



OREGON MEDICAL BOARD *Report*

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www.oregon.gov/OMB

Milbank report identifies challenges to medical regulation

The study reveals a significant variance in how medical regulatory authorities are structured and funded across the United States and Canada.

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In June 2008, the Milbank Memorial Fund released its report titled "Medical Regulatory Authorities and the Quality of Medical Services in Canada and the United States." Based on the results of a survey of medical regulatory authorities in both countries, the report identifies a lack of uniformity in structure, processes and funding across medical regulatory authorities that could potentially limit their ability to positively impact the quality of health care in the future.

"State medical boards have an excellent track record of effective regulation," said Kathleen Haley, J.D., executive director of the Oregon Medical Board and a participant in the Milbank study. "However, with higher public expectations and

changes in medical practice, we must think about regulating in a more expansive way. The Milbank report identifies key issues to be considered surrounding the evolution of medical regulation."

Answering a Key Question for Medical Regulatory Authorities

Initiated in 2006, the Milbank project and subsequent report is an attempt to answer the following key question for medical regulatory authorities:

What is the current and future capacity and willingness of North American medical regulatory authorities to positively influence the safety and quality of health care available to citizens in their respective jurisdictions?

The Milbank Memorial Fund, an endowed operating foundation that engages in nonpartisan analysis on significant issues in health policy, agreed to support a dialogue between 30 U.S. and Canadian leaders to explore opportunities and challenges related to this question.

The group met in late 2006 and initiated a survey of all state medical boards in the United States and Colleges of Physicians and Surgeons in Canada. The survey was conducted in early 2007 and the group met in July 2007 to review key findings and their implications for medical regulatory authorities.

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Is your colleague in trouble?

by Candace K. McKanna, MD

Look carefully. Most of us hide our problems and struggles exceptionally well. As professionals, we are ethically obligated to act on behalf of our colleagues in trouble. Whether we are the physician in trouble, the colleague, or psychiatrist, action is the key. Compassionate intervention can help save a physician's career, possibly his or her life, and assure patient safety.

As physicians, we are not immune from mental illness by virtue of our intellect or our value to society. We may feel stressed, isolated and discouraged. Often, we respond by working harder. Even

after admitting a problem, some of us would rather take a risk with our mental health than with our medical license and career. Fear of the consequences of getting mental health care still prevents many of us from accessing it.

Yet, consequences for not accessing treatment far outweigh any consequences from seeking professional assistance.

Our colleagues need to be encouraged to seek confidential mental health treatment when needed. Treatment is most effective when symptoms first present. This preserves functioning and minimizes physician impairment to the benefit of our patients. Reputation, performance, families and income all suffer from postponing treatment for emotional problems.

Awareness of physicians' mental disorders and access to resources is improving. The Oregon Medical Association provides access to physician suicide consultation on their website. Now, the Health Professionals Program is another source of help.

In January 2009, the Oregon Health Professionals Program (HPP) begins providing confidential services to licensees with mental disorders, implementing Senate Bill 145.

This program is in development with assistance from a team of local psychiatrists and psychologists.



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CME requirements for pain management

As a reminder, ALL licensees of the Oregon Medical Board, except lapsed, telemedicine and teleradiology licensees, **MUST COMPLETE** the following two-part mandatory continuing medical education (CME) in the subjects of pain management and/or the treatment of terminally ill and dying patients before January 2, 2009:

- A one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Department of Human Services (course available at <http://whalespoken.org/DHS/pain/training.shtml>); and
- A minimum of six CME credit hours in the subjects of pain management and/or the treatment of terminally ill and dying patients. Any combination of CME coursework focusing on pain management and/or treatment of terminally ill and dying patients may be used to fulfill this requirement. **ANY CME IN THESE SUBJECT AREAS TAKEN AFTER JANUARY 1, 2000 AND BEFORE JANUARY 2, 2009 WILL FULFILL THIS REQUIREMENT.**

For more information on this requirement, including a set of Frequently Asked Questions and a list of other organizations offering pain management courses, visit www.oregon.gov/OMB/topics.shtml#RULES_PAIN_MANAGEMENT. ♦

It's The Law

You must notify the OMB within 30 days of changing your practice address or mailing address.

To help ensure that you receive your license renewals and other important information on time, call the OMB for an address-change form, 917-673-2700, or print the form from www.oregon.gov/OMB/forms.shtml

One-year renewal quickly approaching

It's that time of year again! For those licensees who chose the one-year renewal last fall (post-graduate training program or Emeritus status), it is time to renew your license.

Renewal forms will be sent via US Postal Service by the first week of October. **PLEASE ENSURE THAT YOUR ADDRESS IS UPDATED WITH THE OMB.**

Again, this renewal is only for licensees who are in a post-graduate program and opted to pay for a one year license, or those licensees with Emeritus status.

For questions, please call 971-673-2700. ♦

For more information
about the Oregon
Medical Board



Visit

www.oregon.gov/OMB

Or contact the
Oregon Medical Board

In the Portland area: 971-673-2700

Toll free: 1-877-254-6263

1500 S.W. First Ave., Suite 620
Portland, OR 97201

FAQs from the OMB

Once a month, four physicians and one public member of the Board meet for a full day to review complaints and investigations. The Investigative Committee, as it is called, makes recommendations to the Full Board. In an effort to clarify certain issues that have come up through the Investigative Committee, the OMB is offering some answers to frequently asked questions.

If you have other questions or issues you would like addressed, please contact the OMB and we would be happy to tackle the question in a future issue of the newsletter. Email us at omb.info@state.or.us, or call us at (877) 254-6263.

Q: Where does my \$219 annual renewal fee go?

A: Of the \$219, \$45 goes to the Health Professionals Program (HPP) and \$10 goes to the OHSU library, leaving \$164 for the operation of the Oregon Medical Board. Both the HPP and the OHSU library are valuable resources for physicians. HPP has an outstanding program for substance use disorders and, beginning January 1, 2009, will offer mental health services, as well. The OHSU library holds a wealth of information and is open to any licensee.

Q: One of my patients is difficult to get along with, no matter how hard I try. I feel this patient would be better served by some other physician. How can/should I “discharge” this patient in a proper and ethical manner?

A: Send this patient a polite explanatory letter (by certified or registered mail) explaining the situation and give him or her one month (or more) to find another physician. Arrange to have any and all records transferred promptly to the new provider.

Q: I customarily have my PA do the post-op rounds on my patients and take out the sutures subsequently. How often do I personally have to see my post-op patients?

A: A surgeon’s responsibility to the patient (and family) does not start with the incision and end with the dressing. Patients have a right to talk with the operating surgeon before surgery and then at least once afterwards. Most physicians are pressed for time but undergoing surgery is a trying experience for the patient and they deserve some personal face-to-face time with the responsible surgeon and a chance to ask questions both before and after surgery.

Q: Should a physician allow and/or require patients to turn in unused controlled substance medications to the physician?

A: No. It is a violation of the Federal Controlled Substance Act to accept controlled substances from your patients, or anyone else. This is considered unlawful possession of the drugs, and is a felony offense. It is also against the law to redistribute controlled substances to anyone.

A Note from the Oregon Board of Pharmacy

With the movement toward electronic medical files, physicians are now turning to e-prescriptions on tamper-resistant paper for patients to fill at pharmacies. Unfortunately, this does not meet the Oregon Board of Pharmacy’s requirements for drug diversion.

Per Oregon Administrative Rule 855-019-0210, “The pharmacist must ensure that a written prescription that is hand-carried or mailed into the pharmacy contains an original manually-signed signature of the prescribing practitioner or practitioner’s agent.”

Milbank Report

Continued from page 1

Key Findings Include Variance in Structure and Funding

Survey results revealed a significant variance from state-to-state and province-to-province in how medical regulatory authorities are structured and funded. There is also wide variety in the processes used and outcomes achieved.

“Ideally, you would like to maintain minimum variance to achieve predictable outcomes,” said David Watt, M.D., Ph.D., senior vice president, Professional Services, for the FSMB. “Predictable outcomes would imply access to and quality of health care is consistent across states.”

According to the report, states often regulate licensure and investigate complaints in similar fashion. However, meaningful differences exist between states in the standards applied for disciplinary and remedial action. In addition, there is not a standard set of metrics that can be used to evaluate state medical board performance.

In terms of funding, there is a significant difference between U.S. and Canadian medical regulatory authorities. Both are funded by physician licensure fees, but on average, fees in Canada are nearly five times greater than fees in the United States.

“Most provinces in Canada charge a licensure fee of \$1,000 per physician and the medical regulators get the entire amount for their budget,” said Dr. Watt. “In the U.S., physicians pay around \$220 on average and medical regulators only receive a portion of that.”

According to the report, lack of uniformity in structure and process, combined with limited funding, represent a significant challenge to the ability of state medical boards to meet growing public expectations.

Putting the Challenge in Perspective

According to some observers, effective medical regulation today includes far more than issuing initial licenses, investigating complaints and disciplining physicians who fail to meet professional standards of conduct and competence. Increasingly,

the public expects regulators to proactively work to prevent complaints and reduce patient risk.

Regulating in a more proactive, expansive way could include:

- Assessing competence throughout a physician’s career.
- Moving to more quickly address advances in medical practice.
- Collaborating with other regulators and stakeholders to implement systemic quality improvements to the health care system.

“We are trying to regulate modern medicine with a model that is more than 100 years old,” said Ms. Haley. “We must persuade legislators and policymakers that we should change the way we regulate in order to meet public expectations for quality health care.”

Using the Milbank Report Findings

“As a follow-up to the Milbank study, the FSMB is exploring the development of an audit capability state medical boards could use to self-assess their structure, processes and outcomes,” said Dr. Watt.

The self-assessment tool would provide the basis for a standard set of metrics that boards could use to benchmark performance. Results of self-assessments could be compiled and made available to member boards for best practice studies.

More immediately, state medical boards can use the Milbank report to open a dialogue with stakeholders on the evolving role of medical regulatory authorities.

“I plan to send the report to legislators in Oregon to begin a broader discussion locally,” said Haley. “I think that’s the first step in raising awareness of the need to change our approach to medical regulation.”

The Milbank report is available on the Milbank Memorial Fund website at www.milbank.org. In addition, a presentation on the Milbank report at the FSMB 2008 Annual Meeting (Finding Bad Apples vs. Watering the Orchard) given by Kathleen Haley, J.D., David Henderson, J.D., North Carolina Medical Board, and Dennis Kendel M.D., College of Physicians and Surgeons of Saskatchewan, is available at www.fsmb.org. ♦

Board Actions

May 15 to September 10, 2008

Disciplinary Orders

Reportable to the National Practitioner Data Bank (NPDB)

AMES, Bruce Anthony, MD

MD23261

Central Point, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee surrendered his Oregon license to practice medicine while under investigation. Licensee also agreed never to reapply for a license in Oregon. Licensee was also reprimanded.

COLEMAN, Randall Chaney, MD

MD11722

West Linn, Ore.

The Board issued a Default Final Order on July 10, 2008. This order revoked Licensee's Oregon medical license.

COWAN, Christopher Lee, MD

MD22737

Camas, Wash.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee agreed to surrender his Oregon license while under investigation. Licensee also agreed that should he ever re-apply for an Oregon medical license the Board will re-open its investigation and Licensee will have to demonstrate that he has a verifiable record of sobriety and is competent and safe to practice.

HARTFORD, James Thomas, MD

MD06231

Tigard, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee agreed to retire his Oregon medical license while under investigation on January 1, 2009. Licensee shall not examine or treat any female patient who is 10 years old or older without a documented chaperone. Licensee shall provide a copy of this Order to any chaperone and to the Chief Administrator of any clinic where he practices or hospital where he has privileges. Licensee agreed

that the Board would open its investigation should he ever re-apply for any form of medical license in Oregon.

KABACY, George Elliott, MD

MD07973

Lacey, Wash.

The Board issued an Order of Suspension of License on July 11, 2008. This Order suspended Licensee's Oregon medical license due to his current incarceration in a penal institution. Oregon Revised Statute 677.225(b) provides that a licensee's medical license be suspended automatically if the licensee in an inmate in a penal institution.

KAST, John Michael, MD

MD23327

Corvallis, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee agreed to an indefinite license suspension effective the date of this Order. Licensee may not apply for an active license for at least two years and at such time the Board will re-open its investigation. Prior to submitting an application for reactivation, Licensee must undergo a multi-disciplinary evaluation and provide documentation of verifiable sobriety for at least a two year period and that he is safe to practice. Licensee will also be required to submit a re-entry plan regarding his medical competency and skills.

LUTY, Jeffrey Alexander, MD

MD18850

Aloha, Ore.

Licensee entered into an Interim Stipulated Order with the Board on May 20, 2008. In this Order Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation.

MCQUEEN, Robert Jerome, MD

MD14655

Newberg, Ore.

Licensee entered into a Stipulated Order with the Board on September 4, 2008. In this Order, Licensee was placed on five years of probation; reprimanded; shall report in person to the Board at each of its quarterly meetings; shall enroll in the Physicians Evaluation Education and Renewal (PEER) program of the Oregon Medical Association within 30 days from the date of this

Order and shall successfully complete PEER within 24 months from the date of his enrollment in PEER; shall enroll in and successfully complete a course in medical charting and a course in family practice medicine within 60 days from signing this Order.

OGLE, David Jeffrey, MD
MD20318
Portland, Ore.

Licensee entered into an Interim Stipulated Order with the Board on July 14, 2008. In this Order Licensee agreed to a limitation on his Oregon medical license that he not prescribe or dispense any medication, to include all controlled substances, pending completion of the Board's investigation into his ability to safely and competently practice medicine. Licensee also agrees to refrain from authorizing any medicinal marijuana applications. Licensee acknowledges that as the Medical Director for the delivery of all medical care at the Center of Environmental Medicine he will ensure that no controlled substances are prescribed, received, stored, dispensed or used in any manner and that no medical care is delivered to patients at the Center unless he is physically present and that he is responsible for the activities of the staff and owners of the Center in the delivery of medical care.

REX, John Marvin, MD
MD13543
Tualatin, Ore.

Licensee entered into an Interim Stipulated Order with the Board on June 6, 2008. In this Order Licensee agreed to voluntarily withdraw from the practice of medicine pending the completion into his competency to practice medicine.

SCHUEMANN, Sonia Johanna, MD
MD20946
Gresham, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee agreed to a reprimand and a \$5,000 fine. Licensee also agreed not to supervise physician assistants in her Oregon medical practice.

SKOTTE, Daniel Mark, DO
DO13485
Sunriver, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee

was placed on 10 years probation; reprimanded; required to complete the education plan set forth by the Center for Personalized Education for Physicians (CPEP); restricted licensee's Oregon medical practice for the sole purpose of allowing Licensee to comply with and complete the CPEP education plan. Upon the completion of the education plan, the Board will evaluate Licensee's participation and consider issuing Licensee an unrestricted license. Licensee is also required to provide his Commanding Officer in the National Guard with a copy of this Order, as well as any other Commander where he is assigned or attached.

STANLEY, Brice Tyler, PA
PA01027
La Pine, Ore.

Licensee entered into a Stipulated Order with the Board on August 14, 2008. In this Order Licensee was placed on 10 years of probation; reprimanded; prohibited from performing osteopathic manipulations on patients; required to have a female chaperone present during all clinical interactions with any female patient; complete a professional boundary course; notify his supervising physicians of this order; may not have intentional contact with any current female patient, or former patient who Licensee treated within the last six months, outside of the medically related environment of the clinic; no notice inspections by the Board's Compliance Officers.

WILLER, John David, DO
DO22937
The Dalles, Ore.

Licensee entered into a Stipulated Order with the Board on July 10, 2008. In this Order Licensee agreed to a reprimand and a \$5,000 fine. Licensee also agreed not to supervise physician assistants in his Oregon medical practice.

Voluntary Limitations

Voluntary Limitations are not disciplinary actions, but are reported to the National Practitioner Data Bank (NPDB).

ALBERTY, Roger Ellis, MD
MD08496
Portland, Ore.

Licensee entered into a Voluntary Limitation with the Board on May 28, 2008. In this Order Licensee

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Board Actions

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agreed to restrict his practice of consultations only. This is not a disciplinary action.

ENOCH, Joan Ellen, MD

MD20493

Medford, Ore.

Licensee entered into a Voluntary Limitation with the Board on August 14, 2008. In this Order, Licensee voluntarily agreed to limit her practice to psychiatry only. Licensee shall notify the administrator of any hospital, clinic, or other health care facility where she has credentials of this Order. This is not a disciplinary action.

Corrective Action Orders

Corrective Action Orders are not disciplinary actions, but are public orders issued with the goal of remediating problems in licensees' individual practices. They are not reported to the National Practitioner Data Bank (NPDB).

GREEN, Clare Agnes, DO

DO23355

Portland, Ore.

Licensee entered into a Corrective Action Order with the Board on July 10, 2008. In this Order Licensee agreed to complete the Physicians Evaluation Education and Renewal (PEER) Program sponsored by the Oregon Medical Association. This Order is not a disciplinary action.

JACKSON, John William, MD

MD13335

Medford, Ore.

Licensee entered into a Corrective Action Order with the Board on July 10, 2008. In this Order Licensee agreed to design a course that addresses the responsibilities of chief executive officers and medical directors of health care facilities regarding Board reporting requirements specified in ORS 677.415 and OAR 847-010-0073. This is not a disciplinary action.

Prior Orders Modified or Terminated

COOK, Robert Dale, MD

MD07347

Tualatin, Ore.

The Board issued an Order Terminating Interim Stipulated Order on September 4, 2008. This Order terminated Licensee's April 11, 2008 Interim Stipulated Order.

GROSSMAN, Charles Milton, MD

MD03972

Portland, Ore.

The Board issued an Order Terminating Interim Stipulated Order on August 14, 2008. This Order terminates Licensee's February 1, 2008 Interim Stipulated Order effective June 5, 2008, the date the Board approved Licensee's retirement.

HANEY, Susan Theresa, MD

MD23325

Coos Bay, Ore.

The Board issued an Order Terminating Corrective Action Order on July 10, 2008. This Order terminates Licensee's July 13, 2006 Corrective Action Order.

JACKSON, Kathleen Anne, MD

MD17495

Cottage Grove, Ore.

The Board issued an Order Terminating Interim Stipulated Order on July 10, 2008. This Order terminates Licensee's May 8, 2008 Interim Stipulated Order.

KAHN, Heather Alaine, MD

MD22858

Grants Pass, Ore.

The Board issued an Order Terminating Stipulated Order on July 11, 2008. This Order terminated Licensee's July 10, 2003 Stipulated Order.

MCCLUSKEY, Edward Alan, MD

MD18356

Gresham, Ore.

The Board issued an Order Modifying Stipulated Order on July 10, 2008. This Order modified Term 5.1 of Licensee's April 11, 2008 Stipulated Order. In this term probation was changed from 10 years to an unspecified duration of probation.

**SHOEMAKER, David Whitman, MD
MD17620
Walla Walla, Wash.**

The Board issued an Order Modifying Final Order on July 10, 2008. This Order modified Term 3 of Licensee's August 2, 2007 Final Order. The revised term removes Licensee's suspension, but acknowledges his current lapsed license status which does not permit him to practice medicine in Oregon. As in the original term, it also requires Licensee to complete a re-training program and become Board certified in radiology before he can apply for an active Oregon license.

Note: Copies of most Board Orders issued from 1998 to the present are available for viewing on the OMB website: www.oregon.gov/OMB. ♦

OMA to offer CME course on pain management

Deadline for obtaining CME: January 2, 2009

In an effort to help members fulfill the state mandatory requirement of six hours of CME on pain management, the OMA is offering courses around the state, including videoconferencing locations. Course dates and locations are as follows:

- September 25: Portland - OMA Headquarters
- October 1: Bend- The Riverhouse
- October 9: Medford - Smullin Health Education Center
- October 10: Eugene - Phoenix Inn Suites
- October 28-Portland - OMA Headquarters

Video Conferencing Event: The following cities will join this Portland location via video conference: Coos Bay, La Grande, and Roseburg.

For additional registration, program or location details, please view the Challenges in Pain Management course brochure at www.theoma.org/painmgmt. If you have questions on registering for this OMA course, please contact Christi Donough at 503-619-8000 or christi@theoma.org. ♦

Colleague in Trouble

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HPP will offer access to evaluation and treatment. It will provide sanctuary from investigation or disciplinary action by the Oregon Medical Board for licensees with a diagnosis of mental disorder who participate in good faith. This program is modeled after the successful and well-established HPP program for alcoholism and other substance use disorders.

HPP will also provide support and advocacy to help prevent discrimination against licensees in treatment for mental disorders. HPP will monitor the mental health and document the licensee's ability to practice medicine without impairment from their health condition. Note that licensees remain fully accountable to the Medical Board for their professional actions while participating with HPP.

Access the Health Professionals Program by calling 503-620-9117 or visiting: www.oregon.gov/OMB/healthprog.shtml. ♦

Statements of Purpose

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

The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.



Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

Temporary Rules

First Review of Permanent Rules

The Board adopted this rule by temporary rule adoption on July 11, 2008, and approved the First Review of this rule at the same time. Rules approved by temporary rule adoption must follow the same procedure for regular rule adoption, by going through a First and a Final Review within the 180 days allowed by the temporary rule adoption procedure before being permanently adopted:

Physician (MD/DO)

OAR 847-025-0000 — The temporary adopted rule removes requirement to examine the patient in person prior to practicing medicine across state lines.

Proposed Rules

First Review

The Board discussed these rule proposals on First Review, and passed them to Final Review:

All Licensees (MD, DO, DPM, PA, LAc)

OAR 847-065-0000, Diversion Program Supervisory Council — Proposed rule change establishes term limit for membership of Diversion Program Supervisory Council.

Physician (MD/DO)

OAR 847-010-0052, Limited License, Visiting Professor; OAR 847-010-0063, Limited License, Medical Faculty; OAR 847-020-0140, Limited License, Medical Faculty, and Limited License, Visiting Professor — The proposed rule change requires the years of practice under multiple Limited License, medical Faculty to be consecutive. The proposed rule change also consolidates rule language to reduce redundancy.

OAR 847-025-000, Preamble — The proposed rule removes requirement to examine the patient in person prior to practicing medicine across state lines.

Physician (MD/DO) and Physician Assistant (PA)

OAR 847-050-0042, Registration; OAR 847-050-0043, Inactive Registration, and Reactivation from Inactive to Active; OAR 847-050-0063, Physician Assistant Committee — The proposed rule amendments ensure license renewal and reactivation requirements for physician assistants are consistent with those of other licensees of the Board. Rule amendments also bring rule language into conformity with ORS 677.540, which was amended as a result of Senate Bill 531 (2007).

Podiatrist (DPM)

OAR 847-080-0010, Requirements for Licensure; OAR 847-080-0018, Endorsement, Competency Examination and Personal Interview — Proposed rule change makes the podiatry rules consistent in specifying that applicants who graduated from a school or college of podiatric medicine on or after 02/01/2001 must meet requirements regarding passage of Part III of the National Board of Podiatric Medical Examiners (NBPME).

Adopted Rules

Final Review

All Licensees (MD, DO DPM, PA LAc)

OAR 847-005-0005, Fees — The adopted rule amendment increases the amount of the assessment for the Oregon Health Professionals Program, which is a proportion of the active registration fee.

OAR 847-008-0005, Registration Periods; OAR 847-008-0036, Revoked or Suspended Status; OAR 847-008-0040, Process of Registration — The adopted rule amendments clarify and update language on annual and biennial renewal of license and add requirement to have form and fee in Board office and satisfactorily complete by last day of renewal period. Proposed rule adoption describes how the Board may Suspend or Revoke the license

of a licensee of the Board. The license status will reflect the disciplinary action.

OAR 847-012-0000, Patient's Access to Physician Medical Records — Amendment to the administrative rule conforms to Senate Bill 591 (2007), which increases the fees that can be charged to copy and mail patient records to a requester.

Physician (MD/DO)

OAR 847-020-0140, Limited License, Medical Faculty, and Limited License, Visiting Professor; OAR 847-020-0160, Letters and Official Grade Certifications to be Submitted for Licensure; OAR 847-020-0170, Written Examination — The adopted rule amendments clarify 1) that an applicant for a Limited License, Medical Faculty must have practiced medicine for at least four years, and 2) that continuous postgraduate training which would qualify an applicant for a waiver of the seven-year requirement to pass all Steps of the USMLE examination or all Levels of the National Board of Osteopathic Medical Examiners (NBOME) examination must be approved by the Board.

Physician (MD/DO) and Physician Assistant (PA)

OAR 847-050-0037, Supervision — The adopted amendment to the administrative rule specifies that physicians who have restrictions upon or actions against their license may be investigated prior to approval or may be denied approval as a supervising physician, and that the Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician.

Acupuncturist (LAc)

OAR 847-070-0005, Definitions; OAR 847-070-0016, Qualifications — The adopted rule changes 1) establish attempt limits for the National Certification Commission for Acupuncture and

Oriental Medicine (NCCAOM) acupuncture certification exams and 2) delete reference to the date July 1, 1998 in the requirement that applicants for licensure by the alternate pathway must a) document five years of practice prior to July 1, 1998 and b) meet the curriculum's western medicine standards in place on July 1, 1998. Proposed language change is to require applicants to meet western medicine standards in place at the time of their graduation.

Emergency Medical Technition (EMT)

OAR 847-035-0030, Scope of Practice — The adopted rule amendment adds the administration of Lidocaine as an intraosseous infusion anesthetic under the EMT-Intermediate (EMT-I) scope of practice.

The Board's mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB, or call 971-673-2700.

About OARs

The Oregon Medical Board and other state regulatory agencies operate under a system of administrative rules, in order to ensure fairness and consistency in their procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be amended and/or expanded in response to changing standards and circumstances.

OARs are written and amended in accordance with state laws (Oregon Revised Statutes or ORS), which may be enacted, amended or repealed only by the Legislature. ◆

CALENDAR OF MEETINGS

October

16 - 17, Thursday & Friday
Medical Board
8 a.m.

November

6, Thursday
Investigative Committee
8 a.m.

6, Thursday
Medical Board
(conference call)
4 p.m.

14, Friday
Emergency Medical
Technician Committee
9 a.m.

December

4, Thursday
Investigative Committee
8 a.m.

4, Thursday
Medical Board
(conference call)
4 a.m.

9, Tuesday
Health Professionals Program
Supervisory Council
9 a.m.
S.W. Hampton St., Suite 130,
Tigard, (503) 620-9117

December Cont.

10, Wednesday
Administrative Affairs
Committee
5 p.m.

11, Thursday
Physician Assistant Committee
9:30 a.m.

*All meetings are at the OMB
offices in Portland, unless
otherwise indicated. Meeting
schedules are subject to change.
Call 971-673-2700 for
more information.*

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