



BME REPORT

WINTER 2005

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***2004 Final
Investigative
and Licensing
Statistics***

***Specialists
and Committee
Minutes now on
the BME Website***

From the Executive Director



First half of 2005 will see focus on Capitol

**By Kathleen Haley, J.D.
Executive Director**

As this is being written, the 73rd Legislative Assembly is convening in regular session at the Capitol in Salem. It is difficult at this early stage in the biennial lawmaking process to predict how long the 2005 legislative session will last, or what the outcomes will be, but the BME will be looking at a number of important issues and bills in the coming months.

The BME Budget

The BME's proposed 2005-07 budget will probably be heard by the Joint Ways and Means Committee in early April. We have asked for modest spending increases from our prior budget. In the fall of 2004, we reduced fees for license applications and renewals. Consequently, the BME has won the praise of legislative budget staff for its sound fiscal practices, and this should be a boon to us when we present our budget request to the Legislature.

The BME is presenting one bill to the Legislature this session. House Bill (HB) 2059, would, if passed, allow the agency to conduct national criminal background checks on applicants for licensure as well as current

licensees. If HB 2059 becomes law, the BME intends to review incoming applicants, as well as current licensees who are under investigation. The bill will assist in credentialing, and make it easier for other organizations interested in pursuing this background check, as licensees will have been cleared by the Board at the time of initial licensure.

Passage of HB 2059 would mean adding a half-time employee to the licensing staff, to assist in processing the background checks. Fingerprinting of applicants and licensees would be done at the local level by police agencies, and the Oregon State Police (OSP) would perform a statewide and regional check. The OSP then would distribute the prints to the Federal Bureau of Investigation (FBI) for national criminal background checking.

The Oregon Medical Association (OMA) has expressed support for HB 2059 as currently written. We will welcome the OMA's active support of this proposal throughout the legislative process.

The BME decided to withdraw from consideration a legislative proposal to add mental health services to the Health Professionals Program (HPP or "Diversion"). We did so due to inadequate time to outline a proposal. We did not want to submit a legislative proposal for introduction in the Legislature unless all parties were in agreement on the draft language before the proposal was submitted. The BME will continue to work toward consensus on these issues before the 2007 legislative session.

(continued on page 2)

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From the Executive Director (continued from page 1)

2005 Legislature: BME will have eyes on many topics of interest

In addition to HB 2059, the BME will be monitoring a number of other bills and issues of interest to the agency, Oregon's health care community and of course, the patients we serve. Those issues include:

ADMINISTRATIVE LAW JUDGES – The Administrative Law Section (ALS) of the Oregon State Bar (OSB or “Bar”) has requested legislation that would impact how the BME and other, similar boards and commissions handle investigative and disciplinary matters.

If the Bar proposals become law, the BME will no longer be awarded hearing costs, Administrative Law Judges (ALJ) would control discovery, and the Board would not be able to order any kind of licensee evaluation without the possibility of a contested case hearing. In addition, the ALJs are essentially seeking authority to issue Final Orders following hearings. These bills would significantly alter physicians' ability to regulate the profession.

Passage of these legislative proposals would be a nightmare for boards and commissions, including the BME, in terms of cost, time and public protection. In addition, passage of the Bar proposals could create fiscal problems of such magnitude that one particularly expensive case could wipe out the budget of one of the state's smaller boards or commissions.

I testified against HB 2285, the bill affecting discovery and Final Orders; and HB 2283, which would require hearings before suspending or revoking licensees who refuse to comply with orders for physical or mental examinations, at a February 2 hearing.

Earlier, we joined with the Oregon Board of Dentistry in sending a letter to Governor Kulongoski, telling him of the ramifications of passing the Bar proposals into law. He has been supportive of the Board's position.

LICENSING AND CREDENTIALS – The state Office of Degree Authorization (ODA) is proposing a bill which would allow direct review of foreign college standards upon application for licensure or public agency employment, thus allowing the ODA to treat foreign schools the same way it treats U.S. schools in evaluating academic degrees and credentials. The proposed bill language would also clarify that ODA determinations of degree validity are binding on public agencies, such as the BME.

The Oregon Veterinary Medical Examining Board (OVMEB) has requested legislation that would exempt it from state statutes regarding degree validity, including changes proposed by the ODA. The BME will join the OVMEB in seeking such an exemption.

MALPRACTICE – Medical malpractice reform will continue to be a topic of interest during 2005, at both the Federal and state levels. In Oregon, there may be bills introduced in response to the defeat of Ballot Measure 35 at the polls last fall.

The BME will keep a close watch on the malpractice issue during the legislative session, including any attempts to pass “three strikes – you're out” bills regarding physicians and malpractice awards. Some states, including Washington, are considering proposals to remove from practice physicians who have three judgments against them in malpractice cases.

WORKERS COMPENSATION EXAMS – The Senate Interim Committee on General Government and the Oregon Department of Consumer and Business Services (DCBS) have put forth SB 311, which would require the BME to adopt professional and ethical standards for, and to establish and maintain a list of physicians qualified to conduct, required medical examinations for workers' compensation claims. The bill would also require the BME to adopt an investigation process for complaints about such medical examinations.

BME staff have met with DCBS representatives regarding this bill, and will continue to work with them and other interested parties throughout the session.

The legislative process is by turns intriguing, tedious, satisfying, frustrating, draining, energizing, disillusioning and uplifting. The *BME Report* editor learned at a rather tender age, from an elderly uncle who was an Oregon political veteran, that there are two things no lady or gentleman should see being made – sausage and laws.

We will continue to diligently observe the lawmaking process in Salem this year.

And we will continue to keep you informed on legislative affairs throughout the session. If you have any questions about the legislative process or any particular measure, you may contact Mike Sims, Executive Assistant, at (503) 229-5873, ext. 218. ■



CALENDAR OF EVENTS

March

- 3 (Thu.)** Investigative Committee, 8 a.m.
- 4 (Fri.)** Advisory Council on Podiatry, 2 p.m.
- 9 (Wed.)** Administrative Affairs Committee, 5 p.m.
- 10 (Thu.)** Physician Assistant (PA) Committee, 9:30 a.m.
- 11 (Fri.)** Emergency Medical Technician (EMT) Advisory Committee, 9 a.m.
- 15 (Tue.)** Health Professionals Program (HPP) Supervisory Council, 10:30 a.m., HPP office, Tigard
- 18 (Fri.)** Acupuncture Advisory Committee, 1 p.m.

April

- 14 (Thu.)** Board of Medical Examiners' quarterly meeting, 8 a.m. – 5 p.m.
- 15 (Fri.)** Board meeting continues, 8 a.m. to close of business
- 28-29 (Th.-Fr.)** Appropriate Prescribing Workshop

May

- 5 (Thu.)** Investigative Committee, 8 a.m.

All meetings are at the BME offices in Portland, unless otherwise indicated. All meeting dates and times may be subject to change.

For more information, go to the BME Website at <http://www.bme.state.or.us/meetingdates.html>, or call the BME at (503) 229-5770, or call toll-free in Oregon outside of the Portland area at 1-877-254-6263. ■

New on the BME Web site: *Locate specialists, read committee minutes*

Persons interested in locating Oregon's medical specialists, or reviewing minutes of some committee meetings, may now turn to the BME Web site for assistance.

Specialties

A report of all actively-licensed MDs and DOs, grouped by specialty and city, is now on the Web at www.bme.state.or.us. The report may be accessed by following the "Statistics" link on the left sidebar of the BME home page. The report is called "Specialties by City."

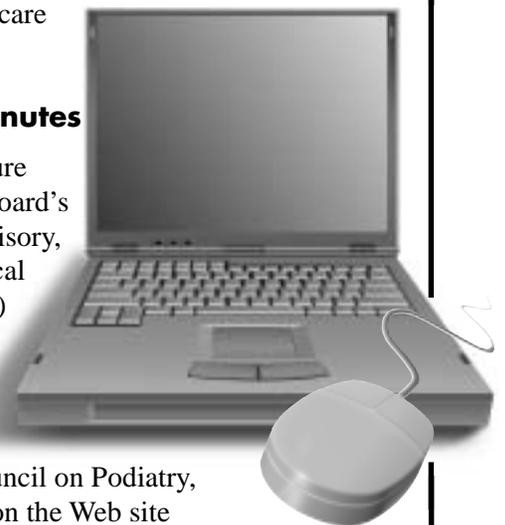
Users then may select the desired specialty and scroll down. The report provides cities where practices are located, and business telephone numbers.

This feature was designed in response to inquiries from rural physicians who sometimes have difficulty

finding the specialists they need to help care for their patients.

Committee Minutes

Minutes of future meetings of the Board's Acupuncture Advisory, Emergency Medical Technician (EMT) Advisory and Physician Assistant committees, and Advisory Council on Podiatry, will be available on the Web site following quarterly Board meetings.



ANNUAL INVESTIGATIVE STATISTICS

As of December 31, 2004

	2002	2003	2004
Complaints Received			
Phone Calls (total)	4051	2957	3020
Complaint Calls (total)	1618	N/A	N/A
E-Mail Inquiries (total)	180	210	380
Written Complaints (total)	637	639	533
Open and Closed Complaints			
Complaints Opened	300	398	331
Average Number of Complaints Open	215	245	222
Complaints Closed	351	381	313
Investigative Committee Interviews Held			
	59	70	67
Contested Case Hearings Held			
	1	2	4
Sources of Complaints			
Board of Medical Examiners	26	42	49
Compliance	1	1	2
Hospital or Other Health Care Institution	15	20	13
Insurance Company	3	9	4
Malpractice Review	42	53	37
Other	26	27	23
Other Boards	1	6	3
Other Health Care Providers	32	50	29
Patient or Patient Associate	171	214	174
Pharmacy	8	8	5
Self-reported	1	4	7
Categories of Complaints			
Compliance	1	0	0
Inappropriate Care / Incompetence	210	262	208
Inappropriate Prescribing	31	40	43
Mental Illness / Impaired Licensee	8	10	13
Other / Miscellaneous	22	36	21
Sexual Misconduct	9	16	20
Substance Abuse (personal)	6	13	8
Unprofessional Conduct	66	117	89
Violation of Probation	3	2	5
Violation of State or Federal Statutes	9	22	27

ANNUAL LICENSING STATISTICS

As of December 31, 2004

	2002	2003	2004
Doctors of Medicine (MD)			
Active	8596	8469	8986
Inactive	1750	1574	1694
Emeritus	426	505	463
Emeritus Inactive	48	66	55
Locum Tenens	293	215	289
Limited (all types)	599	618	634
Visiting Physician	1	0	0
TOTAL	11,713	11,447	12,121
Doctors of Osteopathy (DO)			
Active	477	481	523
Inactive	109	97	105
Emeritus	10	13	11
Emeritus Inactive	2	5	5
Locum Tenens	26	19	28
Limited (all types)	18	23	27
TOTAL	642	638	699
Podiatric Physicians (DPM)			
Active	130	135	138
Inactive	25	27	19
Emeritus	1	1	1
Emeritus Inactive	1	1	0
Locum Tenens	1	1	1
Limited (all types)	8	9	8
TOTAL	166	174	167
Acupuncturists (LAc)			
Active	482	545	575
Inactive	36	49	41
Locum Tenens	5	6	6
Limited (all types)	34	42	50
TOTAL	557	642	672
Physician Assistants (PA)			
Active	437	521	530
Inactive	58	71	68
Locum Tenens	2	2	0
Limited (all types)	46	38	28
TOTAL	543	632	626
TOTAL OF ALL LICENSEES	13,621	13,533	14,285

BOARD ACTIONS – October 26, 2004 to January 14, 2005

ALTER, Dale N., MD20858
Florence, Ore.

The Licensee entered into an Interim Stipulated Order with the Board on January 13, 2005. In this Order, the Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation into his competency to practice medicine. This is not a final action by the Board.

BOESPFLUG, Randolph R., MD15363
Monmouth, Ore.

The Licensee entered into a Corrective Action Order with the Board on January 14, 2005. In this Order, the Licensee agreed to have a practice preceptor, who shall submit quarterly progress reports to the Board. The Licensee also agreed to complete Continuing Medical Education (CME) in charting, and to utilize problem and medication lists in charts.

DAY, Floyd D., MD05881
Portland, Ore.

The Licensee entered into a Stipulated Order with the Board on January 13, 2005. In this Order, the Licensee agreed to a reprimand and a \$2,500 fine. The Licensee also agreed to successfully complete either the Physician Evaluation and Education Renewal (PEER) program or the Center for Personalized Education for Physicians (CPEP) program, and to successfully complete the Board's Appropriate Prescribing Workshop (APW).

DIERDORFF, John T., DO06866
Forest Grove, Ore.

The Licensee entered into a Stipulated Order with the Board on January 13, 2005. In this Order, the Licensee agreed to a 45-day license suspension beginning January 14, 2005, and 10 years of probation. The Licensee also agreed to a reprimand, a fine, and to having a chaperone present when treating female patients older than 12 years. The Licensee also agreed to report to the Board on a quarterly Board reporting, to complete CME related to physician-patient boundaries, and to undergo psychotherapy with quarterly reports to the Board.

HOLEMAN, Thomas A., MD07269
Milwaukie, Ore.

In a Final Order issued January 13, 2005, the Board revoked the Licensee's medical license and imposed a \$5,000 fine.

JOHNSON, Raymond M., MD05829
Corpus Christi, Texas

The Licensee entered into a Stipulated Order with the Board on January 13, 2005. This Order terminates the Licensee's September 9, 1980 Voluntary Limitation, under the condition that the Licensee surrender his medical license.

KELLOGG, Jordi X., MD22765
Portland, Ore.

The Licensee entered into a Stipulated Order with the Board on January 13, 2005. In this Order, the Licensee agreed to 10 years of probation and the following terms: a reprimand, a fine, quarterly reporting to the Board, completion of a communications course, having a practice proctor who will make monthly reports to Board, and maintenance of current records and chart notes.

LENTINI, Jerome N., MD19171
Salem, Ore.

The Licensee entered into an Interim Stipulated Order with the Board on January 14, 2005. In this Order, the Licensee agreed to temporarily withdraw from practice pending the conclusion of the Board's current investigation. The Licensee's withdrawal from practice became effective upon his signing of the Order on January 7, 2005.

ROBINSON, Taylor, MD15910
Lake Oswego, Ore.

The Board denied the Licensee's application for licensure in a Final Order by Default issued on January 13, 2005. ■



Statement of Purpose

The **BME 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 ADOPTED BY THE BOARD OF MEDICAL EXAMINERS

The Board at its January 13-14, 2005 meetings reviewed the following Oregon Administrative Rules (OAR):

ADOPTED RULES

Final Review by the Board

MDs / DOs

OAR 847-015-0000, Dispensing Physicians – Under the adopted rules, physicians who supervise or monitor health care providers with emergency dispensing privileges must register as dispensing physicians.

EMTs

OAR 847-035-0030, Scope of Practice – The adopted rules allow EMTs-Basic, in the event of the release of chemical agents, to administer atropine sulfate and pralidoxime chloride from pre-loaded auto-injector devices if given direct orders by their supervising physicians. EMTs-Basic also would be allowed to administer the agents in the prescribed manner if they are under the direction of EMTs-Paramedic who are on the scene. The new rule language also adds the administration of epinephrine by automatic injection device for anaphylaxis to the First Responder scope of practice, and corrects the spelling of a drug in the EMT-Intermediate scope of practice.

PAs

OAR 847-50-0041, Prescription Privileges – The adopted rules require supervising physicians of PAs requesting emergency dispensing privileges to be registered with the Board as dispensing physicians.

PROPOSED RULES January 2005

The Board discussed these rule proposals on First Review at its January 13-14 meeting. Written comments on proposed rules must be submitted to the Board in

writing by Monday, March 28, 2005. The Board may take action on these proposals at its April 14-15, 2005 meeting.

MDs / DOs

OAR 847-010-0066, Visiting Physician requirements – The proposed rule change would expand the Visiting Physician requirements to allow visiting physicians to practice in accredited facilities, as well as at hospitals.

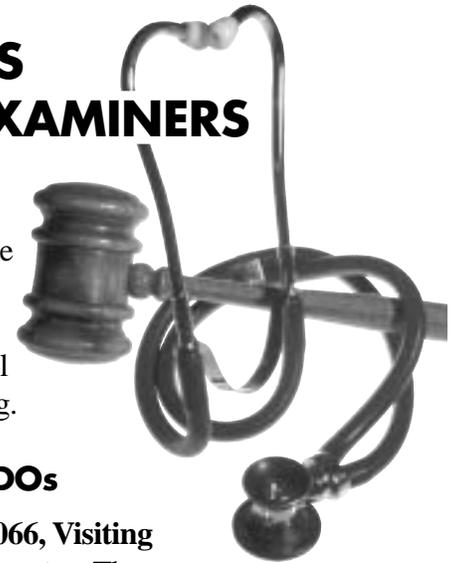
EMTs

OAR 847-035-0030, Scope of Practice – The proposed rules changes would update the EMT-Intermediate scope of practice to correspond to the new EMT-Intermediate curriculum. The new curriculum was developed for the Department of Human Services (DHS) by several interest groups, which were composed of EMT instructors and supervising physicians. The term “dual lumen airway” in the EMT-Basic scope of practice would be changed to a “cuffed pharyngeal airway.”

PAs

OAR 847-050-0037, Supervision – The proposed rule would allow PAs to practice at locations other than their primary or secondary practice locations, without listing those sites in the practice description if the duties are the same as those listed in the practice description. The proposed language also would require that medical records for patients seen at additional practice locations be maintained at the additional practice sites, or at supervising physicians’ primary practice locations.

The Board’s mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on these rules, visit the BME Website at www.bme.state.or.us ■



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