(6)(a) 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.

(b) 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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.172, ORS 677.190, ORS 677.205, ORS 677.415

AMEND: 847-008-0068

RULE TITLE: State and Nationwide Criminal Records Checks, Fitness Determinations

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) The purpose of this rule is to provide for the reasonable screening of physician, physician associate, and acupuncturist 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 to hold a license that is issued by the Board.
- (2) The Board may require legible fingerprints for the purpose of a criminal records check and fitness determination of all applicants and licensees, including:
 - (a) Applicants for a license;
 - (b) Licensees applying to reactivate a license;
 - (c) Licensees renewing a license; and
 - (d) Licensees under investigation.
- (3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, 670.280, and OAR 125-007-0200 to 127-007-0310.
- (a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently be destroyed.
- (b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.
- (c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence. Disclosure includes any military, juvenile, expunged or set aside criminal records.
- (d) The Board may require additional information from the applicant or licensee, such as, but not limited to, proof of identity, previous names, residential history or additional criminal, judicial or other background information.
- (4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making the fitness determination:
 - (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;
 - (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;
 - (e) Any false statements or omissions made by the applicant or licensee; and
 - (f) Any other pertinent information obtained as part of an investigation.
- (5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.
 - (a) A fitness determination approval does not guarantee the granting or renewal of a license.
 - (b) A restricted or conditional approval may necessitate probation, conditions, limitations, or other restrictions on licensure.
 - (c) A denial prohibits the applicant from being granted a license or prohibits the licensee from holding a license.

- (d) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.
- (6) 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).
- (7) 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.
- (8) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy or completeness of criminal history information must be made in accordance with OAR 125-007-0300(7).
- (9) The applicant or licensee must pay a criminal records check fee for the actual cost of acquiring and furnishing the criminal offender information.

STATUTORY/OTHER AUTHORITY: ORS 181A.195, 181A.215, 676.303, 677.265

STATUTES/OTHER IMPLEMENTED: ORS 181A.170, 181A.195, 181A.215, 670.280, 676.303, 677.100, 677.265

AMEND: 847-008-0070

RULE TITLE: Continuing Medical Competency (Education)

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

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, Military/Public Health Active, 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 a program of recertification or 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 Foot and Ankle Surgery (ABFAS), 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 Associates (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 ABFAS, 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 a program of recertification or maintenance of certification with the ABMS, AOA-BOS, ABPM, ABFAS, 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 a program of recertification or 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) Licensees serving in the military may provide documentation of military training or experience that is substantially equivalent to the continuing education required by the Board to meet the requirements of this rule.

(6)(a) 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 and the cultural competency continuing education hours required in OAR

847-008-0077.

(b) CME in suicide risk assessment, treatment and management is considered relevant CME for the current practice of all licensees and may be used toward satisfying the required CME hours.

(c) CME in the detection and early diagnosis of Alzheimer's disease and in the appropriate prescribing of antipsychotic drugs to treat patients with Alzheimer's disease is considered relevant CME for the current practice of all physician and physician associate licensees and may be used toward satisfying the required CME hours. Licensees practicing in primary care or geriatric care are encouraged to obtain the CME described here.

(7) Licensees who perform Level II office-based surgical procedures and who are not eligible or maintaining certification with an ABMS, AOA-BOS, ABPM, ABFAS, 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.

(8) 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.

(9) 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.

(10) The following licensees are exempt from this rule:

(a) Licensees in residency training; and

(b) Volunteer Camp licensees.

STATUTORY/OTHER AUTHORITY: ORS 677.265, ORS 676.850, ORS 676.860

STATUTES/OTHER IMPLEMENTED: ORS 677.265, ORS 677.512, ORS 677.759, ORS 677.837, ORS 676.850, ORS 676.860, ORS 677.487

AMEND: 847-010-0066

RULE TITLE: Limited License, Visiting Provider

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) The Board recognizes that physicians, physician assistants, and physician associates with a particular specialty, skill, or interest are occasionally needed to fill a narrow teaching, clinical, or legal role for a brief period of time upon short notice. In fulfillment of the Board's mission to protect the health, safety, and wellbeing of Oregon patients while promoting access to quality care, the Board may grant limited licenses for visiting physicians and physician associates for a specified time and purpose.

(2) A Limited License, Visiting Provider is available for the following limited purposes:

(a) To obtain or provide training unrelated to enrollment in a postgraduate training program for a period up to 30 days per year in a hospital, ambulatory surgical center, or accredited office-based surgery facility per OAR 847-017-0010.

(b) To provide health care services without compensation at a community nonprofit organization for a period up to five consecutive days per year.

(c) To review medical records, perform physical or mental examinations, and offer an opinion on a person's diagnosis or treatment as an expert witness in an Oregon civil or criminal case for a period up to 30 days per year.

(A) A provider approved under this subsection must report any clinical or secondary findings to the patient's primary care provider or specialist.

(B) A provider approved under this subsection may not prescribe, administer, or dispense medications and may not order laboratory or imaging studies.

(d) To provide care during the 90 consecutive days immediately following the end of an emergency declared by the Governor of Oregon.

(3) To qualify for Limited License, Visiting Provider, a physician, physician assistant, or physician associate must:

(a) Be currently licensed in good standing in every state or country in which they hold a license to practice a health care profession;

(b) Have an actively licensed Oregon physician in good standing without disciplinary action who will supervise the visiting provider's practice of medicine in Oregon unless otherwise approved for the purpose described in subsection (2)(d) of this rule;

(c) Be asked to practice medicine in Oregon for one of the limited purposes provided in section (2) of this rule; and

(d) If qualifying for the purpose described in subsection (2)(d) of this rule, hold an active temporary authorization under OAR 847-010-0068(1), which was issued during the Governor-declared emergency.

(4) To apply for Limited License, Visiting Provider for the purposes described in subsections (2)(a)-(c) of this rule, the physician, physician assistant, or physician associate must:

(a) Submit an application at least two weeks before the requested date for starting practice in Oregon, and

(b) Ensure that the following documents are sent directly from the source to the Board:

(A) Documentation that the applicant's medical license is current and in good standing in every state or country where the provider holds a license to practice a health care profession; and

(B) 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 provider. The letter(s) must contain the following information:

(i) Dates of Oregon practice of the visiting provider;

(ii) Description of the medical services;

(iii) Name of the responsible Oregon-licensed physician who will supervise; and

- (iv) If the visiting provider application is requested under subsection (1)(a) of this rule, documentation that the requesting hospital, ambulatory surgical center, or accredited facility has approved privileges for the visiting provider.
- (5) For the purpose described in subsection (2)(d) of this rule, a Limited License, Visiting Provider will be granted automatically to those physicians and physician associates who hold an active temporary authorization under OAR 847-010-0068(1) upon termination of the Governor-declared emergency.
- (6) A provider licensed under this rule has the same duties and responsibilities and is subject to the same Oregon laws and rules, including grounds for disciplinary action, penalties, and sanctions, as any other Oregon-licensed physician or physician associate.
- (7) A provider licensed under this rule must inform patients and/or all parties involved in the criminal or civil case that the physician or physician associate holds a limited license restricted by time and purpose.
- (8) The physician or physician associate who requests additional time or who requests to practice beyond the limitations of this rule in Oregon must apply for and obtain a license to practice in the State of Oregon.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.060, 677.085, 677.132, 677.190, 677.265

AMEND: 847-010-0068

RULE TITLE: Practice in Oregon in the Event of an Emergency

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) In the event of an emergency declared by the Governor of Oregon, the Oregon Medical Board may allow physicians, physician assistants, and physician associates licensed in another state to provide medical care in Oregon under special provisions during the period of the declared emergency, subject to such limitations and conditions as the Governor may prescribe.

(a) The out-of-state physician, physician assistant, and physician associate must 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.

(b) The requirement for completing and submitting the information to the Board is waived if the out-of-state physician, physician assistant, and physician associate 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.

(c) The physician, physician assistant, and physician associate must 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 an emergency.

(d) The out-of-state physician, physician assistant, and physician associate must not practice in Oregon under the special emergency provisions beyond the termination date of the emergency. Practice in Oregon beyond the termination date of the declared emergency requires licensure through the Oregon Medical Board.

(2) In the event of an emergency declared by the Governor of Oregon, the Oregon Medical Board may allow Emeritus and Locum Tenens physicians and/or physician associates to provide medical care in Oregon under special provisions, subject to such limitations and conditions as the Governor may prescribe.

(a) Emeritus. Notwithstanding OAR 847-008-0030 and OAR 847-050-0046, Emeritus status licensees may receive compensation for services during the period of the declared state of emergency without completing the reactivation process.

(b) Locum Tenens. The period of a declared state of emergency will not count toward the practice period limits in OAR 847-008-0020.

(3) In the event of an emergency declared by the Governor of Oregon, the Oregon Medical Board may allow Administrative Medicine, Inactive, Lapsed, and Retired physicians and/or physician associates to reactivate to Active status in Oregon under special provisions, subject to such limitations and conditions as the Governor may prescribe.

(a) To qualify, the physician and/or physician associate must:

(A) Have had an active clinical practice within the past three years;

(B) No longer hold an active license to practice medicine in another state; and

(C) Have been in good standing at the time the Oregon license status became Administrative Medicine, Inactive, Lapsed, or Retired.

(b) Notwithstanding OAR 847-008-0025, 847-008-0035, 847-008-0037, 847-008-0050, 847-008-0055, and 847-050-0043, to apply for reactivation, the physician and/or physician associate with an Administrative Medicine, Inactive, Lapsed, or Retired status license must submit to the Board the following information:

(A) An affidavit describing medically related activities during the period of inactivity;

- (B) A current federal or state photo identification, i.e., driver license or passport; and
- (C) 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 other arrangements to provide medical care in Oregon as the result of the declaration of an emergency.
- (c) Prior to reactivating, the Board will query national disciplinary databank(s) and will conduct a criminal background check.
- (d) The reactivation application fee is waived, but registration fees are required pursuant to OAR 847-005-0005.
- (e) Active status may be granted through the end of a year in which a state of emergency exists. The license may be returned to its previous status or to an inactive status prior to the license expiration date if the licensee is no longer providing medical care in response to the declared emergency.
- (4) Any restrictions or requirements imposed against a licensee through an active Oregon Medical Board Order or Agreement remain in effect during the period of the declared emergency.
- (5) In the event of a Governor-declared emergency, and in connection with a licensee's practice of medicine, Oregon Medical Board licensees must fully comply with the Governor's Executive Orders and implementing guidance documents when the Orders or guidance documents in whole or in part address or affect the delivery of healthcare to Oregon patients.
- (a) During a declared emergency, unprofessional or dishonorable conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule, to include implementing guidance and rules issued by the Oregon Health Authority, and is subject to sanction pursuant to ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), unprofessional or dishonorable conduct and ORS 677.190(17).
- (b) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.060(4), ORS 677.172(3), ORS 677.175(1), ORS 677.190

AMEND: 847-010-0110

RULE TITLE: Physicians and Physician Associates to Honor Life-Sustaining Treatment Orders

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) A physician or physician associate 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 associate shall respect and honor life-sustaining treatment orders executed by a physician, physician associate or nurse practitioner. The fact that a physician, physician associate 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 associate 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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 127.505–127.660, 677.265

AMEND: 847-010-0200

RULE TITLE: Physician and Physician Associate Volunteer Practice

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) For the purpose of this rule "health care practitioner" means a physician, physician assistant, or physician associate authorized to practice in another state or United States territory.
- (2) For the purposes of ORS 677.190 and ORS 677.205 "registration" includes volunteer authorizations.
- (3) Under the provisions of this rule, a health care practitioner may practice in Oregon in connection with a coordinating organization or other entity without compensation for up to 30 days each calendar year if approved to do so by the Oregon Medical Board.
- (4) A health care practitioner must submit the following to the Oregon Medical Board, at least 10 days prior to commencing volunteer practice in this state:
 - (a) Proof that the health care practitioner is in good standing and is not the subject of an active disciplinary action in any jurisdiction in which the health care practitioner is authorized to practice;
 - (b) An acknowledgement that the health care practitioner may provide services only within the scope of practice of the health care profession that the health care practitioner is authorized to practice and will provide services pursuant to ORS chapter 677 and Board rules, whichever is more restrictive;
 - (c) An attestation that the health care practitioner will not receive compensation for practice in Oregon;
 - (d) The name and contact information of the coordinating organization or other entity through which the health care practitioner will practice; and
 - (e) The dates on which the health care practitioner will practice in Oregon.
- (5) The Oregon Medical Board will provide approval and confirmation of authority to practice as a volunteer within 10 days of receiving the information described in section (4) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 677.265, OL 2022, chapter 62 (HB 4096)

STATUTES/OTHER IMPLEMENTED: OL 2022, chapter 62 (HB 4096)

AMEND: 847-015-0050

RULE TITLE: Expedited Partner Therapy for Sexually Transmitted Infection

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

The Oregon Medical Board recognizes that the adequate treatment of sexually transmitted infections is a public health issue. When identified in a patient, the adequate treatment and prevention of recurrence in the patient often depends upon treatment of the partner or partners of a patient, who may not be available or agreeable for clinical evaluation.

(1) As used in this rule:

(a) "Expedited partner therapy" has the meaning given in ORS 676.350, the practice of prescribing or dispensing antibiotic drugs for the treatment of a sexually transmitted infection to the partner of a patient without first examining the partner of the patient.

(b) "Partner of a patient" has the meaning given in ORS 676.350, a person whom a patient diagnosed with a sexually transmitted infection identifies as a sexual partner of the patient.

(2) A physician or physician associate treating sexually transmitted infections, may engage in open discussions with a patient to ascertain the ability for a partner of a patient to access medical services.

(3) A licensee, otherwise permitted by law to prescribe or dispense controlled substances, may practice expedited partner therapy for the treatment of sexually transmitted chlamydia and gonorrhea infections.

(4) A licensee may initiate expedited partner therapy when the licensee reasonably believes that a partner of a patient will be unwilling or unable to seek treatment within the context of a traditional provider-patient relationship.

(5) When initiating expedited partner therapy, a licensee must:

(a) Instruct the patient regarding expedited partner therapy and the medications involved.

(b) Ensure appropriate information and advice are made available to the partner of a patient, including educational materials for the patient to share with their partner(s) encouraging the partner to consult a health care provider and disclosing potential adverse drug reactions and dangerous interactions between medications.

(c) Make reasonable efforts to refer the partner of a patient to appropriate health care professionals.

(6) Except as provided in this rule, a licensee may not write prescriptions unless they have conducted an adequate encounter with the patient, and documented this encounter in the medical record.

(7) The partner of a patient is considered to be an individual entitled to receive the prescription drug, and nothing in this rule is intended to establish a professional relationship between the physician or physician associate and the partner of a patient.

STATUTORY/OTHER AUTHORITY: ORS 677.265, ORS 676.350

STATUTES/OTHER IMPLEMENTED: ORS 676.350

AMEND: 847-017-0005

RULE TITLE: Definitions

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

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) "ASA Physical Status" means the American Society of Anesthesiologists' Physical Status Classification System, which is used to assess a patient's preoperative health on a range of I to VI.
- (3) "Board" means the Oregon Medical Board.
- (4) "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.
- (5) "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.
- (6) "Facility" has the same definition as "office."
- (7) "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.
- (8) "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 associate, nurse practitioner, certified registered nurse anesthetist, registered nurse, licensed practical nurse or medical assistant.
- (9) "Hospital" has the meaning given in ORS 442.015.
- (10) "Licensee" means an individual holding a valid license issued by the Board.
- (11) "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.
- (12) "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.
- (13) "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.
- (14) "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.
- (15) "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.

(16) "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.

(17) "Office" means a location, other than a hospital or ambulatory surgical center, at which medical or surgical services are rendered.

(18) "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.

(19) "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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.085, ORS 677.097, ORS 677.265

AMEND: 847-025-0000

RULE TITLE: Preamble

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) A telemedicine licensee 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 telemedicine licensee has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician or physician associate licensed under ORS Chapter 677, including but not limited to the following:
- (a) The telemedicine licensee must establish an appropriate provider-patient relationship;
 - (b) The telemedicine licensee must make a judgment based on some type of objective criteria upon which to diagnose, treat, correct, or prescribe;
 - (c) The telemedicine licensee must engage in all necessary practices that are in the best interest of the patient; and
 - (d) The telemedicine licensee must provide for an acceptable continuity of care for patients, including follow-up care, information, and documentation of care provided to the patient or suitably identified care providers of the patient.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.135, 677.137, 677.139, 677.141

AMEND: 847-025-0010

RULE TITLE: Definitions

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

For the purpose of OAR chapter 847, division 025:

- (1) "Applicant" means an out-of-state physician, physician assistant, or physician associate applying for a license to practice medicine across state lines.
- (2) "Telemedicine licensee" means an out-of-state physician, physician assistant, or physician associate granted a license to practice medicine across state lines under ORS 677.135 through 677.141.
- (3) "The practice of medicine across state lines" means:
 - (a) The rendering directly 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, physician assistant, or physician associate located outside Oregon as a result of the transmission of individual patient data by telemedicine as defined in Oregon Laws 2022, chapter 45, section 14, from within Oregon to that physician, the physician's agent, physician assistant, or physician associate outside Oregon; or
 - (b) The rendering of medical treatment directly to a person located within Oregon by a physician, physician assistant, or physician associate located outside Oregon as a result of the outward transmission of individual patient data by telemedicine as defined in Oregon Laws 2022, chapter 45, section 14, from within this state to that physician, the physician's agent, a physician assistant, or physician associate outside the state.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.135, 677.137, 677.139, 677.141, Oregon Laws 2022, chapter 45, section 14 (HB 4034)

AMEND: 847-025-0020

RULE TITLE: Exemptions

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) A license to practice across state lines is not required of a physician, physician assistant, or physician associate:
- (a) Engaging in the practice of medicine across state lines in an emergency; or
 - (b) Located outside this state who consults with another physician or physician associate licensed to practice medicine in this state, and who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient in Oregon;
 - (c) Located outside the state and who has an established provider-patient relationship with a patient who is in Oregon temporarily for the purpose of business, education, vacation, or work and who requires the direct medical treatment by that physician, physician assistant, or physician associate.
 - (d) Located outside the state and who has an established provider-patient relationship with a patient located in Oregon who requires temporary or intermittent follow-up care.
- (2) A physician, physician assistant, or physician associate who is located outside this state and practices medicine as described in section (1) of this rule is subject to ORS chapter 677 and rules adopted pursuant to ORS chapter 677, including but not limited to the disciplinary authority of the Board, while or as a result of practicing medicine as described in section (1) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 677.265, 677.137

STATUTES/OTHER IMPLEMENTED: ORS 677.135, 677.137, 677.139, 677.141

AMEND: 847-025-0030

RULE TITLE: Limitations

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) A license for the practice of medicine across state lines does not permit a telemedicine licensee 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 or ORS 677.535.
- (3) A telemedicine licensee must not:
 - (a) Act as a dispensing physician as described in ORS 677.010(5) or dispensing physician associate as described in ORS 677.511;
 - (b) Prescribe controlled substances for the management of chronic pain to a person located in Oregon;
 - (c) Provide written documentation for purposes of ORS 475C.783;
 - (d) Employ a physician associate as defined in ORS 677.495 to treat a person located within Oregon;
 - (e) Assert a lien for services under ORS 87.555;
 - (f) Act as a supervising physician of an Oregon-certified First Responder or Emergency Medical Technician as defined in ORS 682.245;
 - (g) Be eligible for any tax credit provided by ORS 316.076;
 - (h) Participate in the Rural Health Services Program under 442.550 to 442.570; or
 - (i) Prescribe medication based only on a sale or form over the Internet, unless an appropriate provider-patient relationship is established and the standard of care described in ORS 677.095 and 677.265 is met.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.135, 677.137, 677.139, 677.141

AMEND: 847-025-0050

RULE TITLE: Application

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) When applying for a license to practice medicine across state lines, the applicant must submit to the Board:

(a) The completed application, fees, documents, letters, any civil penalties or hearing costs that may be due, and any other information required by the Board for physician licensure as stated in OAR 847, division 20 or physician associate licensure as stated in OAR 847, division 50; and

(b) A description of the applicant's intended practice of medicine across state lines in the state of Oregon.

(2) An applicant applying for a license to practice medicine across state lines is subject to the requirements in OAR 847-008-0010.

STATUTORY/OTHER AUTHORITY: ORS 677.265, 677.139

STATUTES/OTHER IMPLEMENTED: ORS 677.100, 677.139, 677.265

AMEND: 847-028-0020

RULE TITLE: Limitations

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(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 non-profit 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) Enter a collaboration agreement with an Oregon licensed Physician Associate as defined in ORS 677.495;

(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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.100, 677.110, 677.120

AMEND: 847-035-0030

RULE TITLE: Scope of Practice

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (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 pursuant to ORS 127.663 through 127.684 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) Provide hemorrhage control;
 - (h) Provide emergency moves for endangered patients;
 - (i) Assist with prehospital childbirth;
 - (j) 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;
 - (k) Administer medical oxygen;
 - (L) Maintain an open airway through the use of:
 - (A) A nasopharyngeal airway device;
 - (B) An oropharyngeal airway device;
 - (C) A pharyngeal suctioning device;
 - (m) Operate a bag mask ventilation device with reservoir;
 - (n) Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;
 - (o) 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;

(p) Prepare and administer epinephrine by automatic injection device for anaphylaxis;

(q) Administer and distribute short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800;

(r) Perform cardiac defibrillation with an automated external defibrillator; and

(s) 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 manual or continuous positive pressure delivery device;

(c) Insert a supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area;

(d) Perform tracheobronchial tube suctioning;

(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 for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Prepare and administer nebulized and metered dose albuterol or levalbuterol with or without ipratropium for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.

(g) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(h) 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;

(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(j) 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;

(k) 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 autoinjector, using protocols approved by the Authority and adopted by the supervising physician;

(L) 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;

(m) Administer over-the-counter medications in unit dose packaging for immediate use under specific written protocols authorized by the supervising physician or direct orders from a licensed physician;

(n) Acquire and transmit cardiac monitoring and electrocardiogram (ECG);

(o) 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. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records of training; and

(p) 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. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records of training.

(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;
 - (f) 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) Hypoglycemia reversal agents:
 - (i) Hypertonic dextrose;
 - (ii) Glucagon;
 - (D) Intraosseous infusion anesthetic: Lidocaine;
 - (E) Bronchodilators:
 - (i) Albuterol or levalbuterol;
 - (ii) Ipratropium bromide;
 - (F) Vasodilators: nitroglycerine; and
 - (G) Isotonic crystalloid solutions.
 - (g) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort. The AEMT must be trained by the supervising physician or their designee. The AEMT and the EMS agency or employer must maintain records of training; and
 - (h) Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the AEMT's EMS agency personnel, under the supervising physician's standing order. Prior to administration, the AEMT must be trained by the supervising physician or their designee. The AEMT and the EMS agency or employer must maintain records of training.
- (11) An EMT-Intermediate may:
- (a) Perform all procedures that an Advanced EMT may perform;
 - (b) Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:
 - (A) Vasoactive medications:
 - (i) Epinephrine;
 - (ii) Vasopressin;
 - (B) Antiarrhythmics:
 - (i) Atropine sulfate;
 - (ii) Lidocaine;
 - (iii) Amiodarone;
 - (C) Analgesics for acute pain:
 - (i) Morphine;
 - (ii) Ketorolac tromethamine;
 - (iii) Fentanyl;
 - (D) Antihistamine: Diphenhydramine;
 - (E) Diuretic: Furosemide;
 - (F) Anti-Emetic: Ondansetron;
 - (c) Insert an orogastric tube;
 - (d) 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 associate at the sending medical facility;

- (e) Perform electrocardiographic rhythm interpretation;
- (f) Perform cardiac defibrillation with a manual defibrillator; and
- (g) Administer benzodiazepines for seizures or agitation. Prior to administration of benzodiazepines, the EMT-I must be trained by the supervising physician or their designee. The EMT-I and the EMS agency or employer must maintain records of training.

(12) A Paramedic may:

- (a) Perform all procedures that an EMT-Intermediate may perform;
- (b) Initiate and maintain mechanical ventilation during transport if formally trained on the particular equipment and if acting under written protocols specific to the particular equipment;
- (c) 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;
- (d) Initiate a nasogastric tube;
- (e) Provide advanced life support in the resuscitation of patients in cardiac arrest;
- (f) Perform emergency cardioversion in the compromised patient;
- (g) Transcutaneous pacing of bradycardia that is causing hemodynamic compromise;
- (h) Initiate needle thoracostomy for tension pneumothorax;
- (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 under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician;
- (L) Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician; and
- (m) Interpret electrocardiogram (ECG).

STATUTORY/OTHER AUTHORITY: ORS 682.245

STATUTES/OTHER IMPLEMENTED: ORS 682.245, ORS 127.663, ORS 127.666

AMEND: 847-050-0010

RULE TITLE: Definitions

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

As used in OAR 847-050-0010 to 847-050-0082:

- (1) "Board" means the Oregon Medical Board for the State of Oregon.
- (2) "Collaboration" has the meaning given in ORS 677.495, as indicated by the patient's condition, community standards of care and a physician associate's education, training and experience:
 - (a) Consultation between the physician associate and a physician; or
 - (b) Referral by the physician associate to a physician.
- (3) "Collaboration agreement" has the meaning given in ORS 677.495, a written agreement that describes the manner in which the physician associate collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician associate and that is signed by the physician associate and the physician or physician associate's employer.
- (4) "Community standards of care" has the meaning given in ORS 677.095, which is that degree of care, skill, and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.
- (5) "Employer" has the meaning given in ORS 677.495:
 - (a) An entity that employs a physician or podiatric physician and is organized to deliver health care services in this state:
 - (A) In accordance with ORS 58.375 or 58.376,
 - (B) In accordance with ORS chapter 63 as a limited liability company, or
 - (C) In accordance with ORS chapter 67 as a limited liability partnership.
 - (b) A group medical practice that is part of a health system; or
 - (c) A physician who employs a physician associate.
- (6) "Physician" means a physician licensed under ORS 677.100 to 677.228 and includes a podiatric physician licensed under ORS 677.805 to 677.840.
- (7) "Physician associate" has the meaning given in ORS 677.495, a person who is licensed as such in accordance with ORS 677.265 and 677.495 through 677.535.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.495, 677.510, 677.511, 677.512, 677.515

AMEND: 847-050-0015

RULE TITLE: Application

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) Each application for the licensure of a physician associate must meet the licensing requirements as set forth in ORS 677.512.
- (2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.
- (3) 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.
- (4) 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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, 677.512

AMEND: 847-050-0020

RULE TITLE: Qualifications

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

On or after January 25, 2008, an applicant for licensure as a physician associate in this state must possess the following qualifications:

- (1) Have successfully completed a physician assistant or physician associate education program which is approved by the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA), 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 (ARCPA).
- (2) Have passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission on Certification of Physician Assistants (NCCPA).
 - (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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, 677.512

AMEND: 847-050-0021

RULE TITLE: Documents to be Submitted for Licensure

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

The documents submitted must be legible and no larger than 8 ½" 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 ½ 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) 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.

(4) Legible fingerprints as described in OAR 847-008-0068 for the purpose of a criminal records background check.

(5) The results of a Practitioner Self-Query from the National Practitioner Data Bank.

(6) The results of a Physician Data Center Query from the Federation of State Medical Boards.

(7) The applicant must ensure the following required official documents are sent to the Board directly from:

(a) The physician assistant or physician associate education program:

(A) Proof of completion of a physician assistant or physician associate education program as specified in OAR 847-050-0020(1) and 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 education program if a transfer student.

(B) A Verification of Education form; which must include information about an applicant's knowledge base, clinical skills, medical judgement, professionalism, and ethics; including any concerns regarding possible impairment in the applicant's ability to safely practice their profession. If the school is unable to complete the form or the Board determines that it is unacceptable, a copy of the transcripts may be acceptable.

(b) Official Examination Certification: An official Examination Certification of the Physician Assistants National Certifying Examination (PANCE), showing the examination score, is required directly from the National Commission on Certification of Physician Assistants (NCCPA).

(c) If requested by the Board, a letter verifying licensure in good standing from the state or states of all prior and current health-related licensure. Verification, sent directly from the boards, must show license number, date issued, examination grades if applicable and status.

(d)(A) 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 a statement of good standing and specific beginning and ending dates of practice and employment, for the past five (5) years only.

(B) If the applicant has ceased practice for more than two (2) years, employment verifications will be required for the past ten (10) years.

(C) If such verification is unavailable or incomplete, provide three reference letters from physicians, physician assistants, or physician associates in the local medical community who are familiar with the applicant's practice and who have known the applicant for more than six months.

(8) Any other documentation or explanatory statements as required by the Board, including but not limited to medical records and criminal or civil records.

STATUTORY/OTHER AUTHORITY: ORS 677.265, ORS 677.512

STATUTES/OTHER IMPLEMENTED: ORS 677.512

AMEND: 847-050-0022

RULE TITLE: Application for Licensure by Military Spouse or Domestic Partner

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (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 or physician associate 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) Demonstrate competency by having at least one year of active practice as a physician assistant or physician associate or teaching at a physician assistant or physician associate 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 associate, the Board may accept:
 - (a) A copy of the physician assistant or physician associate 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 or physician associate 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 associate, 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.
- (6) A military spouse or domestic partner may obtain a temporary authorization for a license to practice medicine after satisfying sections (2) through (5) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 677.265, Oregon Laws 2019, chapter 142 (HB 3030), Oregon Laws 2019, chapter 626 (SB 688)

STATUTES/OTHER IMPLEMENTED: ORS 677.265, ORS 677.512, ORS 676.308, Oregon Laws 2019, chapter 142 (HB 3030), Oregon Laws 2019, chapter 626 (SB 688)

AMEND: 847-050-0023

RULE TITLE: Limited License, Pending Examination

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) An applicant for a Physician Associate 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 Physician 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 to the satisfaction of the Board with the exception of pending certification by the NCCPA;

(b) The applicant has not previously failed the NCCPA examination; and

(c) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

(2) A Limited License, Pending Examination may include prescriptive privileges for Schedules III through V;

(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 NCCPA examination, and if their application file is otherwise satisfactorily complete, the applicant will be considered for a permanent license.

(5) The Limited License, Pending Examination will automatically expire if the applicant fails the NCCPA examination.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.132, 677.535

AMEND: 847-050-0029

RULE TITLE: Locum Tenens Assignments

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) Locum tenens means a temporary absence by the physician associate which is filled by a substitute physician associate.

(2) The substitute physician associate who is filling the locum tenens assignment must be currently licensed in Oregon with practicing registration status and enter into a collaboration agreement.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, 677.510

AMEND: 847-050-0035

RULE TITLE: Grounds for Discipline

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) The performance of unauthorized medical services by the physician associate constitutes a violation of the Medical Practice Act. The physician associate is 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 associate for any of the following reasons:

(a) The physician associate has held themselves out, or permitted another to represent the physician associate to be a licensed physician.

(b) The physician associate has in fact performed medical services without entering into a collaboration agreement.

(c) The physician associate has performed medical services beyond the physician associate's competence, education, training, experience, or outside the collaboration agreement as stated in OAR 847-050-0082. This is not intended to limit the ability of a physician associate to learn new procedures.

STATUTORY/OTHER AUTHORITY: ORS 677.190, 677.205, 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.190, 677.205, 677.265, 677.505

AMEND: 847-050-0041

RULE TITLE: Prescribing and Dispensing Privileges

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) A physician associate registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020 may retain all practice privileges which have been granted prior to July 12, 1984. Under these conditions, a physician associate may issue written, electronic or oral prescriptions for Schedule III-V medications, based on the physician associate's education, training, experience, and commensurate with the collaboration agreement, if the physician associate has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The physician associate has passed the Physician Assistant National Certifying Examination (PANCE); and
(b) The physician associate has documented adequate education or experience in pharmacology commensurate with the collaboration agreement.

(2) A physician associate may issue written, electronic, or oral prescriptions for Schedule III-V medications, based on the physician associate's education, training, experience, and commensurate with the collaboration agreement.

(3) A physician associate may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in section (1) or (2) of this rule are fulfilled and if the physician associate is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA).

(4) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the physician associate. The prescription must also bear the name of the patient and the date on which the prescription was written, except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease. The physician associate must sign the prescription and the signature must be followed by the letters "PA" Also the physician associate's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(5) A physician associate may register with the Board to dispense drugs commensurate with the collaboration agreement and the physician associate's prescriptive authority.

(a) If the facility where the physician associate 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.

(b) If the facility where the physician associate will be dispensing medications is not in one of the designated areas or populations described in subsection (5)(a) of this rule, the physician associate may not dispense Schedule I through II controlled substances.

(6) A physician associate with dispensing authority must:

(a) Dispense medications personally, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician associate;
(b) Maintain records of the receipt and distribution of prescription drugs and the records must be readily accessible for inspection by the Board upon request;
(c) 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;

- (d) Label dispensed prescription drugs in compliance with the requirements of ORS 677.089(3);
 - (e) Dispense prescription drugs in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container; and
 - (f) 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) Failure to comply with any section 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.

STATUTORY/OTHER AUTHORITY: ORS 677.265, ORS 677.511

STATUTES/OTHER IMPLEMENTED: ORS 677.190, ORS 677.205, ORS 677.265, ORS 677.470, ORS 677.511, ORS 677.515, ORS 677.545

AMEND: 847-050-0043

RULE TITLE: Inactive Registration and Re-Entry to Practice

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) Any physician associate licensed in this state who changes location to some other state or country, or who is not in a current collaboration relationship with a licensed physician or employer for six months or more, will be listed by the Board as inactive.

(2) If the physician associate wishes to resume active status to practice in Oregon, the physician associate must submit the reactivation application and 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 associate during the period of inactive registration to be such that the physician associate would have been denied a license if applying for an initial license.

(4) If a physician associate 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 (NCCPA);

(b) Provide documentation of current NCCPA certification; or

(c) Complete 30 hours per year of Category I continuing medical education acceptable to the Board.

(5) The physician associate applicant who has ceased practice for a period of 24 or more consecutive months is 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 for Re-entry to Practice 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.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.172, 677.175, 677.512

AMEND: 847-050-0046

RULE TITLE: Emeritus Status

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

A physician associate with Emeritus status pursuant OAR 847-008-0030 must enter into a collaboration agreement, prior to starting any temporary or volunteer assignments.

STATUTORY/OTHER AUTHORITY: ORS 677.265, 677.545

STATUTES/OTHER IMPLEMENTED: ORS 677.265, 677.510, 677.515

AMEND: 847-050-0060

RULE TITLE: Physician Associate Student

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) Where applicable, any person who is enrolled as a student in an accredited physician assistant or physician associate education program must comply with OAR 847-050-0005 to 847-050-0065.

(2) Notwithstanding any other provisions of these rules, a physician assistant or physician associate student may participate in the diagnosis and treatment of Oregon patients under the following circumstances:

(a) The student is enrolled in an accredited physician assistant or physician associate education program as described in OAR 847-050-0020;

(b) The student is precepted by an actively practicing, Oregon-licensed health care professional in good standing who is qualified and competent to precept the student's clinical experience; and

(c) Care is delivered within the scope and context of a course, clerkship, preceptorship, or other clinical experience approved by an accredited physician assistant or physician associate education program as described in OAR 847-050-0020.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, ORS 677.515, ORS 677.510

AMEND: 847-050-0080

RULE TITLE: Collaborative Practice Model

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

(1) A physician associate may practice medicine:

(a) Within the scope of practice of the physician associate, based on the physician associate's education, training, and experience; and

(b) For which the physician associate has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) A physician associate is responsible for the care provided by the physician associate.

(3) A physician associate must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the community standards of care, and the physician associate's education, experience, and competence. The degree of collaboration must be determined at the physician associate's primary location of practice.

The determination may include decisions made by:

(a) A physician or employer with whom the physician associate has entered into a collaboration agreement, or

(b) The group or hospital service and the credentialing and privileging systems of the physician associate's primary location of practice.

(4) The degree of autonomous judgment that a physician associate may exercise will be determined at the physician associate's primary location of practice by the community standards of care and the physician associate's education, training, and experience.

(5) If a physician associate changes their specialty or emphasis of practice, the physician associate must obtain applicable education, training, or experience required to meet the community standards of care.

(6) The physician associate or student must be clearly identified as such when performing duties. The physician associate must at all times when on duty wear a name tag with the designation of "physician associate" or "PA" thereon and clearly identify as a "physician associate" or "PA" in oral communications with patients and other professionals.

(7) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, ORS 677.510, ORS 677.515

AMEND: 847-050-0082

RULE TITLE: Collaboration Agreements

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

- (1) A physician associate may not practice medicine unless the physician associate has entered into a written collaboration agreement signed by a physician or employer as defined in OAR 847-050-0010(4) and as described in this rule.
- (2) The collaboration agreement must include, but is not limited to:
 - (a) The physician associate's name, license number, and primary location of practice;
 - (b) The name of the physician or employer with whom the physician associate is entering the collaboration agreement;
 - (c) A general description of the physician associate's process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location; and
 - (d) If the physician associate has fewer than 2,000 hours of post-graduate clinical experience, a plan for consistent and quality collaboration with a specified physician on a regular basis. If this plan is required:
 - (A) "Post-graduate clinical experience" means the professional practice as a physician associate applying principles and methods to provide assessment, diagnosis, and treatment of patients.
 - (B) The physician associate must provide evidence of at least 2,000 hours of post-graduate clinical experience to the physician or employer with whom the physician associate is entering the collaboration agreement. The physician or employer is responsible for determining the physician associate does not require a plan.
 - (C) Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.
 - (D) The physician associate, or physician or employer with whom the physician associate has entered into the collaboration agreement, is responsible for tracking the 2,000 hours of post-graduate clinical experience to determine when the plan is no longer required.
 - (E) A collaboration agreement must be amended in writing to remove or modify the plan.
- (3) A collaboration agreement may include additional requirements specific to the physician associate's practice as required by the physician or employer entering the collaboration agreement, including additional levels of oversight, limitations on autonomous judgment, and designating a primary contact for collaboration.
- (4) As part of the performance assessment in ORS 677.510(4), a collaboration agreement must be reviewed and, if applicable, updated.
- (5) A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements.
- (6) A physician associate may enter multiple collaboration agreements for each employer or practice.
- (7) The collaboration agreement must be available at the physician associate's primary location of practice and made available to the Oregon Medical Board upon request.
- (8) The physician or employer with whom the physician associate enters a collaboration agreement must provide a copy of the collaboration agreement and any amendments to the physician associate.
- (9) The physician associate and the physician or employer with whom the physician associate has entered into the collaboration agreement are responsible for upholding the terms of the collaboration agreement and ensuring availability of collaboration.
- (10) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

STATUTORY/OTHER AUTHORITY: ORS 677.265

STATUTES/OTHER IMPLEMENTED: ORS 677.265, ORS 677.510, ORS 677.515

AMEND: 847-065-0010

RULE TITLE: Purpose, Intent and Scope

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

The Oregon Medical Board recognizes that substance use disorders and/or mental health disorders are potentially progressive, chronic diseases. The Board believes that physicians, podiatric physicians, physician associates, and acupuncturists who develop these diseases can, with appropriate treatment, be assisted with recovery and return to the practice of medicine, podiatry, or acupuncture. It is the intent of the Board that a licensee with a substance use disorder and/or mental health 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.

STATUTORY/OTHER AUTHORITY: ORS 676.190, 677.265, 677.200

STATUTES/OTHER IMPLEMENTED: ORS 676.185–676.200

AMEND: 847-065-0015

RULE TITLE: Definitions

NOTICE FILED DATE: 07/15/2024

RULE SUMMARY: HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendment implements the PA title change.

RULE TEXT:

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 make treatment recommendations 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 and ORS 187.020.
- (4) "Contractor" means the entity that has contracted with the health profession licensing boards 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) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.
- (7) "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(6)(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).
- (8) "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.
- (9) "Independent third-party evaluator" means an individual or center who is approved by the Board to evaluate, diagnose, and make treatment recommendations for substance use disorders and/or mental health disorders.
- (10) "Licensee" means a licensed physician, podiatric physician, physician associate or acupuncturist who is licensed or certified by the Board.
- (11) "Mental health disorder" means a clinically significant syndrome identified in the current DSM that is associated with disability or with significantly increased risk of disability.
- (12) "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.
- (13) "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.
- (14) "Provisional enrollment" means temporary enrollment, pending verification that a licensee meets all program eligibility criteria.
- (15) "Self-referred licensee" means a licensee who seeks to participate in the program without a referral from the Board.
- (16) "Substance use disorder" means a disorder related to the taking of a drug of abuse, including alcohol. This includes substance use disorders with modifiers of mild, moderate, or severe and substance-induced disorders, including but not

limited to intoxication, withdrawal, and other substance/medication-induced mental health disorders (psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, obsessive-compulsive and related disorders, sleep disorders, sexual dysfunctions, delirium, and neurocognitive disorders), as defined in DSM-5 criteria.

(17) "Substantial non-compliance" means that a licensee is in violation of the terms of their 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.

(18) "Toxicology testing" means urine testing or alternative chemical monitoring including blood, saliva, breath, nail, or hair as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(19) "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 health disorder.

STATUTORY/OTHER AUTHORITY: ORS 676.190, 677.265, 676.200

STATUTES/OTHER IMPLEMENTED: ORS 676.185 - 676.200