



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

Commitment to Lifelong Learning

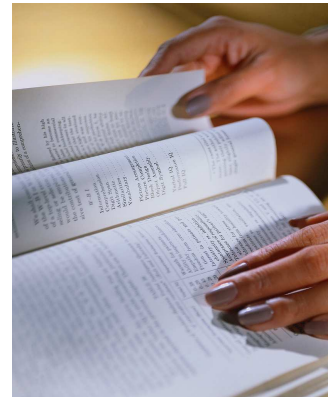
*"The education of the doctor which goes on after he has his degree is, after all, the most important part of his education."
- John Shaw Billings, MD¹*

The Oregon Medical Board is committed to ensuring the continuing competence of its licensees for the protection, safety and well being of the public. Therefore, the Board expects licensees to engage in a culture of continuous quality improvement and lifelong learning.

All licensees with an Active, Administrative, Emeritus, Locum Tenens, Telemedicine, Telemonitoring or Teleradiology license must demonstrate their ongoing competence at the time of renewing their license. This can be accomplished through either obtaining the required number of continuing medical education (CME) hours or ongoing recertification with the

licensee's specialty board. Licensees with lifetime certification with their specialty board must complete the prescribed number of CME hours to meet the requirements.

Oregon Administrative Rule 847-008-0070 applies to medical doctors, doctors of osteopathy, doctors of podiatric medicine, physician assistants and acupuncturists. This rule sets out the exact hour requirements and how they may be fulfilled.



The Federation of State Medical Boards is proposing Maintenance of Licensure requirements to ultimately be adopted by state medical boards nationwide. More information on their recommendations is available at www.fsmb.org/mol.html. +

¹ Billings (1838-1913) is best known for creating the Surgeon General's Library and continuously advocating higher standards in medical education.

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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.

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FAQs from the OMB

Q: What kind of documentation is required to show completion of continuing medical education (CME) hours?

A: Course certificates or official letters from the program administrator are required to document completion of CME hours. Licensees should retain documentation of CME hours in a safe place so that they can be easily produced if the licensee is asked for verification of CME.

Q: I've been audited by the Board. Now what?

A: Licensees have 30 days from the date of the audit to provide documentation of completed CME hours. The number of hours and the type of activities must meet the requirements specified in the rule (see OAR 847-008-0070, available at www.oregon.gov/OMB). Failure to comply or misrepresentation of compliance will result in disciplinary action. If at the end of the 30 days a licensee is deficient in the number of hours completed or does not provide adequate documentation of CME completion, the licensee will be fined. Continued non-compliance may result in the licensee's suspension from practice.

Q: I am an Emeritus licensee. What are my CME requirements for renewing?

A: Emeritus licensees must meet the CME requirements described in OAR 847-008-0070(2). Emeritus physicians, podiatrists and physician assistants must complete 15 CME hours per year, while emeritus acupuncturists must complete 8 hours per year. Emeritus licensees have a wider variety of CME options than active licensees that will fulfill the requirements.

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It's Almost Time!

Licensees should ensure that their CME requirements are being fulfilled before the year ends. Biennial license renewals will be accepted online from October through December, and all licensees who wish to renew must do so by the end of 2011.



Statement of Philosophy: Re-Entry to Practice

The Oregon Medical Board (“OMB” or “Board”) has the mission to protect the health, safety, and well-being of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians. Consistent with this directive, the Board has adopted a policy regarding provider re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any licensed physician with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment and possible supplemental training or mentorship. Requirements for assessment and supplemental training vary depending on individual circumstances. Factors the Board uses in determining the appropriate plan include the number of years in practice before the physician’s hiatus, the number of years out of practice, the type of licensure requested, and the physician’s intended practice and specialty.

Competency assessments include the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), self-assessment exercises, computer-based simulations and direct evaluation by a board-approved clinician. Assessments should be standardized and validated.

Following the initial evaluation, a detailed re-entry plan is constructed, which may consist of mentoring, supplemental training, passing the SPEX or COMVEX exam if not previously passed as part of the competency assessment, or other activities pertinent to the clinician’s needs. Supplemental training should focus on the intended area of practice and cover a broad

scope, including areas such as managing and assessing information. The duration of participation in a re-entry program is dependent upon individual circumstances, and completion requires a letter from the program verifying fitness to return to clinical practice. In cases where clinicians are found sufficiently competent during an initial assessment, supplemental training may be deemed unnecessary. The re-entry program is not a mechanism for switching specialties.

Providers who are re-entering clinical practice after a prolonged absence may also be required to restrict the scope or volume of practice, work with a mentor, or participate in regular re-assessment of competency. Mentors participating in physician re-entry programs must be board certified, have no public record and be Board approved. Decisions to allow

(Continued on page 8)

Rules on Reinstatement and Reactivation

A licensee whose license has lapsed at the end of the renewal period must reinstate his or her license by paying a late registration fee and any lapsed renewal fees and submitting the required forms. A licensee may reactivate an expired license or change his or her license status to an unlimited active license by completing an Affidavit of Reactivation. If the license was surrendered or revoked, the licensee must apply to the Board as a new applicant.

For more information, see Oregon Administrative Rules 847-008-0050 to 847-008-0056 regarding reinstatement or reactivation of licensure.

Too Late to Return to Clinical Medicine?

Medical Practitioners may take a voluntary leave from active practice for a variety of reasons, including family leave and alternative career paths such as administrative, consultative or volunteerism opportunities. When a physician who has been out of practice for two years wishes to apply for an Oregon license, the Board makes every effort to assure successful re-entry into patient care and a fulfilling, active practice.

The Board has created guidelines with the advice of its committees for all its licensed professions. A general overview of these guidelines follows; however, applicants are evaluated individually for re-entry based on previous experience, number of years out of practice, and other circumstances.

A **physician** applicant for re-entry (medical doctor, doctor of osteopathy, or doctor of podiatric medicine) must agree to a re-entry plan, which may include: (1) passing a competency exam such as the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), (2) certifying or recertifying with a specialty board, (3) completing one year of an approved residency or fellowship, (4) completing a re-entry program and follow-up training, (5) providing documentation of continuing medical education (CME) hours of at least 50 hours per year for three years, (6) working under a mentor or supervising physician who provides quarterly reports to the

Board, (7) restricting the scope and volume of practice, and (8) participating in regular re-assessments of competency.

A **physician assistant** applicant for re-entry may be required to complete 30 CME hours for each

year out of practice, agree to increased chart reviews, obtain or maintain certification, and additional requirements prescribed by the Board. Clinical experience during the years out of practice as a physician assistant will be considered in establishing the requirements for a particular applicant.

"A coordinated and comprehensive agenda that includes educational, research, regulatory and public policy efforts will be required to overcome barriers to physician reentry into the medical workforce and to respond effectively to national workforce needs."

A national survey of 'inactive' physicians in the United States of America: Enticements to reentry. Ethan A. Jewett, et al. *Human Resources for Health* (17 February 2011)

A re-entry applicant for an **acupuncture** license may be required to complete 15 CME hours for each year out of practice and a 20 hour mentorship. Other terms may be required based on committee review and the acupuncturist's history with the Board.

The Board continues to focus on returning licensees to the workforce by refining these re-entry standards. A greater number of licensees would both increase access to care and ease workforce strains across our state, particularly in expansive rural areas.

The Board's Executive Director, Kathleen Haley, is on the frontlines of this issue, working closely with the Federation of State Medical Boards (FSMB) in reviewing proposals for nationwide re-entry standards. +

For more information on re-entry plans, see Oregon Administrative Rule 847-020-0183

Unique Re-Entry Program Available in Oregon

Six years ago, Oregon Health and Science University (OHSU) began a program to assist inactive physicians who wish to return to active, clinical practice. Since then, physicians have successfully completed mini-residencies in general internal medicine, pediatrics, obstetrics and gynecology, family medicine and general surgery. These physicians have largely returned to full-time clinical medicine in Oregon. The program is unique among re-entry programs nationwide because of its fellowship appointment within the institution.

The Physician Re-Entry Program began when a physician aspired to return to practice after a four-year hiatus, requiring training to refresh his education. Creation of this program allowed that physician to participate in a shortened fellowship rather than repeat his residency training. The program is now an inter-institutional effort between OHSU and Legacy Health Systems.

Physicians who seek to participate in the Re-Entry Program submit an application, which the re-entry program committee and the potential residency program director review after verification of the applicant's credentials. To be eligible, physicians must be in good standing with no disciplinary problems. Applicants are evaluated for enrollment based on likelihood of successful re-entry into the workforce and available resources such as patient population per learner.

The program only trains physicians in the specialty in which they were previously trained, not a new discipline. The length of the training depends on the individual's knowledge and skills and his or her time out of

practice; however, the average length is two to three months of full-time training.

The Re-Entry Program continues efforts to expand the program to additional institutions and disciplines. For more information on the Physician Re-Entry Program, contact the Division of Continuing Medical Education at OHSU: 503-494-8700 or cme@ohsu.edu. +

For more information on physician re-entry, visit the American Medical Association website, www.ama-assn.org/go/reentry.



Did you know...

Although Oregon has **14,650** active physician licenses, it is estimated that only **10,300** are providing patient care in Oregon.

Are You Licensed but Not Practicing?

Do you have an active license but choose not to practice? If so, the Board would like to hear from you. Please e-mail the Board at OMBReport@state.or.us to share your perspective on the current choice not to provide patient care.

Re-Entry:

"A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment."

- The American Medical Association

Education to Improve your Practice

Today's physicians face more demands than ever before – increased workload pressures, higher patient expectations, continuous technology advances and a need to participate in continuing professional development. They are asked to make difficult, often quick, and sometimes life-and-death decisions. Minor changes in cognitive function, which might otherwise go unnoticed in most individuals, may significantly affect the physician's ability to provide competent care. With these arduous demands comes the potential for medical errors or omissions of care. Poor physician performance or the perception of poor performance can be devastating for the patient, their family, the hospital and the physician.

Assessment programs are available for physicians seeking additional training independently or after disciplinary action by their state medical board, hospital medical staff or peer-review group. A range of concerns are addressed, from serious medical errors and negligence to sloppy record keeping and anger

“The practice of medicine requires self-guided reflection and lifelong learning. Successful physician learners demonstrate insight into their educational needs and an attitude which is open and positive.”

management. Central to these programs is a competency evaluation based on the six core competencies: patient care, medical knowledge, practice-based learning, communication skills,

professionalism and systems-based practice. The programs then recommend educational coursework and follow-up evaluations to assure safe and competent patient care, returning these vital practitioners to clinical medicine.

Courses may focus on medical record keeping, evidence-based medicine, prescribing, anger management, physician communication



courses and a variety of other educational areas. The length of the program is tailored to the individual physician's needs. Finally, supervised point of care evaluations and a mentorship for the physician in practice provides longitudinal assessment and education. The collegial aspect of mentorship recalls the ideals of professional self-regulation.

The Board's Medical Director has visited several assessment programs throughout the country in order to help choose the best option for specific licensee's needs. The practice of medicine requires self-guided reflection and lifelong learning. Successful physician learners demonstrate insight into their educational needs and an attitude which is open and positive. +

Expanding Opportunities in Acupuncture

The Oregon College of Oriental Medicine (OCOM) offers an advanced standing program in acupuncture for individuals with medical doctorates, including physicians. Enrollment in the program allows these students to bypass the Western biomedicine courses and graduate with a Master's of Acupuncture and Oriental Medicine in two to three years. Graduates are eligible to become licensed acupuncturists.

OCOM plans to move its campus to downtown Portland in Spring 2012.



A licensee practices Acupuncture. Photo courtesy of Ryan Flood, FS | Photographers.

The college is finalizing its purchase of the Globe Hotel in Old Town, which will become a state-of-the-art academic, clinical and research center. The building is expected to increase the number of students, expand medical care in the community, and further research in Traditional Chinese Medicine. +

For more information or to apply, visit www.ocom.edu or contact OCOM's Office of Admissions at 503-253-3443 x201 or admissions@ocom.edu.

Acupuncture Committee Openings

The Board's **Acupuncture Advisory Committee** is seeking an **acupuncturist** and a **physician member**. The Committee makes recommendations to the Board on licensing, investigations, education and issues related to acupuncture in Oregon. It is composed of three acupuncturists, two physicians and one Board member. The term of office is four years. Committee meetings occur twice a year, with additional meetings or conference calls if necessary.

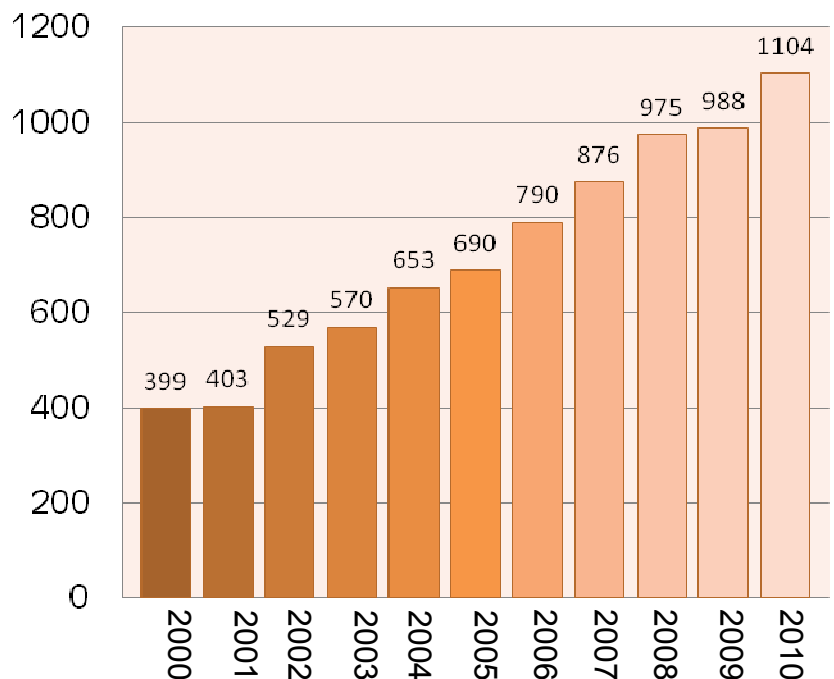
Application materials must be submitted by May 13, 2011. Interested applicants may contact the Board at 971-673-2700 or log on to www.oregon.gov/OMB/ccmvacancies.shtml.



Did you know...

The number of Acupuncturists in the State has nearly **TRIPLED** over the past decade?

Number of Acupuncture Licensees



Oregon Welcomes a Second Medical School

The inaugural class of students will soon begin studies at Western University's College of Osteopathic Medicine of the Pacific (COMP) - Northwest. This will be the first medical school to open in Oregon in 100 years. The Lebanon, Oregon, campus opens in August with a class of 100 students slated to graduate in 2015. Entrance into the class has been competitive with more than 2,500 applications. At full capacity, the school will be filled with 400 students, an estimated 70 percent of which will be from the Northwest.

“COMP - Northwest aims to educate students from the Northwest, in the Northwest and for the Northwest.”

The college seeks to address the nationwide physician shortage with a distinct focus on the Pacific Northwest. Graduates will complete residencies and begin entering the workforce as

early as 2018.

COMP began in Pomona, California, in 1977 and is expanding into Oregon with its Northwest campus. While based in rural Oregon, the new location draws from the established program and curriculum of the larger California

institution. The Lebanon school will occupy a 54,000 square foot building, which will be able to stream lectures and interface with the Pomona campus. +



COMP - Northwest

The state Legislature wishes COMP - Northwest future success. The college is commended in Senate Resolution 2 for being Oregon's first rural medical school and for its dedication to Oregonians.

Statement of Philosophy: Re-Entry to Practice

(Continued from page 3)

physician re-entry will be significantly influenced by mentor opinion and achievement of goals established at the outset of the mentorship.

Currently, there are national discussions about standardization of re-entry programs. Common objectives of a standardized re-entry program include helping providers return to practice, assuring licensure boards of competency, promoting quality

care, enhancing physician supply, and re-assessment of competency at the completion of the program. The Board supports initiatives to standardize re-entry programs and establish accreditation.

Furthermore, the Board recognizes that re-entry programs may be expensive and that much of the financial burden will be borne by the re-entry.

The Oregon Medical Board is firmly invested in ensuring

provider competency to deliver safe health care to Oregonians, and every effort will be made to maintain balance between provider supply and the demand for safe, competent health care. +

~ Adopted 2011

At the April Board meeting, the Board adopted revisions to the Statement of Philosophy on Pain Management. To view these revisions, as well as all other Statements of Philosophy, please visit www.Oregon.gov/OMB.

FAQs from the OMB

(Continued from page 2)

Q: I have lifetime certification with my specialty board. Do I have to complete CME hours?

A: Yes. Licensees who have lifetime certification with the American Board of Medical Specialties, the American Osteopathic Association's Bureau of Osteopathic Specialties, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, the National Commission on Certification of Physician Assistants, or the National Certification Commission for Acupuncture and Oriental Medicine must complete the CME hours described in the rule by the time of renewal.

Q: Are any licensees exempt from the CME requirements?

A: Yes. Licensees in residency training, licensees serving in the military who are deployed outside Oregon for 90 days or more during the reporting period and volunteer camp licensees are all exempt from the CME requirements.

Q: I can't find the pain management CME rule. Where did it go?

A: The pain management continuing education rule has been renumbered. The former OAR 847-010-0100 is now 847-008-0075. The one-time pain management continuing education hours are applicable toward the overall CME requirements described in OAR 847-008-0070 for the reporting period in which they were obtained. +

Submit Your Question

Do you have a question you'd like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

Board Actions

January 15 to April 8, 2011

Interim Stipulated Orders

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

**BRAY, Thomas Harry, MD; MD26593
Portland, OR**

On March 29, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the practice of medicine and requires that his license remain in inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This Order allows communications with patients only for the purpose of transferring their care to another health care provider.

**CAMPBELL, Robert Perry, MD; MD10884
Portland, OR**

On February 17, 2011, Licensee entered into an Interim Stipulated Order to voluntarily limit his practice of medicine to male patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This Order supersedes the Interim Stipulated Order of January 11, 2011.

**LEWIS, Todd Jay, MD; MD13887
Corvallis, OR**

On April 5, 2011, Licensee entered into an Interim Stipulated Order to voluntarily withdraw and immediately refrain from performing kyphoplasty or vertebroplasty surgeries 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)

Disciplinary Actions

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

ALVARADO, Hernan Carlos, MD; MD26272 Greenville, PA

On April 7, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order surrenders his license to practice medicine while under investigation.

HARRIS, Henry Freeman, MD; MD09151 Lake Oswego, OR

On February 3, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order surrenders his license to practice medicine while under investigation.

LIDOR, Yaron Jacob, MD; MD27956 Lake Oswego, OR

On April 7, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, willfully or negligently divulging a professional secret to another without written consent and gross or repeated negligence. This Order mandates that he will not practice medicine in the State of Oregon.

McCLUSKEY, Edward Alan, MD; MD18356 Gresham, OR

On April 7, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence in the practice of medicine. This Order reprimands Licensee, places him on probation for a minimum of ten years, limits his license to administrative medicine, requires completion of a Board-

approved education program, restricts the evaluation and treatment of chronic pain patients, mandates approval of all work settings, allows no-notice compliance audits of his practice and charts, requires Licensee to provide a copy of this Order to all future employers, restricts Licensee from supervising physician assistants and terminates all previous Board Orders.

MEEKER, Stephen Randall, LAC; LA00127 Portland, OR

On March 3, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee, places his license under suspension for one year, terminates the April 8, 2010, Order of Emergency Suspension, requires Licensee to notify the Board's Compliance Officer of the addresses where he will practice, requires licensee to comply with national Codes of Ethics, requires accurate records of each patient's history and treatment, places Licensee on probation for a minimum of ten years, requires an evaluation by a mental health professional and compliance with treatment recommendations and subjects Licensee's clinic to no-notice audits by the Board.

REDWINE, David Byron, MD; MD09578 Bend, OR

On April 8, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee, suspends his license for 30 days, fines him \$5,000, requires continuing medical education on professional boundaries and appropriate prescribing and requires psychotherapy.

**WEISBERG, Stuart Gordon, MD; MD23402
Portland, OR**

On April 8, 2011, the Board issued a Default Final Order for unprofessional or dishonorable conduct, impairment, gross or repeated negligence and willfully violating a Board Order or regulation. This Order revokes his license to practice medicine.

**YAZDI, Navid Darius, MD; Applicant
Hillsboro, OR**

On April 8, 2011, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, conviction of any offense punishable by incarceration and disciplinary action by another state licensing board. This Order reprimands Applicant, places him on probation for two years, requires Applicant to provide a copy of this Order to any employer and requires continued weekly treatment with a Board-approved mental health care provider.

**Prior Orders Modified or
Terminated**

**BENNETT, William Adams, DPM; DP00270
North Bend, OR**

On April 7, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's September 28, 2006, Stipulated Order.

**CHEN, Terry Michael, LAc; LA140947
Eugene, OR**

On March 3, 2011, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's April 13, 2010, Interim Stipulated Order.

**EY, Frederick Sterling, MD; MD14443
Portland, OR**

On April 7, 2011, the Board issued an Order Terminating Interim Stipulated Order. This

Order terminates Licensee's January 10, 2011, Interim Stipulated Order.

**FLAMING, Jerry Lyn, DO; DO11571
Depoe Bay, OR**

On February 3, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 18, 2001, Stipulated Order and all subsequent modifications.

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/newsltr.shtml.

**GUERREIRO, John Palma, MD; MD26933
Beaverton, OR**

On April 7, 2011, the Board issued an Order Modifying Stipulated Order. This Order terminates term 5.3 of Licensee's April 9, 2009, Stipulated Order.

**KOLO-CARON, Lucinda Marie, MD; MD23674
Deer Island, OR**

On April 7, 2011, the Board issued an Order Terminating Voluntary Limitation. This Order terminates Licensee's July 9, 2009, Voluntary Limitation.

**KOVACHEVICH, Larry Lee, MD; MD09160
Winchester, OR**

On February 3, 2011, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's November 2, 2011, Interim Stipulated Order.

**McDOUGALL, William Edwin, DO; DO24746
Brookings, OR**

On March 3, 2011, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 8, 2010, Stipulated Order.

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Board Actions

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**MELNICK, Jeffrey Bruce, PA; PA00251
Portland, OR**

On March 3, 2011, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's February 22, 2011, Interim Stipulated Order.

**ORWICK, Kenneth Leroy, MD; MD11689
Lebanon, OR**

On March 3, 2011, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's April 11, 2008, Stipulated Order.

Non-Disciplinary Board Actions

January 15 to April 8, 2011

Corrective Action Agreements

These agreements are not disciplinary orders and are not reportable to the national data banks unless associated with an action against their license or related to billing or the provision or delivery of health care services. These are public agreements with the goal of remediating problems in the licensee's individual practices.*

**DOMST, James Edward, MD; MD25856
Mt. Angel, OR**

On April 7, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete coursework on medical charting and documentation.

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 www.oregon.gov/OMB/bdactions.shtml and following the link to be e-mailed when a new report is posted.

KELLER, Michael Edgar, LAc; AC00839

Mt. Angel, OR

On April 8, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to obtain a practice mentor and submit written documentation of his compliance with the terms of this Agreement.

**MATSUMURA, Andrea Loran, MD; MD22819
Portland, OR**

On April 7, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to enroll in an American Medical Association Category 1 pain management course, undergo a minimum of two chart audits of chronic pain patients, develop and present three sessions on improvement in opiate therapy to fellow clinicians, undergo a practice review focused on her opiate patients by her employer and meet monthly for a minimum of one year with her employer's physician/administrator who oversees Quality Management, Primary Care Operations and the Medical Director of Operations.

Voluntary Limitations

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

**YOUNG, James Robert, MD; MD08426
Portland, OR**

On February 3, 2011, Licensee entered into a Voluntary Limitation to limit his practice of medicine to psychiatry. He will not practice obstetric or gynecological medicine or perform surgery. +

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

www.oregon.gov/OMB/bdactions.shtml.

**National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection Data Bank (HIPDB), 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. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at:
<http://arcweb.sos.state.or.us/banners/rules.htm>.

Proposed Rules

First Review

All Licensees

847-008-0018: Military/Public Health Active Registration – Allows a licensee who is assigned or employed by the military or public health service for twelve months or less to maintain an Active status and simplifies the process for changing to Military/Public Health registration status.

847-008-0050: Reinstatement or Reactivation of License Lapsed Due to Non-Renewal – Clarifies the process to reinstate within 90 days or reactivate within four years after registration has lapsed. Licensees who have not reinstated

or reactivated within two biennia from the date the license lapsed must apply as a new applicant.

847-008-0055: Reactivation from Locum Tenens/Inactive/Emeritus/Active-Military or Public Health to Active/Locum Tenens Status – Simplifies the process for a Military/Public Health Active status licensee to reactivate to Active status, requiring only an Affidavit of Reactivation and Active Duty or Reassignment Order and waiving all other requirements and fees.

847-008-0075: Mandatory Pain Management Education – Clarifies that pain management education hours may be used to fulfill the regularly required continuing medical education hours for biennial licensure renewal.

Acupuncturists (LAc)

847-070-0050: Acupuncture Advisory Committee – Updates the name of the state acupuncture association, which may nominate members to the Committee.

Emergency Medical Technicians (EMT)

847-035-0001, 847-035-0025 and 847-035-0030: Definitions, Supervision and Scope of Practice – Updates the EMT certifying and regulatory agency from the Department of Human Services to the Oregon Health Authority (“Authority”).

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OMB Report Turns Green!

The Oregon Medical Board now offers an electronic version of the quarterly *OMB Report* newsletter direct to your e-mail inbox.

If you would like to receive the *OMB Report* electronically, please visit www.oregon.gov/OMB/newsltr.shtml and follow the link to opt out of paper copies.

Oregon Administrative Rules

(Continued from page 13)

OMB Employees, Volunteers and Applicants

847-002-0000 to 847-002-0045: Criminal Background Checks – Provides procedures for performing criminal background checks on employees, volunteers and applicants for employment or a volunteer position with the Oregon Medical Board.

Physicians (MD and DO)

847-025-0000: Preamble to Rules for Licensure to Practice Medicine Across State Lines – Clarifies the requirement that a physician practicing medicine across state lines must establish an in-person physician-patient relationship.

Adopted Rules

Final Review

All Licensees

847-001-0005, 847-001-0015 and 847-001-0022: Rules for Contested Case Hearings and Confidentiality in the Investigative Process – Adopts the Attorney General's 2008 rules for contested cases, delegates to the Executive Director the authority to take depositions and respond to requests to depose witnesses, and requires licensees or applicants to protect the confidentiality of information obtained by the Board in the course of an investigation.

847-008-0070: Continuing Medical Competency (Education)/Maintenance of Competency (MOC) – Clarifies ongoing educational requirements for all licensees and the method of audit and discipline for failing to produce adequate documentation of completion of the required number of hours.

847-065-0010 to 847-065-0065: Health Professionals' Services Program (HPSP) – Purpose, Intent & Scope – Implements the new Health Professionals' Services Program (HPSP), pursuant to ORS 676.185-200, for licensees with substance use or mental disorders.

847-065-0070: Monitoring Licensees with Primary Residence or Work Site Outside of Oregon – Allows Oregon licensees with a primary residence or work site outside of Oregon to be monitored by a qualified health professional program in the licensee's primary state if the licensee also enrolls with HPSP. +

For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB or call 971-673-2700.



Did you know...

Approximately **400** out-of-state physicians have an Oregon license to practice medicine

ACROSS STATE LINES.

New E-mail Address or Phone Number?

You are required by law to notify the Board within 30 days of changing your practice address or mailing address. This includes your telephone number and e-mail address.

Log on to www.oregon.gov/OMB and click "Change of Address" on the right side of the page to update your practice and residence addresses, along with your telephone numbers and e-mail address.

Capitol Connections

From Your Legislative Committee

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 is tracking more than 100 bills in Salem, some of which are highlighted here:

OMB Budget – Senate Bill 5526

Although the Board is 100% funded by licensing and fees (the agency receives no revenue from state taxes, lottery funds or federal grants), it must seek budget approval by the state legislature for each biennium. For the first time in 12 years, the Board is seeking a fee increase as part of its budget. The Board has presented the proposed budget to the Ways and Means Human Services Subcommittee and is awaiting a work session to further discuss the budget for 2011-2013.

Acupuncturists – Senate Bill 780

The state association for acupuncturists is promoting a bill to clarify that the definition of acupuncture includes “any insertion of a solid needle into the body to promote health or treat a disorder.” The Board expects to support this bill as it moves forward.

Physician Assistants – Senate Bill 224 and Senate Bill 952/House Bill 2386

The Board has been working closely with the Oregon Society of Physician Assistants (OSPA) and the Oregon Medical Association (OMA) on Senate Bill 224 to restructure the way physician assistants (PAs) are licensed and regulated in Oregon. Among other changes, the Board has agreed to separate licensure from approval of the practice description and allow exemptions for more than four PAs per supervising physician. The Board continues to work toward an agreement that would allow a supervising physician to determine the PA's scope of practice while providing Board oversight to ensure public safety.

Physician assistants are seeking prescription drug dispensing privileges in Senate Bill 952 and House Bill 2386, and the Board has been working closely with bill proponents to increase access to care through dispensing while maintaining public safety. +

Oregon Medical Board 2010 High Level Accomplishments

- Each of the nine Key Performance Measures were met or exceeded.

- There were over 1,000,000 visits to the OMB website.

- More than 1,000 new health care providers were licensed.

- Practitioners received a license within one business day upon completion of the application.

- The Complaint Resource Officer answered over 2,400 phone call inquiries.

- More than 700 written complaints were investigated.

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PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/monthlymeetingnotice.shtml and following the link to sign up to receive meeting notices.

CONTACT THE OMB

Phone: 971-673-2700
Toll free: 1-877-254-6263
E-mail: OMB.Info@state.or.us

CALENDAR OF MEETINGS

May 5, 8 a.m. Investigative Committee	June 9, 9:30 a.m. Physician Assistant Committee
May 27, 9 a.m. EMT Advisory Committee	June 23, 8 a.m. Investigative Committee
June 2, 8 a.m. Investigative Committee	July 7-8, 8 a.m. Full Board
June 3, 12 noon Acupuncture Committee	August 4, 8 a.m. Investigative Committee
June 8, 5 p.m. Administrative Affairs Committee	August 26, 9 a.m. EMT Advisory Committee

1500 S.W. 1st Avenue
Suite 620
Portland, OR 97201

All meetings are held at the OMB office in Portland unless otherwise indicated. Schedules are subject to change.

Please check www.oregon.gov/OMB/meetingcoverpage.shtml for updates.