



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

Patient Safety in Office-Based Surgery

On October 3, 2013, the Board voted to adopt the proposed rules on office-based surgery. These rules became effective upon filing on October 15, 2013.

Dr. Shirin Sukumar, Board Secretary and Chair of the Administrative Affairs Committee, summarized the rules in three points: “patient safety, physician education, and accountability.”

The rules classify levels of office-based surgeries and set forth the corresponding requirements. Specifically, the rules establish a standard of practice for licensees performing office-based surgery and set forth the requirements for when performing such procedures. The

“We commend you for your leadership in addressing these important patient safety issues.”

Dirk M. Elston, MD, FAAD, President, American Academy of Dermatology Association and Jonathan Alexander, MD, FAAD, President, Oregon Dermatology Society (September 5, 2013)

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rules also clarify the assessment and informed consent procedures, clarify the requirements for patient medical records, expand the emergency care and transfer protocol requirements, and require reporting of specified office-based surgical adverse events.

The adoption of these rules is the culmination of a deliberate process of research and collaboration with the public as well as local, state and national associations, which began in mid-2011. The research included examining other states’ laws, national standards, professional association recommendations and medical literature. Public input was critical during each stage of development.

As a result of the two-year process, Dr. Sukumar stated that she “is confident that other states will look to Oregon as a model” for office-based surgery regulations. +

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www.Oregon.gov/OMB

New Public Member Joins Board

In September, the Board welcomed Terry Smith as its newest public Board member.

Ms. Smith graduated from the University of Oregon with a Bachelor of Science in Sociology and a Masters of Public Administration. She has a Senior Human Resources Professional certificate from the Human Resources Certification Institute.



Ms. Smith, a Springfield resident, is the Human Resources Manager of Campus Operations for the University of Oregon. She is also the Interim Employee and Labor Relations Manager. Ms. Smith has been a member of numerous community organizations. Most recently, she acted as the coordinator for the Brown Bag Christmas Project and a tutor for Lane Community College's English as a Second Language Program.

She succeeds Ramiro Gaitán, who completed two consecutive terms. Mr. Gaitán also graciously completed an additional year on the Board to assist after the unfortunate passing of Mr. John Kopetski. +

OMB Launches New Website

The OMB is proud to announce the launch of its new website, www.Oregon.gov/OMB. The completely renovated site provides enhanced access to public information. Users can view the site from any device, including tablets and mobile devices.

The OMB's newly created Communications Team led the website redesign project in collaboration with the services of the E-Governance and website contractor NICUSA. The task-driven site layout, design and content was based on user metrics, caller feedback and public testing throughout the development process.

The Medical Board is the first agency in Oregon to fully redesign its website and will act as a prototype for other state agencies. The significant effort was recognized by the Wall Street Journal¹ on October 17. +

¹<http://online.wsj.com/article/PR-CO-20131017-904635.html>

Oregon Licensure for Faculty

The Oregon Medical Board's mission is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care. The Board shares this goal of ensuring quality care for Oregonians with hospitals, facilities and educational institutions throughout the state. To meet that mission, it is imperative that providers in every type of institution are appropriately licensed.

Under Oregon Revised Statute (ORS) 677.085, providers who hold out to the public or represent in any manner that they are authorized to practice medicine in this state are required to have an Oregon license to practice medicine. Further, under ORS 676.110, use of the title "doctor" is restricted to licensed providers.

The Board has discussed these statutory requirements and determined that if faculty or staff members at an educational institution have any exposure to patients, role in instructing the diagnosis or treatment of patients, presence in the hospital wards, or make any other representation as an Oregon licensed provider, they must have a current Oregon license to practice medicine. Acting in these roles without an Oregon license will be considered practicing medicine without a license. Therefore, the Board encourages currently unlicensed providers to seek a medical license as expeditiously as possible. +



Statement of Philosophy: Deep Brain Stimulation

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

Oregon Revised Statute 677.190 includes "psychosurgery" among the list of conduct that is grounds for discipline. "Psychosurgery" is defined as "any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being." However, the term "does not include procedures...undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes." In addition, the Board recognizes that brain surgery for other purposes is also acceptable.

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

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

~ Adopted October 2013

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at www.oregon.gov/OMB/board/Pages/Newsletters.aspx

Statement of Philosophy: Cultural Competency

The Oregon Medical Board's mission is to regulate the practice of medicine in a way to promote access to safe, quality care for all Oregon citizens. However, Oregonians are growing increasingly diverse, and inequities in access to quality health care are apparent.

Racial and ethnic populations, lesbian gay bisexual and transgender communities, low literacy level individuals and rural Oregonians experience severe health disparities according to the Oregon Health Authority's Office of Equity and Inclusion. Training in cultural competency is one tool to bridge this gap and improve health outcomes.

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



training enables health care providers to work effectively in cross-cultural situations.

The Board recommends and encourages licensees to pursue ongoing continuing education opportunities for cultural competency.

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

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

~Adopted October 2013

Statement of Purpose:

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

Statement of Philosophy: Chelation Therapy

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

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

A provider who treats a patient with chelation therapy for any medical condition first must verify the toxic levels of heavy metals. Provoked challenge urine testing does not meet the standard of care for diagnosis of heavy metal toxicity. Further, the American College of Medical Toxicology has concluded that

provoked challenge urine testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the assessment and treatment of patients in whom there is concern for metal poisoning." The Board cautions providers to only use chelation treatment after a diagnosis of heavy metal toxicity, which includes a blood test or other accepted unprovoked test confirming the presence of heavy metals, and a careful determination that chelation therapy is appropriate for the particular patient.

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

~Adopted October 2013

Attention!

Dishonesty of any form on an application for licensure is a violation of the Medical Practice Act. Therefore, the Board will issue fines, or "civil penalties," for "omissions or false, misleading or deceptive statements or information on an application for licensure." Serious acts of dishonesty on an application are grounds for denial of licensure.

See the full text of
Oregon Administrative Rule 847-008-0010
on our website,
[www.oregon.gov/omb/statutesrules/
Pages/Statutes-Rules-Overview.aspx](http://www.oregon.gov/omb/statutesrules/Pages/Statutes-Rules-Overview.aspx).

Capital Connections

While the Oregon Medical Board works every day to ensure the safe practice of medicine in our state, renewed focus is placed on these efforts throughout the state legislative session from February through June. The Board's legislative committee has tracked more than 100 bills in Salem, some of which are highlighted here:

Military Spouses - House Bill 2037

The Bill requires the Board to have an expedited process for licensing spouses or domestic partners who are relocated to Oregon as a result of military transfer. The Board has since adopted rules to provide this expedited process.

Health Professionals' Services Program - House Bill 2124

The impaired health professional program currently provides monitoring of health professionals licensed by the Board who are recommended by the Board to undergo mental health or chemical dependency treatment. Bill 2124 removes the requirement that employers of licensees in the program establish minimum training requirements for supervisors, and replaces with the requirement that the Oregon Health Authority assess the

ability of the licensee's direct supervisor. Additionally, substantial noncompliance is clarified and self-referrals to the program are permitted. The Board has since adopted rules to reflect these changes.



Continuing Education - House Bill 2611

The Bill authorizes the Board to adopt requirements for licensees to obtain cultural competency continuing education. The Oregon Health Authority is required to adopt a list of approved continuing education opportunities for the Board to recognize. The Bill becomes fully implemented on January 1, 2017. A statement of philosophy on Cultural Competency was adopted by the Board on October 2013.

Physicians/Podiatrists - House Bill 2622

By statute, the definition of "physician" only included those holding a degree of Doctor of Medicine or Doctor of Osteopathy. On January 1, 2014, the definition of "physician" will be expanded to include podiatrist, as long as the context in which the term "physician" is used does not authorize or require a person to practice outside the scope of practice of podiatry.

Provider Referrals - Senate Bill 683

When a provider refers a patient to a facility for a diagnostic test or treatment, the referral must be based on the patient's clinical needs and personal health choices. Providers are prohibited from limiting referrals of patients to health care entities in which the provider or provider's family member has a financial interest or employment relationship. The provider must give full disclosure of any financial interest or employment relationship to the patient. Failure to provide this disclosure may result in a civil penalty not to exceed \$1000 and the provider may be subject to discipline by the Board. +

Dispensing, Distribution and Administration

Licensees must clearly note all drugs dispensed, distributed or administered to patients in their chart. This also includes any samples distributed to the patient, which must be documented in the chart and include the name of the drug, quantity distributed and any directions for use. The physician or physician assistant must also verbally counsel and provide written directions to the patient for any new medications dispensed or distributed. For further guidance, read OAR 847-015-0025 below.

OAR 847-015-0025 - Dispensing, Distribution and Administration

- (1) Any actively licensed physician or podiatric physician who dispenses drugs must register with the Board as a dispensing physician before beginning to dispense drugs.
- (2) A physician must register with the Board as a dispensing physician before supervising a physician assistant or any other health care provider with dispensing privileges.
- (3) At the time of license registration renewal, all dispensing physicians must indicate their status as a dispensing physician on the registration renewal form.
- (4) Dispensing of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity dispensed, the directions for use and the name of the physician or physician assistant dispensing the drugs. The physician or physician assistant must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.
- (5) Distribution of samples, without charge, is not dispensing under this rule. Distribution of samples must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed and the directions for use. The physician or physician assistant must verbally counsel the patient concerning any new medications and must provide written information on the directions for use.
- (6) Administering drugs in the physician's or podiatric physician's office is not dispensing under this rule. Administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose and the quantity administered.
- (7) Any physician or podiatric physician who dispenses drugs or who supervises a physician assistant with drug dispensing authority without first registering with the Board will be fined \$195 and may be subject to further disciplinary action by the Board. +

Did you know...



You can quickly update your e-mail address with the Board by logging in to Applicant/Licensee Services on the www.Oregon.gov/OMB homepage? This will ensure you receive our infrequent but helpful e-mails such as license renewal reminders.

OMA Helps Educate Providers on Safe Opioid Use

Addressing Oregon's Crisis, Achieving Safe Use While Improving Patient Care

The multidisciplinary Collaborative on Risk Evaluation and Mitigation Strategy (REMS) Education has designed a core curriculum based on needs assessment, practice gaps, clinical competencies, and learner self-assessment with shared tools, resources, and outcomes to meet the requirements of the FDA REMS Blueprint.

The OMA has received a grant to provide educational programs to support this curriculum and will offer *ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care* on the following dates:

- February 4, 2014, 8 a.m.– Noon, Hilton Hotel and Conference Center, Eugene
- February 11, 2014, 8 a.m. - 2 p.m., OMEF Event Center, Portland

These interactive CME workshops will discuss general and product-specific drug information for ER/LA opioid analgesics, including benefits, risks and the potential for misuse. Learn to use evidence-based best practices and tools to evaluate patients for treatment with these drugs and to apply proper methods when initiating, modifying and discontinuing their use. You'll come away with information and resources to help you appropriately counsel patients and caregivers on the safe use, storage and disposal of ER/LA opioid analgesics and to effectively manage ongoing therapy with these drugs while assessing for adverse effects.

Register now at <https://theOMA.inreachce.com>.

Earn CME Credit:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Providence Portland Medical Center and the Oregon Medical Association. Providence Portland Medical Center is accredited by the Oregon Medical Association to sponsor continuing medical education for physicians. Providence Portland Medical Center designates this live activity for a maximum of 3.75 *AMA PRA Category 1 credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Acknowledgement:

Presented by the OMA, a cooperating member of the Collaborative on REMS Education (CO*RE) interdisciplinary organizations working together to improve pain management and prevent adverse outcomes.

RPC Commercial Support Disclosure Statement:

This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www.er-la-opioidREMS.com for a listing of the member companies.

This activity is intended to be fully-compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration (FDA). +



**Collaborative for
REMS Education**

Board Actions

July 12, 2013 to October 4, 2013

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

Emergency Suspensions

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

BECKMANN, Brooke R., DPM; DP00434
Salem, OR

On August 1, 2013, the Board issued an Order of Emergency Suspension to immediately suspend Licensee's podiatric license due to the Board's concern for the safety and welfare of his current and future patients. This Order is in effect pending the completion of the Board's investigation to safely and competently practice medicine.

Interim Stipulated Orders

*These actions are not disciplinary because they are not yet final orders, but are reportable to the national data banks.**

AMES, Stephan A., MD; MD16281
Springfield, OR

On August 15, 2013, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all examinations of, or procedures on, female patients aged 15 or older, in the presence of a medically trained chaperone and refrain from providing treatment outside of the clinical setting.

ANDREWS, David A., MD; MD09145
Hillsboro, OR

On September 27, 2013, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing of all controlled substances pending the completion of the Board's investigation into his ability to safely

and competently practice medicine. He agrees to close his private practice clinic, work only in approved practice settings (at which time he may resume prescribing), and notify patients who received non-FDA approved IUDs.

CROSS, Lorne M., MD; MD27400
Portland, OR

On October 4, 2013, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

HANSILL, John D., MD; MD153764
Ontario, OR

On August 23, 2013, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all examinations of, or procedures on, female patients in the presence of a medically trained chaperone, and work only at pre-approved sites.

PARK, Jae O., MD; MD13752
Beaverton, OR

On September 23, 2013, Licensee entered into an Interim Stipulated Order to voluntarily cease the prescribing of all scheduled controlled substances pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

PURTZER, Thomas J., MD; MD12880
Medford, OR

On September 24, 2013, Licensee entered into an Interim Stipulated Order to voluntarily discontinue treating new or existing patients with chronic pain medication or Suboxone, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

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Board Actions

(Continued from page 9)

WELKER, Kenneth J., MD; MD22731

Lake Oswego, OR

On September 19, 2013, Licensee entered into an Interim Stipulated Order in which he agreed to cease performing Adipose Derived Mesenteric Cell Harvesting and Transfer (stem cell) therapy for any patient, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

Disciplinary Actions

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

ABBASSIAN, Soraya A., MD; MD23436

Portland, OR

On September 11, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making statements that the licensee knows are false or misleading; gross or repeated negligence; willfully violating any provision of the Medical Practice Act, Board Order or regulation; refusing an invitation for an informal interview with the Board; violation of the federal Controlled Substances Act; and prescribing controlled substances without following accepted procedures for examination of patients and without following accepted procedures for record keeping. This Order reprimands Licensee; permanently surrenders her medical license; and fines her \$10,000. This Order prohibits her from the following: applying for any healthcare license; practicing medicine or volunteering as a practitioner in the medical field; assisting any practitioner who prescribes controlled substances; prescribing or having access to controlled substances as

part of her employment or volunteer service; and performing any surgical or cosmetic procedures.

BAILEY, William M., MD; MD14622

Newberg, OR

On October 3, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross or repeated acts of negligence. This Order reprimands him; assesses a civil penalty of \$5,000; requires him to undergo a CPEP assessment; requires him to obtain a consultant to review his office policies; and requires him to complete a pre-approved boundaries course.

Board Action Subscriber's List

Want to stay updated on the Oregon Medical Board's latest actions? Please join the Subscriber's List. You can sign up by going to <http://cms.oregon.egov.com/omb/board/Pages/Board-Actions.aspx> and following the link to be e-mailed when a new report is posted.

BECKMANN, Brooke R., DPM; DP00434

Salem, OR

On October 3, 2013, the Board issued a Final Order. This Order upholds the Board's August 1, 2013, Order of Emergency Suspension.

DEMPSEY, Jackson T., MD; MD15946

Medford, OR

On October 3, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands him and requires him to be followed by a Board-approved healthcare provider.

**MOZENA, Joseph M., DPM; Applicant
Portland, OR**

On October 3, 2013, the Board issued a Final Order. This Order denies the application to practice podiatric medicine in Oregon and assess the costs of the contested case hearing. The Board issued the Bill of Costs on October 15, 2013.

**VANDERVEER, Elizabeth, MD; MD23287
Portland, OR**

On October 3, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading regarding skill or efficacy or value of the medicine, treatment or remedy prescribed or administered; and gross or repeated negligence. This Order reprimands Licensee; prohibits her from providing low calorie (1200 calories or less) diet plans to her patients; prohibits her from prescribing hCG; requires her to complete pre-approved courses on obesity and diet plans; and assesses a \$10,000 civil penalty (\$5,000 of which is held in abeyance).

**Prior Orders Modified or
Terminated**

**CHEON, Sung J., LAC; AC01102
Beaverton, OR**

On October 3, 2013, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates his January 13, 2011, Corrective Action Agreement.

**FARRIS, Clyde A., MD; MD11437
West Linn, OR**

On October 3, 2013, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates his

October 11, 2012, Corrective Action Agreement.

**IMPERIA, Paul S., MD; MD17163
Medford, OR**

On October 3, 2013, the Board issued an Order Terminating Stipulated Order. This Order terminates his August 5, 2010, Stipulated Order.

**LAI, Wallace, MD; MD17813
Salem, OR**

On October 3, 2013, the Board issued an Order Modifying Stipulated Order. This Order modifies his January 14, 2010, Stipulated Order.

**LEE, Carma J., MD; MD21672
Portland, OR**

On October 3, 2013, the Board issued an Order Terminating Stipulated Order. This Order terminates her October 6, 2011, Stipulated Order.

**POLCHERT, Susan E., MD; MD16479
Eugene, OR**

On October 3, 2013, the Board issued an Order Terminating Consent Agreement. This Order terminates her October 11, 2012, Consent Agreement.

**ROBINSON, Michael T., DO; DO10555
Central Point, OR**

On October 3, 2013, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates his July 12, 2012, Corrective Action Agreement.

**SINDO, Shauna K., LAC; AC162815
Eugene, OR**

On August 1, 2013, the Board issued an Order Terminating Consent Agreement. This Order terminates her July 11, 2013, Consent Agreement.

Non-Disciplinary Board Actions

July 12, 2013 to October 4, 2013

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless related to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

**BOST, Dawn E., MD; MD16820
Beaverton, OR**

On October 3, 2013, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to limit her work hours to 40 hours per week, and practice at a Board-approved site with a Board-approved mentor.

Consent Agreements

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

**SASICH, Randy L., MD; MD28977
Portland, OR**

On October 3, 2013, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice for six months under the supervision of a Board-approved mentor who will submit a report to the Board, and complete the recertification process with the American Board of Internal Medicine.

Current and past public Board Orders are available on the OMB website:

<http://cms.oregon.egov.com/omb/board/Pages/Board-Actions.aspx>. +

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB)*

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

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

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. Official notice of rulemaking is provided in the Secretary of State *Bulletin*. The full text of the OARs under review and the procedure for submitting comments can be found at: www.oregon.gov/omb/statutesrules/Pages/RulesProposedAndAdoptedByTheOMB.aspx

Proposed Rules

First Review

All Licensees

OAR 847-001-0024: Compliance - The proposed new rule states that failure to comply with a Board investigation or failure to comply with a Board Agreement violates ORS 677.190(17) and is grounds for disciplinary action.

OAR 847-008-0070: Continuing Medical Competency (Education) - The proposed rule amendment allows participation in cultural competency education to be counted toward the mandatory continuing education required of all Board licensees.

OAR 847-010-0053; 847-010-0060; 847-050-0026; and 847-070-0036 : Limited License, Special -
The proposed rule amendment and the proposed rule repeals eliminate the Limited License, Special because this license is no longer offered and is specific to the former process of issuing licenses, which only occurred at the quarterly Board meetings. Licenses are now issued weekly, eliminating the need for the Limited License, Special.

Medical and Osteopathic Physicians (MD/DO)

OAR 847-020-0110: Application for Licensure and Personal Interview - The proposed rule amendment states that failure to appear for a personal interview is a violation of ORS 677.190 (17), and the applicant may be subject to disciplinary action.

Physician Assistants (PA)

OAR 847-050-0020 and 847-050-0023: Qualifications; Limited License, Postgraduate -
The proposed rule amendments change the name of the Limited License, Postgraduate to Limited License, Pending Examination to properly reflect that the limited licensee is not in a postgraduate training program but instead is awaiting the national certification exam before applying for a full, unlimited license.

OAR 847-050-0025: Interview and Examination -
The proposed rule amendment allows personal interview for applications subsequent to initial licensure with the Board (such as reactivation) and states that failure to appear for a personal interview is a violation of ORS 677.190(17), and the applicant may be subject to disciplinary action.

Acupuncturists (LAc)

OAR 847-070-0019: Interview and Examination -
The proposed rule amendment allows personal interviews to occur at a time other than at the

biannual Acupuncture Committee meetings and states that failure to appear for a personal interview is a violation of ORS 677.190(17), and the applicant may be subject to disciplinary action.

OAR 847-070-0037: Limited License, Postgraduate - The proposed rule amendments change the name of the Limited License, Postgraduate to Limited License, Pending Examination to properly reflect that the limited licensee is not in a postgraduate training program but instead is obtaining clinical training while awaiting the national certification exam before applying for a full, unlimited license.

Podiatric Physicians (DPM)

OAR 847-080-0002: Application for Licensure and Personal Interview - The proposed rule amendment states that failure to appear for a personal interview is a violation of ORS 677.190 (17), and the applicant may be subject to disciplinary action.

Adopted Rules

Final Review

Board Administration

OAR 847-003-0200: Board Member Compensation - The new rule establishes the compensation authorized for Board members.

All Licensees

OAR 847-001-0040: Approval of Notices of Civil Penalty - The new rule puts into administrative rule the authority that has been previously delegated by the Board to the Executive Director over approving and signing Notices of Civil Penalty for violation of Board administrative rules.

OAR 847-005-0005: Fees - The rule amendment reflects fees approved by the Oregon Legislature

Oregon Administrative Rules

(Continued from page 13)

for the 2013-15 biennial budget, including adjusted registration fees, a \$100 application fee for a physician to supervise a physician assistant, a one-time surcharge for physician assistants, and a pass through fee for the actual cost of criminal records checks performed on applicants or licensees.

OAR 847-008-0003: Delegation of Authority -

The new rule puts into administrative rule the licensing authority that has been previously delegated by the Board to the Executive Director and Medical Director.

OAR 847-008-0055: Reactivation from Locum Tenens/Inactive/Emeritus/Active-Military or Public Health to Active/Locum Tenens Status -

The rule amendment reflects the merger of the two national databanks (formerly the National Practitioner Data Bank and the Health Integrity & Protection Data Bank) into one (now known as the National Practitioner Data Bank).

OAR 847-008-0068: State and Nationwide Criminal Records Checks, Fitness

Determinations - The amendment specifies that the criminal records check cost will be passed through to the applicant or licensee as approved by the Oregon Legislature in the 2013-15 budget.

OAR 847-020-0165; 847-050-0022; 847-070-0024; and 847-080-0016: Application for Licensure by

Military Spouse or Domestic Partner - The new rules implement an augmented process for licensure of military spouses or domestic partners as required by 2013 House Bill 2037. Specifically, each rule defines "military spouse or domestic partner," provides the qualifications for this augmented process, provides the documents that will be accepted in lieu of other documents,

lists any information that the Board will obtain on behalf of the applicant, and specifies the additional documents that will be required as part of this augmented application process.

OAR 847-065-0015; 847-065-0025; 847-065-0035; 847-065-0055; 847-065-0060; and 847-065-0065

Health Professionals' Services Program - The rule amendments reflect changes made by 2013 House Bill 2124 regarding the Health Professionals' Services Program. Specifically, the rule amendments refer to the new statutory location for the definition of "substantial noncompliance," remove the term "successful completion" from the definitions and add the substantive information to the rule on Completion Requirements, clarify the purpose of the investigation into the licensee's practice that occurs prior to full enrollment in the program, clearly establish the ability for licensees to self-refer to the program, exempt enrolled licensees with solely a mental health disorder from random drug or alcohol testing unless otherwise required by the Board, require the Board to assess the licensee's compliance with the monitoring agreement to complete the program or the contractor to assess compliance if the licensee is self-referred, specify that civil commitments for mental illness are considered substantial noncompliance rather than all admissions for mental health treatment, and allow the Board to review reports from the program for substantial noncompliance rather than mandating investigation of all reports.

Medical and Osteopathic Physicians (MD/DO)

OAR 847-020-0150 and 847-020-0185: Documents and Forms to be Submitted for Licensure;

License Application Withdrawals - The rule amendments reflect the merger of the two national databanks (formerly the National Practitioner Data Bank and the Health Integrity &

Protection Data Bank) into one (now known as the National Practitioner Data Bank).

OAR 847-026-0010: Documents, Letters, and Certifications Obtained by the Board - The rule amendment reflects the merger of the two national databanks (formerly the National Practitioner Data Bank and the Health Integrity & Protection Data Bank) into one (now known as the National Practitioner Data Bank).

Physicians (MD/DO/DPM)

OAR 847-010-0063: Limited License, Medical Faculty - The amendment accurately reflects that the Limited License, Medical Faculty is approved weekly rather than quarterly as a result of the delegation of these license application approvals to the Executive Director and Medical Director in July 2010.

OAR 847-010-0066: Visiting Physician Requirements - The rule amendment expands the visiting physician approval to include out-of-state physicians who provide health care services without compensation at a community nonprofit organization such as a county health fair. The rule amendment also deletes the requirement for the visiting physician applicant to submit a curriculum vitae as the needed information is now gathered through the electronic application process.

OAR 847-015-0025: Dispensing, Distribution and Administration - The rule amendment establishes documentation standards for drugs dispensed, distributed or administered; requires provision of take-home instructions for drugs dispensed or distributed; clarifies that distribution, as defined by the Board of Pharmacy, is distinct from dispensing; and clarifies that supervising a physician assistant with drug dispensing authority without registering as a dispensing physician is a violation of the rule.

OAR 847-017-0000 through 847-017-0040: Office-Based Surgery - The rule amendments classify levels of office-based surgeries and set forth the corresponding requirements; reorganize and add new definitions; establish a standard of practice for licensees performing office-based surgery; set forth requirements for where a licensee may perform office-based surgery; clarify the assessment and informed consent procedures prior to the performance of an office-based surgery; clarify the requirements for patient medical records; expand the emergency care and transfer protocol requirements; require reporting of specified office-based surgical adverse events; and contain general grammar and language housekeeping changes.

Medical & Osteopathic Physicians and Physician Assistants (MD/DO/PA)

OAR 847-050-0027 and 847-050-0042: Documents and Forms to be Submitted for Licensure; License Application Withdrawals - As approved by the legislature in the 2013-15 budget, the rule amendment specifies that there is a fee for the supervising physician application and implements a one-time surcharge for physician assistants renewing or applying for initial licensure in the 2014-15 licensure biennium.

For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/omb/statutesrules/Pages/Statutes-Rules-Overview.aspx, or call 971-673-2700. +

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Grand Renewal is Here!

Licensees should ensure that their Continuing Medical Education requirements are fulfilled before the year ends. Specifics regarding requirements can be found at www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx.

All licensees who wish to renew must do so by December 31, 2013.

Calendar of Meetings

January 9-10, 8 a.m.
Board Meeting

February 6, 7:30 a.m.
Investigative Committee

February 21, 9 a.m.
**Emergency Medical Services
Advisory Committee**

March 6, 7:30 a.m.
Investigative Committee

March 12, 5 p.m.
**Administrative Affairs
Committee**

March 13, 9 a.m.
Physician Assistant Committee

March 27, 7:30 a.m.
Investigative Committee

April 3-4, 8 a.m.
Board Meeting

May 1, 7:30 a.m.
Investigative Committee