



# OREGON MEDICAL BOARD REPORT

Volume 131 No. 4

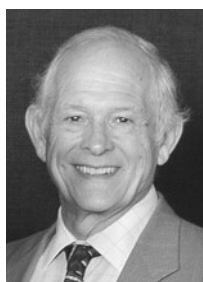
Fall 2019

www.oregon.gov/OMB

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

## OMB Congratulates Medical Director on Retirement

After seven years of service as Medical Director, Dr. Joe Thaler has announced his retirement from the Oregon Medical Board.



Dr. Thaler began his career with the OMB as a Board member in 1999 and served as Chairman in 2005. After his time on the Board, he provided consultant services and acted as a “substitute” Medical Director before taking over the role in 2012.

Among his many accomplishments, Dr. Thaler says he may be most proud of his work in battling the opioid epidemic in Oregon.

“I have been privileged to work with dedicated clinicians and other individuals from all over the state to curb this epidemic,”

Dr. Thaler said. “The OMB has supported every effort to educate our licensees about safe prescribing and support patients dealing with chronic pain.”

When asked if he has any parting advice for Oregon licensees, Dr. Thaler responded: “Our society grants physicians, PAs, and acupuncturists extraordinary privileges to take care of patients. Never take that privilege for granted.”

The OMB would like to congratulate Dr. Thaler on a long and successful career, and is pleased to announce the selection of Dr. David Farris as the agency’s new Medical Director.



Dr. Farris comes to the OMB after 33 years of practice at Legacy Emanuel/Randall Children’s Hospital. During his time there, Dr. Farris provided trauma care, pediatric ICU care, and adult and pediatric cardiac anesthesia. He also served as Chairman of Anesthesia, Medical Director of Legacy’s Bloodless Medicine/Surgery and Patient Blood Management Program, and Medical Staff Officer, and was an active member of the Credentials and Peer Review Coordination Committees.

Dr. Farris is a graduate of Stanford University, where he majored in Human Biology and studied under Paul Ehrlich and Jane Goodall. He obtained his medical degree from UC San Diego, did an OB/GYN internship at Maricopa County Health Care in Phoenix, AZ, and completed his Anesthesia Residency and Fellowship in Pediatric Anesthesia at UCLA.

Dr. Farris is married to Dr. Kendra Farris and has two sons: one a graphic artist, the other currently in fellowship for pediatric hematology-oncology. He is also a skilled writer and photographer and enjoys fishing, hunting, and basketball. +

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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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# License Renewals

*Oregon physicians and physician assistants have until Dec. 31 to renew their licenses.*

Medical license renewal season is now underway, which means it is time for Oregon physicians and physician assistants to renew their licenses for the 2020–2021 biennium. This is a very busy time at the Board; the number of Oregon licensees continues to grow, and this year we anticipate approximately 21,500 physicians and PAs will renew their licenses.

Renewals are completed online through the Applicant/Licensee Services page ([omb.oregon.gov/clients/ormb/private/onlineservices/Login.aspx](http://omb.oregon.gov/clients/ormb/private/onlineservices/Login.aspx)). Once you log in, select the option to “Renew My License.” It is important to review all information on your renewal and ensure it is complete and accurate. This is a great opportunity to make sure your address, employment or hospital privilege locations, and other state licenses are up to date.

Licensees will also be asked several personal history questions. When responding, please remember that if an action or incident occurred since the last time your license was renewed, you should answer “Yes” to the question and provide a thorough explanation as well as supporting documentation when appropriate. Be sure to carefully review all information before submission. You are solely responsible for the information provided to the Board, even if someone else completes your renewal application on your behalf.



**REMEMBER! Dishonesty in any form on a license application or renewal is a violation of the Medical Practice Act. The Board issues fines (or “civil penalties”) for omissions or false, misleading, or deceptive statements or information, and serious acts of dishonesty on an application or renewal are grounds for discipline.**

Additionally, the Board will conduct a random audit of Continuing Medical Education (CME). While you will not need your CME documentation to complete renewal, you should ensure that required CME is completed and that you have documentation available in the event you are audited. If you participate in ongoing maintenance of certification with an accepted certifying specialty board, OMB staff will verify that information directly through the board, and you will not be required to provide additional CME documentation.

Our licensing staff will be hard at work reviewing and approving these renewal applications while continuing to process initial license applications, but we are never too busy to help. If you have any questions or difficulties while renewing your license, please contact the OMB Licensing Call Center at 971-673-2700 or send an email to [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov).

For more information on renewal and CME audits, please visit our website at [www.oregon.gov/omb/licensing/Pages/Renew.aspx](http://www.oregon.gov/omb/licensing/Pages/Renew.aspx). +

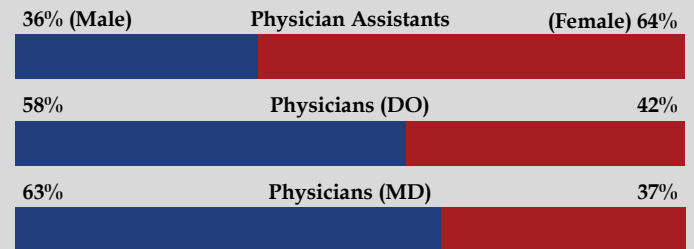
# A Census of Physicians and Physician Assistants in Oregon, 2017

The Federation of State Medical Boards (FSMB) regularly publishes information about licensed physicians and physician assistants in the United States. Each publication offers a useful snapshot of aggregated national data regarding the demographics and characteristics of medical professionals.

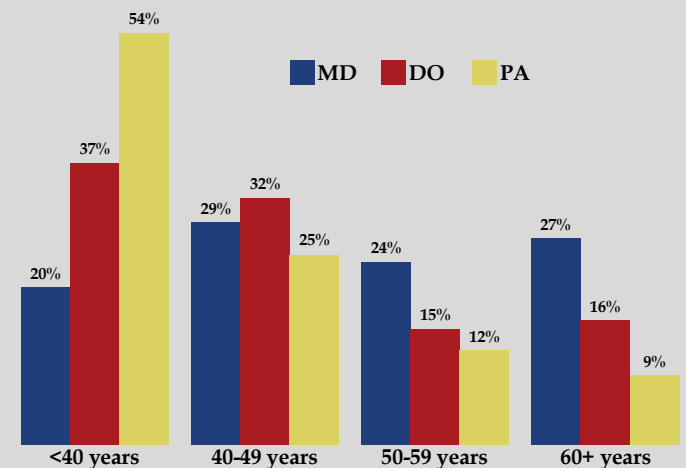
The findings presented here use FSMB data published in the *U.S. Medical Regulatory Trends and Actions Report* to provide a census of physicians and PAs licensed in the state of Oregon in 2017. The report also summarizes key features of the physician population in Oregon and compares it with national population characteristics.

Licensed Physicians, 2017	Oregon	U.S.
<b>Total</b>	<b>15,067 (100%)</b>	<b>970,090 (100%)</b>
<b>Degree</b>		
Doctor of Medicine (MD)	13,768 (91%)	880,917 (91%)
Doctor of Osteopathic Medicine (DO)	1,290 (9%)	86,461 (9%)
Unknown	9 (0%)	2,712 (0%)
<b>Medical School</b>		
U.S. & Canadian Graduates (MD/DO)	13,383 (89%)	736,773 (76%)
International Medical Graduates	1,636 (11%)	219,685 (23%)
Unknown	48 (0%)	13,632 (1%)
<b>Age</b>		
Less than 30 years	62 (0%)	19,278 (2%)
30-39 years	3,220 (21%)	215,725 (22%)
40-49 years	4,393 (29%)	231,178 (24%)
50-59 years	3,468 (23%)	213,253 (22%)
60-69 years	2,741 (18%)	187,487 (19%)
70+ years	1,173 (8%)	98,909 (10%)
Unknown	10 (0%)	4,260 (0%)
<b>Gender</b>		
Male	9,499 (63%)	624,999 (64%)
Female	5,567 (37%)	335,638 (35%)
Unknown	1 (0%)	9,453 (1%)
<b>Certified by an AMBS/AOA Specialty Board</b>		
Yes	13,049 (87%)	768,357 (79%)
No	2,018 (13%)	201,733 (21%)
<b>Number of Active Licenses</b>		
1	8,670 (58%)	762,735 (79%)
2	4,019 (27%)	147,158 (15%)
3 or more	2,378 (16%)	60,197 (6%)

## Actively Licensed Physicians in Oregon by Gender and Degree, 2017



## Actively Licensed Physicians in Oregon by Age and Degree, 2017



Source: 2017 FSMB Census of Licensed Physicians

## Licensed Physicians in Oregon and the United States, 2017

- 15,067 physicians held an active license in Oregon
- 89% graduated from medical school in the U.S., 11% graduated from international institutions
- 21% were younger than 40, 26% were 60 or older
- 63% were male, 37% were female
- 87% were ABMS or AOA certified compared to 79% nationwide

## Licensed PAs in Oregon, 2017

There were 2,259 licensed PAs in Oregon in 2017. Among them, 64% were female, a significantly higher percentage than that of MDs (37%) and DOs (42%). Additionally, a greater percentage of PAs fell within the younger age range: 54% of PAs were younger than 40, whereas 20% of MDs and 37% of DOs belonged to the same group.

In total, 17,326 physicians and PAs provided medical services to 4,142,776 people in Oregon in 2017. Understanding the data presented in this survey plays an important role in monitoring and planning the health care workforce at the state level. +

## Acupuncture Advisory Committee

The Board's regulatory process is dependent on advisory committees to protect the health, safety, and wellbeing of Oregon citizens is done.

The **Acupuncture Advisory Committee** makes recommendations to the Board on licensing, investigations, education, and issues related to acupuncture in Oregon. It meets twice a year, usually in June and December, with additional meetings or conference calls as needed. The committee consists of three acupuncturists, two physicians, and one Board member. The term of office is three years, and members may be reappointed to serve a second term.

### 2019-2020 Acupuncture Advisory Committee:

**Collin Stoll, LAc, Portland, Chair**—Mr. Stoll is the current Acupuncture Advisory Committee Chair and has practiced acupuncture in a primary care clinic since 1999. He is also a current board and committee member of the Oregon Association for Acupuncture and Oriental Medicine.

**Lisa Albanese, MD, Eugene**—Dr. Albanese is a proponent of utilizing acupuncture as an effective alternative to many of the pain management options offered through the traditional western model. In addition to her practice of medical acupuncture, which began in 2009, Dr. Albanese is also a physiatrist.

**David Berkshire, LAc, Portland**—Mr. Berkshire has practiced acupuncture since 2001 and is the president of the Worsley Institute of Classical Acupuncture in addition to teaching full time at the National University of Naturopathic Medicine. Mr. Berkshire has also taught courses at the Oregon College of Oriental Medicine and established and runs two integrative medical clinics.

**Forrest Cooper, DAOM, LAc, Portland**—Since beginning his acupuncture practice in 2001, Dr. Cooper has focused on pain and musculoskeletal conditions and currently teaches Tui Na at the Oregon College of Oriental Medicine.

**Barbara de la Torre, MD, Portland**—Dr. de la Torre has practiced acupuncture since 2012 and is board certified in both family medicine and medical acupuncture. Additionally, Dr. de la Torre has worked in urgent care at Kaiser Permanente since 2015 and lectures on preventive and integrative care.

**Charlotte Lin, MD, Bend, Board Liaison**—Dr. Lin is board certified in family medicine with additional training in medical acupuncture and currently practices at Summit Medical Group Oregon-Bend Memorial Clinic. Dr. Lin has served on the Acupuncture Advisory Committee for four years and is a member of the Oregon Medical Board.

**The OMB would like to thank the members of the Acupuncture Advisory Committee for their service. +**

## Updates to Military Health System

The OMB is making several changes and amending rules to align with the Military Health System's (MHS) recently clarified licensure requirements.

The MHS requires health care professionals who practice independently to have an unrestricted license in at least one jurisdiction. The Department of Defense (DOD) will no longer recognize military licenses with restrictions as a primary license. An unrestricted license cannot waive or reduce continuing education requirements and must allow the health care provider unrestricted permission to practice in the jurisdiction of licensure without having to take any additional action.

Starting with the upcoming renewal cycle 2020-2021, the Board will charge Military/Public Health Active status

licensees all fees to renew a license, including the \$50 prescription monitoring fee. The fee information on our licensing webpage has been updated.

The proposed rule amendments would remove the requirement that licensees with a Military/Public Health status must reactivate before returning to practice in Oregon. Additionally, the proposed amendments would remove the continuing education exemption for licensees serving in the military and instead allow military training or experience that is substantially equivalent to satisfy the continuing education requirements.

The proposed rule amendments are expected to meet the DOD's requirements and allow those within the MHS to maintain an Oregon medical license as their primary license. The proposed amendments would be effective upon filing after the Board meeting in January 2020. +

# Acupuncture for Medical Professionals

*Contributed by Laura Ocker, LAc, Oregon Medical Board, Acupuncture Advisory Committee Member Emeritus and Amber Howard, LAc, MSOM*

Acupuncture is part of a comprehensive natural health care system known as traditional or classical Chinese medicine and is one of the oldest medical procedures in the world. Acupuncture's pre-modern history is exemplified by an extensive written tradition, including approximately 10,000 treatises with the earliest medical classics dating well before 100 B.C.<sup>[1]</sup> Acupuncture is emerging as an essential component to the growing global model of integrative health care and is now taught and practiced widely in a variety of clinical settings throughout Asia, Europe, Australia, Canada, the United States, and Latin America.

This article will attempt to provide and point to essential information about acupuncture that will help medical practitioners envision an effective approach to its integration.

## Licensing and Credentialing in Oregon

The practice of acupuncture in Oregon has been regulated by the Oregon Medical Board since 1973.<sup>[2]</sup> As of December 2018, there were 1,486 acupuncturists with active licenses in the state, represented in 29 of Oregon's 36 counties.<sup>[3]</sup> As defined by state statute, acupuncture is a "health care practice used to promote health and treat neurological, organic or functional disorders." Its scope includes the use of pharmacopoeia, vitamins, minerals, dietary advice, therapeutic massage and exercise, and methods of manual therapy.<sup>[4]</sup> To be eligible for an acupuncture license in Oregon, an applicant must have met specific criteria, including an advanced degree from an accredited acupuncture program and certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).<sup>[5]</sup> To be eligible for NCCAOM Certification, acupuncturists must complete a minimum of 1,905 hours of postgraduate coursework, one quarter of which focuses directly on biomedical sciences and pharmacology. The remainder is completed in clinical internship, acupuncture and herbal theory, communications, counseling, and ethics.<sup>[6]</sup>

A number of physicians in Oregon incorporate acupuncture in their practices. In the United States, the American Board of Medical Acupuncture (ABMA)

certifies physician acupuncturists who have met specific requirements, including 300 hours in acupuncture training.<sup>[7]</sup>

## Evidence and Indications

There is a growing body of high-quality scientific research on acupuncture and Chinese medicine. We are still learning about the effects of acupuncture on the brain and body, but the evidence suggests that acupuncture is beneficial for chronic pain, especially low back pain, neck pain, osteoarthritis of the knee, tension headaches, and migraine headaches.<sup>[8, 9]</sup>

According to traditional training and modern clinical practice, a number of conditions routinely respond well to acupuncture and Chinese medicine. These include chronic pain, acute pain and injuries, fibromyalgia, arthritis, anxiety, depression, insomnia, fatigue, seasonal allergies, nausea, IBS, shortness of breath, menopausal symptoms, PMS, pregnancy-related complaints (such as nausea, back pain, and stress), tobacco abuse, substance use disorders (as an adjunctive therapy), emotional stress (as well as medical conditions exacerbated by stress), and more. Patients often utilize acupuncture as an adjunctive therapy to manage symptoms resulting from cancer or other medical treatments.<sup>[10]</sup>

In light of the opioid epidemic, acupuncture is increasingly being looked to as a safe, evidence-based, non-pharmacological option for acute and chronic pain.<sup>[11, 12, 13]</sup> We are now seeing acupuncture practiced as an important alternative and complement to other pain management offerings within emergency rooms, veterans' hospitals, and community health clinics across the country.

## Safety

Acupuncture, when performed by a licensed, qualified provider, has an excellent track record for safety, and major adverse events are exceedingly rare.<sup>[1, 14]</sup> To ensure safety standards are met, acupuncturists use FDA-regulated, sterile, single-use, filiform needles,<sup>[15]</sup> and acupuncture education includes significant emphasis on best practices for safety and infection control.<sup>[16]</sup>

*Continued on page 6*

*Continued from page 5*

## The Acupuncture Encounter and the Patient-Practitioner Relationship

The therapeutic alliance is an important component of the acupuncture encounter, as the acupuncturist has the opportunity to coach and inspire a patient while they are in the process of developing healthier habits. An acupuncturist typically offers a series of treatments and may spend more time with a patient than in a conventional medical encounter; visits often include discussions about improving health with nutrition, activity or exercise, sleep hygiene, meditation or mindfulness practices, and other positive lifestyle modifications.

Despite occasional initial apprehension about the use of needles, most patients find acupuncture to be extremely relaxing and restorative.

## Insurance and Referrals

Most acupuncturists see patients in private practice or work within an integrated clinical setting. Patients typically pay for services out of pocket or through insurance, as a number of insurance plans now cover acupuncture. Many acupuncture clinics will offer assistance to patients in verifying coverage and deductible and copay amounts. Additionally, some clinics offer sliding scale and low-cost options, and two acupuncture schools in Portland offer low rates in teaching clinics.

Acupuncturists in Oregon are independent practitioners. While a physician referral is not required for treatment, it may be important in the context of insurance billing and reimbursement. More

significantly, the value of a referral lies in setting up a working relationship between physician and acupuncturist.

## Conclusion

Access to acupuncture and Chinese medicine is rapidly expanding in the West. Conventional medical providers are now routinely interfacing with this previously unfamiliar medical practice. While many patients have discovered acupuncture on their own, there are increasing opportunities for collaboration and mutual referral between acupuncturists and conventional medical providers. The purpose of this article is to familiarize physicians and other providers with the practice and benefits of acupuncture that they may consider ways to integrate acupuncture into more effective patient care plans. +

1. [www.uptodate.com/contents/acupuncture?search=acupuncture&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](http://www.uptodate.com/contents/acupuncture?search=acupuncture&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)
2. [www.oregon.gov/omb/board/about/Pages/Board-History.aspx](http://www.oregon.gov/omb/board/about/Pages/Board-History.aspx)
3. [www.oregon.gov/OMB/newsletter/Winter%202019.pdf](http://www.oregon.gov/OMB/newsletter/Winter%202019.pdf)
4. [secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID\\_OARD=dsvGA\\_PZREbSUh0Pc6MmYqOvq2faQzleAMxn77fKFX4dtYYJw2lq!41094264?ruleVrsnRsn=214883](http://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=dsvGA_PZREbSUh0Pc6MmYqOvq2faQzleAMxn77fKFX4dtYYJw2lq!41094264?ruleVrsnRsn=214883)
5. [www.oregon.gov/omb/licensing/pages/acupuncturist.aspx](http://www.oregon.gov/omb/licensing/pages/acupuncturist.aspx)
6. [www.nccaom.org/wp-content/uploads/pdf/Certification%20Handbook.pdf](http://www.nccaom.org/wp-content/uploads/pdf/Certification%20Handbook.pdf)
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12. [medicaid.gov/federal-policy-guidance/downloads/cib022219.pdf](http://medicaid.gov/federal-policy-guidance/downloads/cib022219.pdf)
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15. [www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/cfrsearch.cfm?fr=880.5580](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/cfrsearch.cfm?fr=880.5580)
16. [ccaom.org/downloads/7th\\_Edition\\_Manual\\_English\\_June\\_2017.pdf](http://ccaom.org/downloads/7th_Edition_Manual_English_June_2017.pdf)

## **Medical Certification of Death in Oregon**

A report of death under ORS 432.133 requires a medical certification to be completed by the decedent's primary or attending physician, physician assistant, or nurse practitioner who was in charge of the care of the patient for the illness or condition that resulted in death.

The Board recognizes that you may not be comfortable completing a medical certification of death because the exact anatomic or physiologic cause of death is uncertain. Licensees are not expected or required to establish beyond a doubt the specific cause of death but should exercise their best judgment under the circumstances using available information, such as the patient's medical history.

The Board will not pursue disciplinary action against licensees who complete a medical certification of death in

good faith and to the best of their ability in accord with the information available. The licensee completing the medical certification provides a cause of death to the best of their knowledge not to a medical certainty.

The Board also recognizes that licensees may believe they were not in charge of the care of the patient for the illness or condition that resulted in death. This is often because death has occurred weeks or months after the last contact with the patient. The Board encourages licensees to undertake completion of medical certification for patient's under these circumstances as a professional and public health responsibility. Licensees should perform this final aspect of patient care promptly and with consideration for the decedent and their loved ones.

Visit [www.oregon.gov/omb/Topics-of-Interest](http://www.oregon.gov/omb/Topics-of-Interest) for more information and additional resources. +

# Statement of Philosophy: Sexual Misconduct

The Oregon Medical Board recognizes that the practice of medicine entails a unique relationship between the medical professional and the patient. The patient's trust and confidence in a provider's professional status grants power and influence to the physician, physician assistant, or acupuncturist.

Licensees are expected to maintain a professional manner and to avoid behaviors that may be misunderstood by or considered offensive by the patient. Licensees should take proactive steps to eliminate misunderstandings through clear, appropriate, and professional communication.

Recommended proactive practices:

1. Provide a professional explanation about each component of examinations, procedures, tests, and other aspects of patient care.
2. Communicate actions in advance, such as physical touch during an exam.
3. Have a chaperone present during sensitive examinations and procedures and anytime when requested by the patient.
4. Be cognizant of sexual or romantic feelings toward a patient or patient representative, and transfer the patient to another health care provider.
5. Be alert to a patient's or patient representative's sexual or romantic feelings; the licensee is responsible for ensuring that the boundaries of the professional relationship are maintained.
6. Exercise extreme caution in electronic communications due to the high potential for misunderstanding. The Oregon Medical Board's Statement of Philosophy on Social Media provides additional guidelines.

Sexual or romantic contact or a suggestion of any sort within a professional relationship, or any such contact outside of the provider-patient relationship is unethical and constitutes unprofessional conduct. "Contact" includes any interaction, whether verbal, physical, or over electronic means. +

- Amended October 3, 2019

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## Medical Chaperones

In light of several highly publicized physician sexual misconduct cases across the nation, a review of your office policy regarding the use of medical chaperones may be necessary.

Several large medical systems have initiated requirements for the use of medical chaperones when conducting sensitive examinations and when providers are seeing vulnerable patients.<sup>[1]</sup>

The Oregon Medical Board has seen an increase in complaints in the past year from patients who have felt uncomfortable and even violated during medical examinations. Medical chaperones can help put patients at ease when they may otherwise feel vulnerable. Chaperones can also help licensees avoid situations in which necessary medical actions could be misinterpreted as sexual impropriety.

Several organizations have provided updated information about the use of medical chaperones including the American Academy of Family Practice<sup>[2]</sup> and the American Medical Association.<sup>[3]</sup> +

1. [www.uofmhealth.org/patient-visitor-guide/patients/use-chaperones-during-sensitive-examinations-and-procedures](http://www.uofmhealth.org/patient-visitor-guide/patients/use-chaperones-during-sensitive-examinations-and-procedures)  
 2. [www.aafp.org/fpm/2018/0900/p6.html](http://www.aafp.org/fpm/2018/0900/p6.html)  
 3. [www.ama-assn.org/delivering-care/ethics/use-chaperones](http://www.ama-assn.org/delivering-care/ethics/use-chaperones)

# OREGON ADMINISTRATIVE RULES

*Rules proposed and adopted by the Oregon Medical Board.*

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

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

## PROPOSED RULES

*First Review. Written comments accepted until 5 p.m. on Nov. 22, 2019, via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

### **OAR 847-008-0015, 847-008-0018, 847-008-0055, 847-008-0070: Military/Public Health Active**

The proposed rule amendments remove the requirement that licensees with a Military/Public Health status must reactivate before returning to practice in Oregon. Additionally, the proposed amendments remove the continuing education

exemption for licensees serving in the military and instead allow military training or experience that is substantially equivalent to satisfy the continuing education requirements. *See page 4 for more information.*

### **OAR 847-001-0032: Modification and Termination of Board Orders and Agreements**

The proposed new rule outlines the requirements and timeframe for requesting modification or termination of a Board Order or Agreement.

### **OAR 847-020-0165, 847-050-0022, 847-070-0024, 847-080-0016: Application for Licensure by Military Spouse or Domestic Partner**

The proposed amendments implement HB 3030 (2019) and SB 688 (2019) to provide the spouse or domestic partner of a member of the U.S. Armed Forces stationed in Oregon a temporary authorization to practice their health care profession.

## ADOPTED RULES

### **OAR 847-070-0019; 847-070-0045: Interview and Examination; Inactive Registration and Re-Entry to Practice**

The amendment updates acupuncture rules for mentorships when required for initial licensure or re-entry to practice. The rule requires board approval of the mentorship and clarifies that the length of the mentorship will be tailored to the time the acupuncturist was out of practice.

## Long-Term Care Facilities Required to Notify PCPs of Psychotropic Medications

Passed in 2017, House Bill 3672 ensures that primary care providers are aware of psychotropic medications prescribed to patients living in long-term care facilities. The Department of Human Services (DHS) has authority over long-term care facilities and adopted rules to implement the bill. DHS's rules require residential care, assisted living, and adult foster home facilities to notify the resident's primary care provider of any psychotropic medication order within 72 hours of when the facility was notified (including weekends and holidays), when ordered by a practitioner other than the resident's primary care provider. Notification can be made by telephone or electronic submission. For these rules, psychotropic medications are any drug that affects brain activities associated with mental processes and behavior including, but not limited to, anti-psychotic, anti-depressant, anti-anxiety, and hypnotic drugs.

- Rule References: OAR 411-054-0055(6), OAR 411-051-0130(8)(c)



# BOARD ACTIONS

July 16, 2019 – October 15, 2019

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

## INTERIM STIPULATED ORDERS

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

**CODE, Patrick T., DPM; DP00220**

**Medford, OR**

On July 17, 2019, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice podiatric medicine.

**ELLIOTT, John D., MD; MD23633**

**The Dalles, OR**

On October 1, 2019, Licensee entered into an Interim Stipulated Order to voluntarily abstain from the use of ketamine in treating any patients for mental health conditions or migraine pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**GARDNER, Marion L., Jr., MD; MD17617**

**North Plains, OR**

On August 28, 2019, Licensee entered into an Interim Stipulated Order to voluntarily cease the initiation of chronic pain treatment with opioids; taper current chronic pain patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; and comply with the Oregon Administrative Rules regarding treatment with controlled substances for weight reduction and maintenance of a log for dispensed controlled substances pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**GOLDBERG, Charles B., MD; MD11101**

**Portland, OR**

On September 26, 2019, Licensee entered into an Interim Stipulated Order to voluntarily cease the initiation of chronic pain treatment with opioids; taper current chronic pain patients to 90 MED or less or transfer care of the patient; limit prescribing for acute pain; taper concurrent benzodiazepines or transfer care of the patient; cease prescribing concurrent benzodiazepines or muscle relaxants with opioids; and

obtain an annual EKG for all patients taking methadone pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**LAWS, Craig R., MD; MD171675**

**Bend, OR**

On August 16, 2019, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

**ZAMORA, Joanna M., MD; MD173312**

**McMinnville, OR**

On August 29, 2019, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

## NON-DISCIPLINARY BOARD ACTIONS

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

## CORRECTIVE ACTION AGREEMENTS

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

**LAURIE, Michael A., MD; MD19654**

**Eugene, OR**

On October 3, 2019, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a CPEP evaluation; contract with CPEP for the development of any education plan; and complete the CPEP education plan.

## Controlled Substance Diagnosis Code

Starting January 2020, the Prescription Drug Monitoring Program (PDMP) will begin to collect the diagnosis code and reason for prescription associated with controlled substance prescriptions. To assist in this effort, the PDMP encourages prescribers to include an ICD-10 code and reason for the prescription on all controlled substance prescriptions Schedule II-IV. "Reason for prescription" means the underlying condition requiring the prescription (ex: "for post-surgical pain") and can be included in the signature field. +

## CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

### **ALHUMAID, Alia, MD; MD191415 Lake Oswego, OR**

On October 8, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of pre-approved physician mentors for 1,000 hours, to include reports to the Board by the mentors; and to obtain certification with the American Board of Medical Specialties within 12 months.

### **CRUPPER, Michael L. AC; Applicant Portland, OR**

On September 5, 2019, Applicant entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete a 400-hour mentorship with a Board-approved clinical supervisor, and complete 60 hours of NCCAOM-approved CEUs.

### **FARIS, Salma, PA; PA01276 Woodburn, OR**

On August 9, 2019, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to specific requirements regarding supervision and chart review from her supervising physician, and that her supervising physician would submit reports to the Board regarding her progress in her return to the practice of medicine.

### **SCHLINDWEIN, Jaclyn M., LAc; AC191087 Portland, OR**

On September 4, 2019, Applicant entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to complete an 80-hour mentorship with a Board-approved clinical supervisor, and complete 15 hours of NCCAOM-approved CEUs.

### **STICKER, Carol L., PA; PA194156 Portland, OR**

On July 30, 2019, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to specific requirements regarding supervision and chart review from her supervising physician, and that her supervising physician would submit reports to the Board regarding her progress in her return to the practice of medicine.

## DISCIPLINARY ACTIONS

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

### **BACKMAN, Jennifer L., DO; DO25595 Vancouver, WA**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; and willful violation of any rule adopted by the Board, Board order, or failing to comply with a Board request. This Order surrenders Licensee's medical license while under investigation and assesses a \$5,000 civil penalty with \$2,500 held in abeyance.

### **GRANDI, Renee E., MD; MD23645 Enterprise, OR**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making statements that Licensee knew, or with the exercise of reasonable care should know, are false or misleading, regarding skill or efficacy or value of the medicine, treatment or remedy prescribed or administered by the Licensee; and gross or repeated acts of negligence. This Order reprimands Licensee; assesses a \$2,500 civil penalty; requires Licensee to complete a CPEP evaluation, contract with CPEP for the development of any education plan, and complete the CPEP education plan; requires Licensee to follow guidelines endorsed by the Endocrine Society; subjects Licensee to no-notice chart audits and office visits by the Board's designees; prohibits Licensee from practicing telemedicine; and requires Licensee to comply with Institutional Review Board requirements before conducting or participating with any patient study or clinical research.

### **HUEBERT, Jimmy D., MD; MD23362 Tualatin, OR**

On October 3, 2019, 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; assesses a \$7,500 civil penalty; requires Licensee to complete a pre-approved course on medical ethics; and prohibits Licensee from acting as a Medical Director for any aesthetic medicine clinic or medical spa.

### **PETERSON, John M., MD; MD156447 Ontario, OR**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee retires his medical license while under investigation.

**RUSHTON, Michael J., DPM; DP00321  
Baker City, OR**

On September 5, 2019, the Board issued a Final Order for repeated acts of negligence in the practice of podiatry. This Order reprimands Licensee; places Licensee on probation for a minimum of 10 years; subjects Licensee to periodic chart audits by persons designated by the Board; subjects Licensee to no-notice chart audits and office visits by the Board's designee; requires Licensee to complete a pre-approved course on medical documentation; and assesses costs for the disciplinary proceedings.

**SACHDEV, Naina, MD; MD16352  
Lake Oswego, OR**

On July 25, 2019, the Board issued a Final Order on Remand for willful violation of a board order. This Order revokes Licensee's medical license, assesses a \$10,000 civil penalty, and assesses \$30,000 in costs for the disciplinary proceedings.

**STERETT, Justin D., MD; MD175101  
Klamath Falls, OR**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; and gross or repeated acts of negligence. This Order surrenders Licensee's medical license while under investigation and assesses a \$5,000 civil penalty.

**STRUTIN, David M., MD; MD13948  
Springfield, OR**

On July 19, 2019, Licensee entered into a Voluntary Limitation to limit his practice to internal medicine at practice sites pre-approved by the Board's Medical Director, no more than 24 hours each week.

**VAN AMBURG, Jana M., MD; MD23515  
Bend, OR**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; and gross or repeated acts of negligence. This Order requires Licensee to complete the PACE education plan; requires Licensee to complete a pre-approved course on medical documentation; restricts Licensee from performing hepatobiliary surgery prior to completing pre-approved training; requires Licensee to obtain a pre-approved surgical mentor who will provide quarterly reports to the Board; and subjects Licensee to no-notice chart audits and office visits by the Board's designees.

**WALKER, Kent R., DO; DO20295  
Puyallup, WA**

On October 3, 2019, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willful violation any Board rule or order; and prescribing controlled substances without following accepted procedures for examination of patients or for record keeping. This Order reprimands Licensee; assesses a \$7,500 civil penalty, \$5,000 held in abeyance as long as Licensee's license status in Oregon does not allow for the practice of medicine in Oregon; places Licensee on probation for 5 years, held in abeyance as long as Licensee's license status in Oregon does not allow for the practice of medicine in Oregon; restricts Licensee from prescribing stimulants to any Oregon patients; restricts Licensee's prescribing for chronic and acute pain; requires Licensee to taper current Oregon patients or those transferred to Licensee's care to 90 MED or less; restricts Licensee from prescribing concurrent benzodiazepines or muscle relaxants with Schedule II medications; requires Licensee to taper benzodiazepines or muscle relaxants for Oregon patients being prescribed Schedule II medications; and subjects Licensee's Oregon medical practice and charts to random audits.

**WYMER, Todd A., LAc; AC165723  
Portland, OR**

On July 19, 2019, the Board issued an Order of License Suspension to immediately suspend Licensee's acupuncture license due to his incarceration in a penal institution. Automatic suspension is required by ORS 677.225.

## Save the Date!

### OSHRM Fall Conference

Friday, Nov. 22 | 8:30 a.m.—1 p.m.

**Katie Eichner & Jay Beattie**—Suicide Claims: Lessons Learned from Trials and Appeals

**Dianne Wheeling**—Suicide Risk Assessments

**Carly Hood-Ronick**—Social Determinates of Health

Oregon Medical Association  
11740 SW 68<sup>th</sup> Parkway, Suite 100  
Portland, OR 97223

Free to Members, \$75 for Non-Members  
Lunch Provided

Sponsored by the Oregon Society for Health Care Risk Management

**PHYSICIAN & PA LICENSE RENEWAL IS NOW UNDERWAY!  
DON'T FORGET TO RENEW YOUR LICENSE BY DEC. 31!**

**UPCOMING MEETINGS**

December 5, 7:30 a.m.

**Investigative Committee**

December 6, 12 p.m.

**Acupuncture Advisory  
Committee**

December 11, 5 p.m.

**Administrative Affairs  
Committee**

January 9-10, 8a.m.

**Board Meeting**

**OFFICE CLOSURES**

Monday, November 11

**Veteran's Day**

Thursday & Friday,  
November 28 & 29

**Thanksgiving**

Wednesday, December 25

**Christmas Day**

Wednesday, January 1

**New Year's Day**

**OFFICE HOURS**

8 a.m. - 5 p.m.

(closed 12 p.m. - 1 p.m.)

**CONTACT**

E-mail: [info@omb.oregon.gov](mailto:info@omb.oregon.gov)

Phone: 971-673-2700

**APPLICANT/LICENSEE SERVICES** (*new applications, renewals, address updates, practice agreements, and supervising physician applications*):

[omb.oregon.gov/login](http://omb.oregon.gov/login)

**LICENSING CALL CENTER:**

9 a.m. - 12 p.m. and 1 p.m. - 3 p.m.

Phone: 971-673-2700

E-mail: [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

**SIGN UP TO RECEIVE E-MAIL NOTICES:**

**Administrative Rules:**

[omb.oregon.gov/subscribe-rules](http://omb.oregon.gov/subscribe-rules)

**Board Action Reports:**

[omb.oregon.gov/subscribe-actions](http://omb.oregon.gov/subscribe-actions)

**EMS Interested Parties:**

[omb.oregon.gov/subscribe-ems](http://omb.oregon.gov/subscribe-ems)

**OMB Report** (*quarterly newsletter*):

[omb.oregon.gov/subscribe-newsletter](http://omb.oregon.gov/subscribe-newsletter)

**Public Meeting Notice:**

[omb.oregon.gov/subscribe-meetings](http://omb.oregon.gov/subscribe-meetings)

**Quarterly Malpractice Report:**

[omb.oregon.gov/subscribe-malpractice](http://omb.oregon.gov/subscribe-malpractice)