

OREGON MEDICAL ASSOCIATION
HOUSE OF DELEGATES
Interim Meeting
October 3, 2009
OMA Headquarters, Portland, Oregon

OREGON MEDICAL BOARD

Informational

1 **Founding History and Statement of Purpose**

2
3 The Oregon Medical Board (“OMB” or “Board”)¹, began its work in 1889, soon
4 after the Oregon Legislature created the agency. Originally named the Oregon
5 Board of Medical Examiners, the agency was renamed the Oregon Medical
6 Board effective January 1, 2008. For the past 120 years, the OMB has adhered
7 to a simple, yet profound Statement of Purpose:

8
9 **The mission of the Oregon Medical Board is to protect the health, safety**
10 **and well being of Oregon citizens by regulating the practice of medicine in**
11 **a manner that promotes quality care.**

12
13
14 **Responsibilities**

15
16 The OMB is the regulatory agency and governing board for a large portion of the
17 professional healthcare community in the state of Oregon. The OMB licenses all
18 physicians (medical, osteopathic and podiatric), physician assistants and
19 acupuncturists practicing in the state.

20
21 The OMB regulates the practice of medicine, podiatry and acupuncture, and
22 investigates and disciplines its licensees as needed. In doing so, the OMB is
23 governed by and enforces Oregon Revised Statutes (ORS) Chapter 677 – the
24 Medical Practice Act. The OMB also follows and enforces pertinent Oregon
25 Administrative Rules (OAR Chapter 847).

26
27 The Board sets education, examination and practice requirements for licensure
28 for all healthcare professionals under its purview. It approves new and changed
29 practice descriptions and supervising physicians for physician assistants. The
30 Board is also responsible for scope of practice issues for physician assistants
31 and acupuncturists.

¹ Throughout this report, “Board” is used when referring only to the Oregon Medical Board’s 12-member governing body. “OMB” is used in reference to the agency as a whole, including the Board.

1 To accomplish these tasks, the Board has statutory committees whose
2 members examine license applications, interview candidates when appropriate,
3 and make recommendations to the Board.

4
5 The Board is also responsible for the scope of practice and supervising
6 physicians of First Responders, Emergency Medical Technicians (EMT) and
7 Paramedics, in collaboration with Oregon Department of Health Services.

8
9 The OMB administers a Health Professionals Program (HPP) for chemically
10 dependent licensees. The 2007 Legislature approved a bill adding mental
11 health services to the HPP, effective January 1, 2009. The HPP is supervised by
12 a Supervisory Council, which is appointed by and operates under Board
13 auspices. **See ‘Health Professionals Program,’ page 5.**

14
15 **Board Members and Staff**

(as of August 31, 2009)

16
17 The Oregon Medical Board is comprised of 12 members appointed by the
18 Governor and confirmed by the state Senate. Appointees may be nominated by
19 the Oregon Medical Association (OMA) and other private professional
20 organizations, or may be individuals who apply to the Governor as candidates
21 for Board service. Board members must be Oregon residents, and must have
22 lived in the state for at least seven (7) years prior to appointment.

23
24 Seven (7) members must be Doctors of Medicine (MD). The Board must contain
25 at least one MD residing in each of Oregon’s five (5) federal Congressional
26 districts. Two (2) Board members must be Doctors of Osteopathy (DO), and one
27 (1) must be a podiatric physician (DPM). The MD, DO and DPM members must
28 have been in practice for five years prior to appointment.

29
30 Two (2) Board members must be appointed from the public at large, and may
31 not have health-related professionals in their families.

32
33 Board members serve terms of three (3) years, and are limited to two (2) terms.
34 Terms usually begin on March 1 and end on the last day of February. Current
35 Board members, with current-term expiration dates, are:

- 36
- | | | |
|---|---------------------------------|----------------------|
| 37 • Douglas B. Kirkpatrick, MD, Vice Chair | Neurosurgery, Medford | 2/28/11 ² |
| 38 • Lisa A. Cornelius, DPM | Podiatric Medicine, Corvallis | 2/28/11 ² |
| 39 • Gary J. LeClair, MD, Secretary | Gynecology, Eugene | 2/28/10 ² |
| 40 • Sarojini S. Budden, MD | Pediatric Medicine, Lake Oswego | 2/28/10 |
| 41 • Ramiro Gaitán* | Industrial Designer, Portland | 2/28/11 |
| 42 • Donald E. Girard, MD** | Internal Medicine, Portland | 2/28/10 |
| 43 • Linda B. Johnson, MD | Emergency Medicine, Salem | 2/28/11 |
| 44 • Nathalie M. Johnson, MD | Oncological Surgery, Portland | 2/28/10 ² |
| 45 • Lewis D. Neace, DO | Emergency Medicine, Hillsboro | 2/28/10 |
| 46 • Patricia L. Smith, Chair* | Business Owner, Bend | 2/28/10 ² |
| 47 • Keith A. White, MD | Family Practice, Salem | 2/28/12 |
| 48 • Ralph A. Yates, DO | Family Practice, Gresham | 2/28/11 |

² Ineligible for reappointment due to term limits.

* *Public Members*
** *Filled unexpired term*

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2
3
4 Keith White, MD, is the Board’s newest member. He was confirmed by the
5 Senate on June 23, 2009. He is a family practice physician with an office in
6 Independence, and resides with his family in Salem.

7
8 Lisa Cornelius, DPM, and Ramiro Gaitan* have elected to stay on the Board for
9 a second term. Their first terms expired on February 28, 2009. Both Board
10 members were reconfirmed by the Senate during the 2009 Legislative session.

11
12 The OMB staff consists of Kathleen Haley, JD, Executive Director; Philip
13 Parshley, MD, Medical Director; Denise Dion, MD, Health Professionals Program
14 (HPP) Medical Director; Carol Brandt, Business Manager; Malar Ratnathicam,
15 Licensing Manager; Gary Stafford, MPA, Chief Investigator; and Debbie West,
16 Human Resources/Payroll Manager.

17
18 Other key staff members are: Eric Brown, Mei-Mei Wang, and Vickie Wilson,
19 Investigators; Jay Drum and Terry Lewis, Investigator/Compliance Officers;
20 Randy Day, Complaint Resource Officer; Michael Bielaski, Physician Program
21 Coordinator; Jennifer Lannigan, PhD, Licensing Coordinator; Michele Provinsal,
22 Physician Assistant (PA) and Acupuncture Program Coordinator; and Angie
23 Springer, Executive Assistant and *OMB Report* newsletter editor.

24
25 Warren Foote, JD, is the Assistant Attorney General assigned to the OMB. He is
26 based at the Oregon Department of Justice (DOJ) main office in Salem.

27
28 Joseph Bloom, MD, and Magnus Lakovics, MD, serve as the Board’s psychiatric
29 consultants.

30
31 During the first half of 2009, Ms. Haley spent considerable time in Salem
32 testifying before House and Senate committees. She was successful in
33 negotiating several bills that will affect the OMB and its licensees. The
34 Legislature awarded the OMB the full budget that was requested.

35
36
37 **Committees** *2009-10 Board-Committee meeting schedule, see page 16*

38
39 Much of the OMB’s work is done by committee. Each Board member is assigned
40 to at least one of the following committees:

- 41
42 • The **Administrative Affairs Committee (AAC)** consists of five (5)
43 Board members. The AAC meets quarterly, in the months prior to
44 Board meeting months, to review applications for licensure,
45 administrative rules and procedures.
- 46 ○ **AAC members are** Gary LeClair, MD, Chair; Donald Girard,
47 MD; Douglas Kirkpatrick, MD; Lewis Neace, DO; and Ramiro
48 Gaitán and Patricia Smith (alternating public members).

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- The **Investigative Committee (IC)** consists of five (5) Board members. The IC meets monthly, except during months when the full Board convenes, to consider investigative and disciplinary matters. The IC makes recommendations to the full Board regarding disposition of cases.
 - **IC members are** Lisa Cornelius, DPM, Chair; Gary LeClair, MD; Douglas Kirkpatrick, MD; Ramiro Gaitan and Patricia Smith (alternating public member); and Ralph Yates, DO.

- The **Legislative Advisory Committee** consists of three (3) physician Board members and one (1) public member. It meets at the call of the chair, most often immediately before and during the biennial sessions of the Oregon Legislature. **Legislative report, Page 13.**
 - **Committee members are** Linda Johnson, MD, Chair; Douglas Kirkpatrick, MD; Patricia Smith (public member) and Ralph Yates, DO.

- The **Physician Assistant Committee** consists of one (1) physician who supervises a physician assistant (PA), three (3) physician assistants and a Board member. It meets quarterly and reviews applications for licensure, administrative rules, and procedures. It also reviews requests for changes in supervising physicians and PA practice descriptions. **See Page 14.**

- The **Acupuncture Advisory Committee** consists of two (2) physicians, three (3) acupuncturists, and a Board member. It meets twice a year and reviews applications for licensure and administrative rules. **See Page 13.**

- The **Emergency Medical Technician (EMT) Advisory Committee** consists of five members. Three (3) are EMTs and two (2) are physicians. This panel develops First Responder and EMT Scopes of Practice as well as qualifications and responsibilities of the supervising physician. **See Page 14.**

The full Board meets quarterly in January, April, July and October. At each of these two-day sessions, the Board grants licenses and reviews investigative, disciplinary and policy matters. The Board also reviews administrative rules, and committee reports.

From time to time, the Board holds retreats to discuss particular issues and topics of concern. Among these are the Board’s Statements of Philosophy, which serve as guiding principles to the Board in carrying out its mission.

1 **Health Professionals Program (HPP) and Supervisory Council**

2
3 The 1989 Legislature established the HPP Supervisory Council (“Council”) to
4 develop and implement a diversion program for chemically dependent OMB
5 licensees.

6
7 The mission of the Health Professionals Program (“HPP” or “Program”) is to
8 protect public health through maintenance of the health of OMB licensees. To
9 fulfill this mission, the HPP is dedicated to facilitating confidential assessment
10 for potential substance-abuse disorders, and providing effective intervention,
11 treatment referral and monitoring of licensees with the disorder. Program
12 administration is funded by OMB license fees; the cost of treatment is borne
13 solely by the Program participants.

14
15 HPP is administered by a Medical Director who is an OMB employee supervised
16 by the HPP Council. Council members are appointed by the Board and serve
17 at their pleasure.

18
19 **Current HPP Supervisory Council members:**

- 20 Glenn Maynard, LPC – Portland – Chair
21 Robert Skinner, MD – Portland – Vice Chair
22 Paul Bascom, MD – Portland
23 Mark Kinzie, MD – Portland
24 Mark Mertens, MD – Portland
25 Karen Wheeler, MA – Salem

26
27 Karen Wheeler, MA, is the newest Council member. She joined the Council in
28 August 2009 and fills the public member position. Karen works for the Oregon
29 Department of Human Services (DHS), Addictions Policy and Program
30 Development.

31
32 HPP has two new staff members: Denise Dion, MD, became HPP’s Medical
33 Director, while Charli Chambers joined the staff as office manager. Both began
34 their service in August 2009.

35
36 Anne Connor continues to serve as HPP’s Clinical Coordinator, and Nita Goss is
37 the Administrative Assistant.

38
39 In January 2009, HPP implemented a mental health program which was a
40 result of legislation approved in 2007. The addition of HPP services for
41 licensees with mental health disorders culminates several years of effort by the
42 OMB and HPP, the Oregon Medical Association (OMA) and Oregon Psychiatric
43 Association (OPA).

44
45 The 2009 Legislature passed HB 2345, which will eliminate the current HPP on
46 June 30, 2010 and create a new Impaired Health Professionals Program (IHPP)
47 under DHS. At this time, the details of how that program will operate are
48 unclear, but the IHPP will include not only licensees from the OMB, but also
49 licensees from all other Oregon health professional licensing boards that wish

1 to participate. Under the new legislation, a health licensing board may not have
2 its own health professionals program. Current HPP participants will be enrolled
3 in the new IHPP.

4
5 HPP services include confidential consultation, intervention, assessment,
6 referral, recovery monitoring, relapse management, education and research.
7 Services also include consultation for hospitals, medical staffs and medical
8 societies. HPP advocates on behalf of health professionals to allow them to
9 continue practicing when there is documentation of abstinence and recovery
10 from chemical dependency.

11
12 Evidence of recovery is obtained through behavioral observations, evidence of
13 healthy choices and active participation in recovery activities. Objective
14 documentation is gained through random drug testing. Areas in which
15 advocacy is appropriate include workplace reintegration; professional
16 credentialing or other professional privileges; malpractice insurance coverage;
17 and utilization or maintenance of insurance benefits.

18
19 Documentation of a participant's compliance with HPP provides confidence that
20 all reasonable measures are being taken to ensure a participant's ability to
21 practice without ongoing impairment from chemical dependency. Since program
22 inception, 748 licensees have accessed HPP services and 455 have enrolled in
23 the program. 341 HPP participants have been discharged. Of these 229 have
24 successfully completed the program, 5 are deceased, 50 have transferred while
25 in good standing, 46 entered extended monitoring and 58 have been discharged
26 with unsatisfactory progress. Of all licensees enrolling in the program 85%
27 have been discharged in good standing or remain active participants in good
28 standing. Of program discharges 83% have completed the program in good
29 standing.

30
31 In the first half of 2009, HPP opened 25 cases. With 14 new participants and 9
32 program completions, the number of active participants at the end of June was
33 107 cases. An additional 11 cases were opened in which the licensee/applicant
34 did not enroll in the program. By the end of June, four cases were actively
35 being processed, several of which may ultimately become program enrollees. In
36 total, HPP provided direct service to 139 Oregon licensees/applicants in the first
37 half of 2009. Indirect services were provided to the organizations, colleagues
38 and families of these licensees. HPP additionally provides service to the Oregon
39 medical community through informal consultations and formal educational
40 presentations.

41
42 Utilization of HPP services by licensee type January to June 2009 is as follows:
43 2 acupuncturist (0.2% of active Oregon acupuncturists), 2 podiatric physicians
44 (1.2% of active Oregon DPMs), 9 physician assistants (1.1% of active Oregon
45 PAs), 8 osteopathic physicians (1.1% of active Oregon DOs), and 118 allopathic
46 physicians (1.1% of active Oregon MDs).

47

Investigative Process

The OMB investigates alleged violations of the Medical Practice Act. Most information provided to the OMB remains confidential, as required by statute. The following are exceptions:

- The OMB may disclose to other specified public boards or agencies information “reasonably relat(ing)” to those entities’ regulatory or enforcement functions. Such entities include other health professional regulatory boards and/or agencies (within or outside the state of Oregon), the Oregon Department of Justice (DOJ), public bodies dealing with emergency medical services, district attorneys, and other local, state or federal law enforcement agencies.
- The OMB may disclose information obtained in the course of an investigation of a licensee or applicant to the extent necessary to conduct a full and proper investigation.
- If the Board votes not to issue a notice of intent to impose a disciplinary sanction, it may be required to disclose information obtained as part of an investigation of an applicant or licensee, under certain conditions. The person requesting the information must demonstrate “by clear and convincing evidence” that the public interest in disclosure outweighs other interests in nondisclosure, including but not limited to the public interest in nondisclosure.
- The OMB may disclose to a complainant a written summary of information obtained as part of an investigation of an applicant or licensee resulting from the complaint to the extent the board determines necessary to explain the reasons for the board's decision. An applicant or licensee may review and obtain a copy of any written summary of information disclosed to a complainant by the board after the board has deleted any information that could reasonably be used to identify the complainant.

Many complaints are dismissed as unfounded, not falling under the auspices of the Medical Practice Act, or referred to other agencies for consideration. A physician may propose a settlement resulting in a Stipulated Order, thereby waiving a formal hearing. The Investigative Committee (IC) makes recommendations to the full Board. The final acceptance or rejection of these proposals must be made by the full Board. **See chart, ‘Anatomy of a Complaint,’ page 8.**

1 The Investigative Committee (IC) is comprised of five (5) Board members,
2 including one of the Board's two public members. The Executive Director, the
3 Medical Director, the Chief Investigator, investigative staff and the OMB's
4 Assistant Attorney General also attend IC meetings. The IC meets once and
5 sometimes twice each month, except during months in which Board meetings
6 are scheduled. The Committee reviews the status of cases under investigation
7 and provides guidance to the investigators. These proceedings are primarily
8 held in Executive Sessions.

9
10 At these meetings, interviews are conducted with physicians or other licensees
11 under OMB jurisdiction who may have violated the Medical Practice Act.
12 Physicians and other licensees are advised they may have attorneys present,
13 and that statements the licensees make are transcribed and may be considered
14 by the Board. Depending upon the nature of the allegations, complainants may
15 also be interviewed.

16
17 If an agreement cannot be reached, the physician or other licensee may have an
18 administrative hearing before an Administrative Law Judge (ALJ). The licensee
19 may have representation and present witnesses and evidence on his/her behalf.
20 A court reporter is present to record all testimony presented by the State and
21 the physician.

22
23 Each Board member reviews the completed transcript and the proposed order
24 from the ALJ, and hears any exceptions the licensee may have to the order
25 before a decision is rendered by the full Board. Board members (public
26 members excepted) who participated in the investigative phase do not
27 participate in deliberations.

28
29 Following deliberations, the Board may (a) suspend judgment, (b) place the
30 physician or other licensee on probation, (c) revoke the license, (d) suspend the
31 license, (e) place limitations on the license, or (f) take other disciplinary action.
32 In the past, licensees have been fined and/or assessed investigation and
33 hearing costs, referred to the HPP, or had judgments against them suspended.

34
35 Very few cases investigated by OMB staff and reviewed by the IC reach the
36 hearing stage. In many cases, it is possible to arrive at a solution short of a
37 hearing.

38
39 There are other possible, nondisciplinary actions which may be taken:

- 40
- 41 • The Board can also issue a Letter of Concern regarding the
42 licensee's practice and/or behavior. This is a confidential
43 document.
 - 44
 - 45 • The Board can issue a Corrective Action Agreement between
46 the licensee and the Board, prescribing certain educational
47 measures to be taken.

- The Board can refer the licensee to additional training in a number of possible problem areas: patient or peer relations, prescribing, sexual or other personal boundary issues, etc.

Graduate Medical Education

The OMB has entered into cooperative agreements with residency programs in Oregon for the purpose of evaluating residents at the various health care facilities.

The OMB contracts with Graduate Medical Education offices at the partnering institutions to share information and work cooperatively in enforcing federal and state medical practice regulations. The cooperative agreements are designed to protect patients from harm in cases where residents are the subject of disciplinary or corrective action for possible violations of the Medical Practice Act.

Participating Graduate Medical Education programs are required to report to the OMB twice each year, providing data about the status of residents who are not in compliance with its programs. This report is due on May 31 and November 30 of each year.

Residents must be reported to the Board by name if they are unsuccessful in probation, terminated, dismissed or suspended, or their contracts are not renewed for behavior or performance that would rise to the level of a violation of the Medical Practice Act.

The status of other residents is reported to the OMB, but those residents are identified only by number. The Board reviews the report, and takes any appropriate follow-up action as dictated by the Medical Practice Act (ORS 677.320 to 677.335).

OMB representatives and staff from participating Graduate Medical Education offices meet as needed to evaluate reports, educational activities and other aspects of the agreements to ensure that the goal of safeguarding and protecting Oregonians from harm is met.

System Letters

From time to time, the OMB notes situations or conditions in hospitals, clinics and other health care facilities that could lead to practitioner errors. These situations, known as “system errors,” are often found during investigations of OMB licensees.

In these cases, the OMB Medical Director sends “System Letters” to chiefs of staff, department heads and chief executive officers (CEOs) in the facilities involved. These are collegial, non-accusatory letters pointing out errors in need of correction. Often, helpful suggestions are offered for correcting the problem(s)

1 stated. In many cases, system letters are sent when practitioners have been
 2 cleared of any wrongdoing.

SYSTEM LETTERS SENT – 2006-2009

	2006	2007	2008	2009
# of letters	5	4	8	12

3 The Board often receives responses to system letters, detailing steps taken to
 4 correct errors or recurring problems. The Medical Director and other staff follow
 5 up on system letters as part of the Board philosophy of partnering with
 6 institutions and practitioners for the good of the patients.
 7

8 **Registration and Licensure Statistics** (As of August 31, 2009)

9
 10 The OMB reported a total of 17,045 licensees as of August 31, 2009. Of that
 11 number, 16,272 held permanent licenses to practice in the state of Oregon.
 12 Another 773 individuals held Limited Licenses of various kinds.
 13

14 **Total licensees (permanent and Limited) as of August 31, 2009.**

Acupuncture (LAc)	1102
Osteopathy (DO)	828
Podiatry (DPM)	181
Medical (MD)	13,162
Physician Assistant (PA)	999
TOTAL	16,272

22
 23 **Total licensed MDs and DOs (excluding Limited) as of August 31, 2009.**

	MD	DO
Active	13,162	828
Inactive	1794	127
<i>Emeritus</i>	494	10
<i>Emeritus (inactive)</i>	1	0
<i>Locum Tenens</i>	442	37
TOTAL	15,893	1002

32
 33 **Limited License holders (MD/DO) as of August 31, 2009:**

Postgraduate	667 / 60	Visiting Professor	1 / 0
Fellow	17 / 0	Medical Faculty	14 / 0

34
 35
 36
 37
 38 The OMB issues Limited Licenses to qualified physicians for periods ranging
 39 from several weeks to one (1) year. Such licenses may be issued to visiting
 40 professors of medicine, applicants taking the Special Purpose Examination
 41 (SPEX), or postgraduate interns working under supervision as part of approved
 42 training programs³.

³ Limited license provisions can be found in the Medical Practice Act under ORS 677.132 through 677.138, and in the Board's OAR Chapter 847, Division 010.

1 **The OMB Website: www.oregon.gov/OMB**

2
3 The OMB has offered information to the public through its website since 1999.
4 During the past two years, the OMB website has undergone a number of
5 changes, many of them geared toward greater efficiency and transparency in
6 the licensing process.

7
8 In July 2009, the OMB rolled out its new database, called techMed. The new
9 system consolidated the many different databases being used by OMB divisions,
10 providing seamless access to a licensee's complete file with the OMB. This
11 eliminated the need for staff to visit several databases to understand a
12 licensee's complete history with the agency.

13
14 As a result of this upgrade, this fall the OMB will offer **Online Renewal** to all of
15 its licensees. The renewal system will provide an efficient and effective way of
16 renewing licenses. It will also significantly reduce the amount of paper created
17 during the renewal process.

18
19 The OMB recently updated the Online Status Report. Now all applicants
20 applying for a new (not reactivation) full license may go online to learn when
21 applications and supporting materials were received at the OMB, when or if
22 applications have been processed, and what documents or other items are
23 needed in order to complete applications. Access to Limited License status is
24 not available at this time.

25
26 Several other necessary forms are available to practitioners online – change of
27 address; the Board's new Material Risk Form for use of controlled substances in
28 management of chronic, intractable pain; Liability Cap for Donated Services;
29 application for authorization to become a dispensing physician; physician
30 assistant/physician termination form, and other forms.

31
32 These OMB efforts were rewarded in the spring of 2006 when the agency
33 received Administrators in Medicine's (AIM) "Best of Boards" award, in honor of
34 placing license application materials and status reports on the website.

35
36 Information about Board licensees can be obtained through the website. The
37 Licensee Look-Up feature provides public access to licensees' license status,
38 Board orders, specialties, education, year of birth, business telephone and
39 other information.

40
41 The agency's Board Action Report is available online as well. This report is
42 created monthly and provides information on Board orders issued to licensees.

43
44 Also available on the website are current and back issues of the quarterly *OMB*
45 *Report* newsletter, dating back to 1999.

46
47

1 **Appropriate Prescribing Workshop (APW)**

2
3 At its April 2009 meeting, the Board voted to discontinue the Appropriate
4 Prescribing Workshop (APW). It was decided that fewer Oregon licensees were
5 benefiting from the workshop; more often, attendees were from out of state.
6 The Board agreed to revisit the subject if the need arises.

8 **The 2009 Legislative Session**

9
10 The 2009 Legislative Session brought several bills that will affect the OMB and
11 its licensees. The six month session influenced the Board in many ways, and
12 produced several changes that will be apparent in the coming year.

13
14 **House Bill (HB) 2009:** Through this bill, a statewide POLST registry was
15 established, as was a health care workforce database that will operate through
16 the Office of Oregon Health Policy and Research. A fee will be imposed on
17 licensees for this database, but the cost is unknown at this time.

18
19 **House Bill 2059:** Health professionals are now required to report prohibited or
20 unprofessional conduct by licensees of any health care professions to that
21 person's regulatory board. For example, a nurse is required to report a
22 physician to the OMB for prohibited or unprofessional conduct.

23
24 **House Bill 2345:** A new impaired health professionals program will be created
25 under the Department of Human Services (DHS). The bill ends OMB's HPP
26 program as of June 30, 2010. Current participants will be enrolled in the new
27 program. Over the next year, the OMB will work with DHS to provide a smooth
28 transition.

29
30 **House Bill 2435:** Through cooperative work, the Governor's office, OMB, OMA
31 and the Hospitals Association passed legislation to develop a licensure by
32 endorsement process for qualifying OMB applicants. The goal is to make
33 recruiting physicians easier and to further streamline the licensure process.

34
35 **Senate Bill 355:** This bill creates an electronic prescription monitoring
36 program. The program will operate through DHS. All persons who are licensed
37 to prescribe or dispense controlled substances will be charged \$25 annually for
38 this program.

40 **Acupuncture**

41
42 There were 1026 acupuncturists fully licensed in Oregon as of August 31, 2009.
43 Of that number, 956 are active and 59 inactive. Ten hold *Locum Tenens*
44 licenses.

45
46 One (1) acupuncturist holds a Limited License, Visiting Professor.

47
48 **Acupuncture Advisory Committee members are:**

49

1
2 Malvin Finkelstein, LAc, Chair – Eugene
3 Gene Hong, MD – Portland
4 Diane Miller, MD – Lake Oswego
5 Debra L. Mulrooney, LAc – Oregon City
6 Ellen Shefi, LAc, LMT -- Portland
7 Sarojini S. Budden, MD, Board Liaison – Lake Oswego

8
9 Mr. Finkelstein is the first acupuncturist elected to chair the Committee since
10 its founding in 1974.

11
12 Oregon uses Accreditation Commission for Acupuncture and Oriental Medicine
13 (ACAOM) standards as the primary accreditation standards for acupuncturists
14 seeking Oregon licensure. Previously, the Board set its own clinical and didactic
15 educational standards for acupuncture licensure. Oregon's adoption of this
16 standard is a reflection of the growth and maturity of the acupuncture
17 profession in this country.

18
19 Both the Oregon College of Oriental Medicine (OCOM) and the National College
20 of Natural Medicine (NCNM) report that the number of graduates will increase
21 dramatically over the next few years. With the addition of a second acupuncture
22 program in Oregon and the public's increasing interest in acupuncture and
23 alternative medicine, the Board expects to continue to see a steady increase in
24 the number of acupuncturists applying for Oregon licensure each year.

25
26 **Emergency Medical Technicians (EMT)**

27
28 The Board is responsible for First Responder and EMT Scopes of Practice, the
29 requirements of EMT supervising physicians, and providing Oregon Health
30 Services with physician nominations to the State Emergency Medical Services
31 (EMS) Committee.

32
33 **The EMT Advisory Committee consists of:**

34
35 Dave Lapof, EMT-B, Interim Chair – Keizer
36 Matthew Eschelbach, DO – Bend
37 Toni Grimes, EMT-P – Woodburn
38 Rose Howe, EMT-I – Monument
39 Terri Schmidt, MD – Portland

40
41 **Physician Assistants**

42
43 As of August 31, 2009, there are 958 fully licensed Physician Assistants (PAs) in
44 the state. Of that number, 873 are active and 84 inactive. One holds a *Locum*
45 *Tenens* licenses.

46
47 **Physician Assistant (PA) Committee members are:**

48
49 Ted Ruback, PA-C, Chair – Lake Oswego

1 David Jones, PA-C – Condon
2 Theresa Curran, PA-C – Willamina
3 Nathalie M. Johnson, MD, Board Liaison – Portland
4 Juan Rodrigo Oyarzun, MD – Corvallis
5

6 PAs represent a unique licensure program for the OMB. The Board reviews and
7 approves initial licensure, and then approves any changes regarding a PA's
8 supervising physician or practice duties once he or she is licensed. The Board
9 reviews approximately 300-400 of these changes per year.

10
11 **Podiatrists**

12
13 As of August 31, 2009, there are 175 fully licensed podiatric physicians in
14 Oregon. Of that total, 155 are active, 19 are inactive, and two (2) are *Locum*
15 *Tenens*.

16
17 Nine [9] podiatric physicians hold Limited Licenses, Postgraduate.

18
19 Podiatric physicians are required to obtain 50 hours of continuing medical
20 education (CME) every biennium, as a requirement for registration renewal.
21 After the end of each renewal period, the next being December 31, 2009, there
22 is a random audit of a certain percentage of Oregon's licensed podiatric
23 physicians.
24

CONTACT THE OMB

OREGON MEDICAL BOARD
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BOARD AND COMMITTEE SCHEDULE, 2009-10

OREGON MEDICAL BOARD (8 a.m.)

January 8-9, 2009	July 9-10, 2009	January 14-15, 2010
April 9-10, 2009	October 8-9, 2009	April 8-9, 2010

INVESTIGATIVE COMMITTEE (8 a.m. Board conference-call meeting, 4 p.m.)

February 5, 2009	May 7, 2009	August 6, 2009	December 3, 2009
March 5, 2009	June 4, 2009	September 3, 2009	February 4, 2010
March 26, 2009	June 25, 2009	November 5, 2009	

ADMINISTRATIVE AFFAIRS COMMITTEE (5 p.m.)

March 11, 2009	September 9, 2009	March 10, 2010
June 10, 2009	December 9, 2009	

PHYSICIAN ASSISTANT COMMITTEE (9:30 a.m.)

March 12, 2009	June 11, 2009	September 10, 2009	December 10, 2009
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ACUPUNCTURE ADVISORY COMMITTEE (1 p.m.)

December 5, 2008	June 12, 2009	December 4, 2009
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EMERGENCY MEDICAL TECHNICIAN (EMT) ADVISORY COMMITTEE (9 a.m.)

February 13, 2009	May 8, 2009	August 14, 2009	November 13, 2009
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HEALTH PROFESSIONALS PROGRAM (HPP) SUPERVISORY COUNCIL

January 13, 2009	March 10, 2009	May 12, 2009
July 14, 2009	September 15, 2009	November 10, 2009

LEGISLATIVE ADVISORY COMMITTEE (Meets at the Call of the Chair)

TBD