Oregon Medical Board

New Licensee Handbook

Updated June 2024

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Oregon Medical Board Overview

Mission Statement

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.

Statement of Purpose

Recognizing that to practice medicine is not a natural right of any person but is a privilege granted by legislative authority, it is necessary in the interests of the health, safety, and welfare of the people of this state to provide for the granting of that privilege and the regulation of its use, to the end that the public is protected from the practice of medicine by unauthorized or unqualified persons and from unprofessional conduct by persons licensed to practice under the Medical Practice Act, ORS 677.

OMB Online: omb.oregon.gov

The Board's website provides information on the Board and its various functions, including a description of the Board's licensing programs, fees, forms, the disciplinary process, and how to file a complaint. There are also links to the statutes, administrative rules, and Statements of Philosophy.

Submit applications, renewals, and address changes through the site or by using this shortcut: **omb.oregon.gov/login**.

You can also verify a license on the Board's website at **omb.oregon.gov/verify**. The verification will show the license status, professional education and training, and any disciplinary orders or certain malpractice claims.

Contact the Board

Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201

Phone: 971-673-2700

Toll-Free: 877-254-6263

Fax: 971-673-2670

Email: info@omb.oregon.gov

About the Board

The Board & Committees

Board members provide a critical public service for patients and the medical profession. The Board oversees all agency functions and makes all final decisions on the regulation of the practice of medicine in Oregon.

Each member is appointed by the Governor and confirmed by the Oregon Senate. The Board is composed of six MDs, two DOs, one DPM, two PAs, and three public members, and represents a wide range of specialties and practice locations.

The Board works through committees. Each one reviews information in its subject area and makes recommendations to the full Board, which makes all final decisions.

Acupuncture Advisory Committee

The Acupuncture Advisory Committee reviews matters related to acupuncture. This committee is made up of three LACs, two physicians, and one Board liaison, and meets biannually.

Administrative Affairs Committee

The Administrative Affairs Committee reviews administrative rules, policies, and applicants for licensure. This committee is made up of a subset of Board members and meets quarterly.

Editorial Committee

The Editorial Committee reviews Board publications for content and accuracy. This committee is made up of two Board members and reviews publications as needed.

EMS Advisory Committee

The EMS Advisory Committee reviews requested changes to the scope of practice and other matters related to EMS providers. This committee is made up of three EMS providers, two MD/DOs, and a public member. The committee meets quarterly.

Investigative Committee

The Investigative Committee considers all investigative and disciplinary matters. This committee meets on a monthly basis and is made up of of a subset of Board members with at least one public Board member.

Legislative Advisory Committee

The Legislative Advisory Committee develops and responds to legislative proposals and is comprised of three Board members. This committee meets at the call of the Board Chair.

Board History

In 1889, the Oregon Legislature created the Board of Medical Examiners to regulate the practice of medicine by medical doctors. Osteopathic physicians were soon added in 1907.

In the 1970s, PAs and acupuncturists became newly regulated health professions of the Board. Podiatric physicians then transitioned to the Board's oversight in 1981. In 2008, the Board's name changed to the Oregon Medical Board.

Since its inception over 130 years ago, the Board has expanded from three members to 14. In 1900, it was responsible for 627 licensees; by 2020, the number of licensees grew to more than 20,000. Despite these changes, the mission of the Board remains constant – **to ensure the people of Oregon receive appropriate medical care from qualified professionals.**

Funding

Even though it is a state agency, the Board does not receive any money from the general fund (tax dollars). Instead, the Board is completely self-supporting - all income is generated from licensing, registration, data requests, and other fees or fines.

Every two years, a budget is prepared and sent to the Governor for review and possible modification. The budget is then sent to the Legislature for consideration and approval. The approved budget is available on the **Board's website**.

Activities & Responsibilities

The Board's services are provided by its professional staff, which handles all Board activities via the administration, business, licensing, and investigations departments. The Board also partners with the **Health Professionals' Services Program** that oversees the treatment and rehabilitation of licensees who suffer from substance use and/or mental health disorders.

For more information about the responsibilites of state medical boards, see the Federation of State Medical Board's **educational module**.

Licensure

Licesnes & Certificates

Once your license has been approved, you will receive an email notification with instruction on how to print your new Certificate of Registration. It is suggested that you review all current personal information in your file, including addresses, to ensure that the information is correct. You may review your licensure information and print your new Certificate of Registration by logging into the OMB's **Applicant/Licensee Services page**.

You are required by law to display your license in a prominent place in your office. If you have more than one office, you may make copies of your license. If you lose your certificate of registration, you may contact the Board to request a duplicate.

Licesnes Satuses & Fees

Oregon medical licenses have a "status." The most common statuses are:

- **Active:** Actively practicing in Oregon with current practice address in Oregon or within 100 miles of Oregon's border.
- **Emeritus:** Retired licensee practicing in Oregon for no pay or any other type of compensation in return for their services.
- **Inactive:** Residing but not practicing medicine in Oregon, or licensees who are not practicing in Oregon but are practicing elsewhere.
- **Locum Tenens:** Residing out of state but practicing intermittently in Oregon.
- **Retired:** Fully retired and not practicing in any state in any capacity, whether paid, volunteer, or writing prescriptions.
- **Telemedicine, Telemonitoring, Teleradiology:** Physicians located out-of-state who provide care to Oregon patients via electronic means. ***NOTE:*** Physician associates may provide telemedicine services; telemonitoring and teleradiology services may only be provided by a physician.

To change your license status, please contact the OMB. You may be required to submit a reactivation application. Details are available at **oregon.gov/omb/licensing**.

Limited Licenses are granted to licensed professionals in a training program (e.g. postgraduate, resident, fellow, visiting professor, and medical faculty) and out-of-state providers for specific purposes.

Licensing fees vary by profession and license status. For example, an emeritus license has a reduced registration fee. All current licensing fees are available at **omb.oregon.gov/fees**.

Maintaining Licensure

Oregon Medical Board licensees are licensed for a one- or two-year period. To maintain licensure, you must renew your license before the registration period ends. With few exceptions, physician and PA license renewal is October-December of odd-numbered years. Acupuncture license renewal is April-June of even-numbered years. Late renewals are subject to additional fees.

Licensees must show continuing competence in one of two ways. First, licensees may engage in maintenance of certification by a Board-recognized specialty board (i.e. ABMS, AOA-BOS, ABPM, ABPS, NCCPA, or NCCAOM). Alternatively, licensees may obtain 30 hours (15 hours for acupuncturists) of continuing medical education (CME) relevant to the licensee's practice area each year. All licensees are required to obtain continuing education in cultural competency and pain management. Additional details and exceptions are available in OAR 847-008-0070, 847-008-0075, and 847-008-0077. More information is available at **omb.oregon.gov/ce**.

Re-Entry to Practice

Applicants re-entering practice after more than two years of clinical inactivity collaborate with the Board to establish a re-entry plan. This non-disciplinary Consent Agreement for Re-Entry to Practice may include terms such as mentorship by another licensee and continuing education. Consent Agreements end upon successful completion. More details: **omb.oregon.gov/re-entry**.

Address Requirements

Most license statuses require an Oregon practice address; **a practice address must be a physical location, not a P.O. Box**. You may have as many practice addresses as needed. If you request active status but do not provide an Oregon practice address within six months, your license will be changed to inactive status. (**Note**: Licensees with inactive status may ***not*** practice medicine in Oregon.)

Changes in practice address or other contact information must be reported to the Board within 30 days of the change. Failure to do so is a violation of the Medical Practice Act. Addresses can be updated at **omb.oregon.gov/login**. Be sure to update your practice address **and** mailing address if both have changed.

Note: *A licensee's practice address and mailing address are public records.*

Continuing Education

The Board is committed to ensuring the ongoing competence of its licensees for the protection, safety and wellbeing of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning. To renew a license, OMB licensees must satisfy the continuing education requirements in three areas: General Education (see chart below), Pain Management (one hour every two years), and Cultural Competency (one hour every year).

General Continuing Education

OMB licensees will disclose their participation in maintenance of board certification or continuing medical education as outlined in **OAR 847-008-0070**.

Licensee Types	Hours Required
Physician (Medical, Osteopathic, Podiatric)	
• **Status:** Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, Teleradiology Active (MD/DO only)	**30 hours/year**
• **Status:** Emeritus	**15 hours/year**
Physician Associate	
• **Status:** Active, Locum Tenens, or Telemedicine Active	**30 hours/year**
• **Status:** Emeritus	**15 hours/year**
Acupuncture	
• **Status:** Active or Locum Tenens	**15 hours/year**
• **Status:** Emeritus	**8 hours/year**

Licensees may fulfill CME requirements through ongoing specialty board recertification (known as Maintenance of Certification). OMB staff will verify participation in recertification directly with the certifying specialty boards. Refer to **OAR 847-008-0070** for acceptable specialty boards.

Lifetime certification alone does not fulfill the Board's requirements of ongoing specialty board maintenance of certification. These licensees must complete the CME hours described in the rule by the time of renewal. (***Exempt:*** *Licensees in residency training and Volunteer Camp licensees*)

Pain Management Continuing Education

As of January 1, 2022, the Oregon Legislature adopted ORS 413.590 requiring pain management continuing education on an ongoing basis. Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, **OAR 847-008-0075** requires all actively licensed Board licensees to complete the Oregon Pain Management Commission's (OPMC) continuing education course **Changing the Conversation About Pain**, at initial licensure and every two years. OPMC provides the free, one-hour **education program** online course updated every two years. (***Exemptions:*** *Lapsed license, Teleradiology license, and Telemonitoring license)*

Cultural Competency Continuing Education

As of July 1 2021, ORS 676.850 and **OAR 847-008-0077** requires all board licensees to complete one hour of Cultural Competency Continuing Education every year. The law was written broadly for licensees to determine what would be relevant to their practice. The education content must teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities.

Number of hours: Licensees must complete an average of at least one hour of cultural competency education per year during an audit period. An audit period is two renewal cycles, for example every four years for most licensees. Required hours will be based on the number of years licensed during the audit period; any portion of a year licensed will require one hour of cultural competency education. For example, a licensee who has been licensed for 3.5 years during the audit period will be required to obtain four hours of cultural competency education. Hours may be obtained at any time during the audit period. For example, either one four-hour experience, or four one-hour courses taken annually, would satisfy the requirement.

Educational opportunities: The law was written broadly to allow a wide array of courses or experiences. The content must teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities. Courses or opportunities may include:

- Courses delivered in-person or electronically/online (does not have to be accredit CME)
- Accredited continuing medical education (CME), Category 1 or 2
- Experiential or service learning
- Cultural or linguistic immersion
- Volunteering in a rural clinic (*OMB licensees are not able to apply compensated time for practicing in a rural clinic*)
- Employer's cultural competency training
- Training on implicit bias in health care
- Events with members of an underserved community to discuss health care access issues
- Courses on the **OHA Cultural Competence Continuing Education (CCCE) webpage**.

Tracking completion: Licensees may track educational hours on an **OMB record keeping form**. During license renewal (annually or biennially depending on the license), licensees will attest to completing the required hours by checking a box and reporting the number of hours obtained. The OMB will audit for compliance every other renewal cycle with the first audit being conducted during the Fall 2023 renewal cycle. Audited licensees will be asked to also produce documentation of their cultural competency educational experiences. Documentation may be a course certificate, the OMB record keeping form, or other documentation. *(**Exemptions:** Licensees in residency training and Volunteer Camp licensees)*

Although not required, the Oregon Medical Board encourages continuing education in Suicide Risk Assessment, Treatment, and Management and Alzheimer's Disease. If you take continuing education in Suicide Risk Assessment, Treatment, and Management, please make note of these hours when you renew your license (there is a spot on the renewal form).

Investigations & Discipline

Investigations

The Board receives hundreds of inquiries and complaints each year from patients, families, health professionals, health care institutions, insurance companies, governmental agencies, and medical associations. Each complaint gets a preliminary review to determine if there is an allegation of a violation of the Medical Practice Act. If not, the complaint is closed without further investigation or referred to other agencies. Cases alleging a violation of the Medical Practice Act are fully investigated.

In an investigation, information and documentation are collected from the licensee, hospitals, pharmacies, and/or any other person or entity with relevant information. All information is reviewed by the Board's Investigations Manager, Medical Director, and Executive Director and then forwarded to the Investigative Committee for review and direction.

If the Investigative Committee determines that the information ***does not support a violation of the Medical Practice Act***, the case is forwarded to the full Board for review and a decision regarding case closure. Sometimes, the Board sends a confidential Letter of Concern to the licensee highlighting concerns that were raised during the investigation but did not rise to the level of requiring disciplinary action.

If the Investigative Committee determines the information ***supports a possible violation of the Medical Practice Act***, it may request further evaluation of a licensee's practice, review by an independent consultant, and/or an interview of the licensee. Once the investigation is complete, the Board will decide whether the evidence supports a violation of the Medical Practice Act and disciplinary action is warranted. If so, the Board will issue a Notice of Proposed Disciplinary Action outlining the specific allegations. The Board and its investigative staff are assisted by an Assistant Attorney General assigned to the Board. The licensee then has 21 days to request a hearing. The licensee may also enter into settlement discussions with the Board in an effort to find a mutually acceptable resolution at this time. The vast majority of disciplinary orders are reached through settlement agreements between the Board and the licensee.

Remedial Actions

The Board issues Corrective Action Agreements to licensees with issues amenable to remediation. These non-disciplinary actions are not reportable to the national data banks unless they relate to the delivery of health care or contain a negative finding.

As part of its mission to promote access to quality care, the Board supports addressing practice problems through remedial actions when appropriate.

Disciplinary Sanctions

Disciplinary sanctions imposed by the Board may include:

- Educational program or coursework
- Requirement for a practice mentor
- Chaperone requirement
- License limitation(s) (activities restricted)
- Referral to the Health Professionals' Services Program (HPSP)
- Fines (maximum of $10,000 per violation)
- Assessment of hearing costs
- Probation
- Suspension of license for a period of time determined by the Board
- Denial or revocation of license

If a licensee disagrees with the action taken by the Board, the decision may be appealed to the Oregon Court of Appeals and the Oregon Supreme Court.

Complaint Examples

The OMB *MAY* Investigate...
Quality of care; inappropriate or substandard care
Impaired licensee
Inappropriate prescribing
Inappropriate relationship with a patient or a patient's family member
Criminal activity (also reported to law enforcement)

The OMB Usually *DOES NOT* Investigate...*
Complaints about providers not licensed by the Board
General billing issues
Complaints that a licensee's staff was rude
Complaints about Independent Medical Examinations (IME)
Complaints about insurance companies or health plans

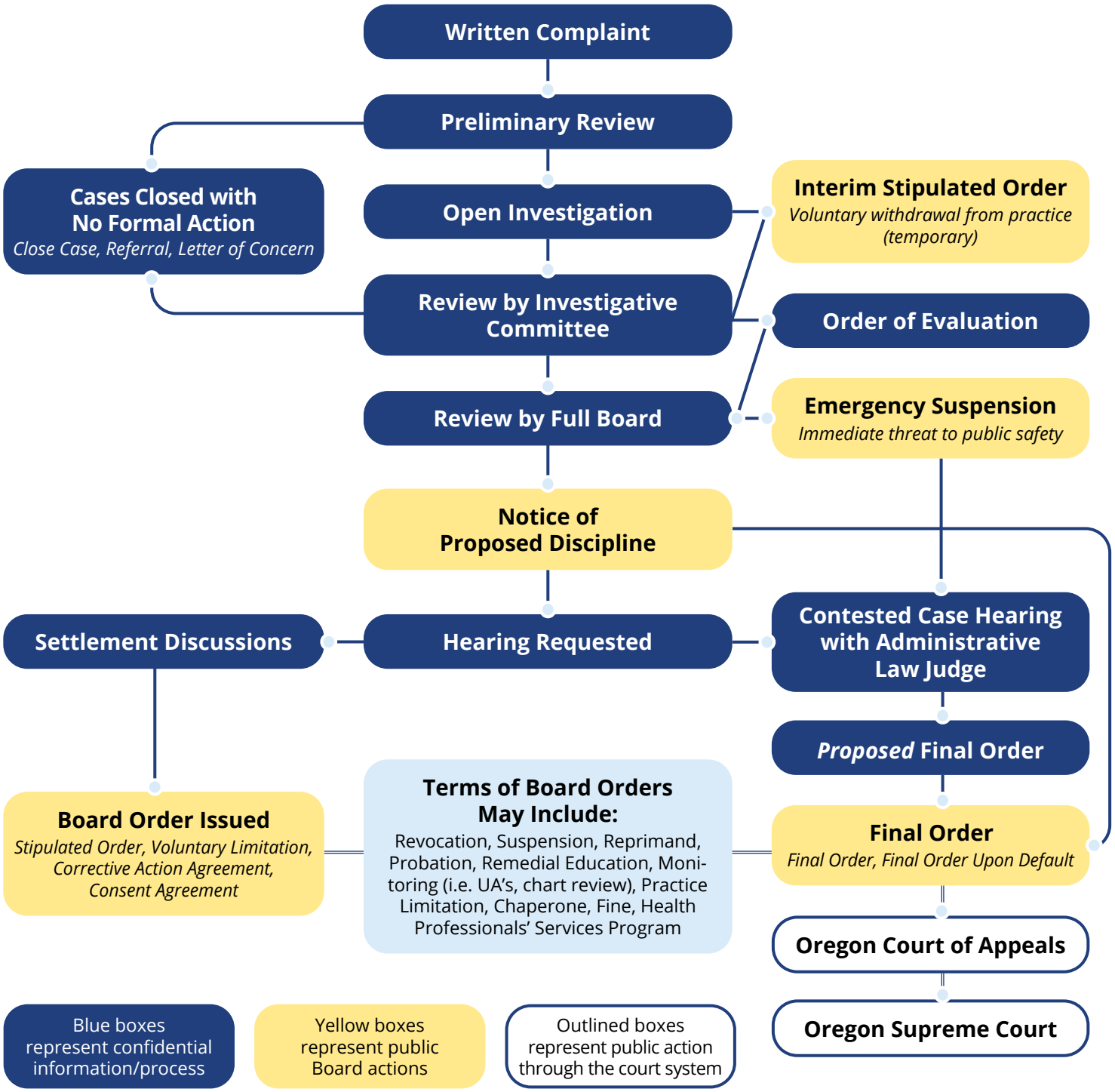
If you wish to lodge a complaint, you may submit the Board's **Complaint Form** (English / Spanish) via postal mail.

Per ORS 677.200(1), all complaints must be submitted in writing.

** In some circumstances, the Board may investigate. For example, if the billing issue is fraud (i.e. repeatedly charging for a service that is not provided), the Board has jurisdiction to investigate.*

OMB Complaint & Investigation Process

Visit the Board's **website** for further information.



Reporting Requirements

Reports to the Board

Licensed health care providers in Oregon are part of a professional community with an ethical obligation to self-regulate. Notifying the Board of concerns about medical professionals upholds the profession's integrity and allows the Board to protect the public and offer remediation or resources whenever possible.

Reporting to the Board means making a report to the OMB's Investigation Unit, Executive Director, and/or Medical Director. **A report to the Board is not a finding of wrongdoing.** Instead, the Board will look into the matter and decide whether a violation has occurred. Only the Board can determine if discipline is warranted. Making a report directly to the Health Professionals' Services Program (HPSP) or HPSP's Medical Director does not satisfy the duty to report to the Board. Address changes and retirement notices are made to the Board's Licensing Unit.

The following tables provide a summary of required reports to the Board. These lists may be updated and revised at any time.

What Must be Reported to the Board: **Self-Report**

Arrests and Convictions: Licensee must self-report if convicted of a misdemeanor or felony or if arrested for a felony crime.
- References: ORS 676.150(3), ORS 676.150(5)

Adverse Actions: Licensee must self-report any adverse action taken by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for discipline as described in the Medical Practice Act (ORS 677).
- References: ORS 677.190(26), OAR 847-010-0073(1)

Official Actions: Licensee must self-report any official action taken against the licensee. Official action means a restriction, limitation, loss or denial of privileges of a licensee to practice medicine, or any formal action taken against a licensee by a government agency or a health care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity or impairment. This includes reporting official actions from any state or other licensing board.
- References: ORS 677.415(4), ORS 677.205(1), OAR 847-010-0073(1)

Voluntary Actions Under Investigation: Licensee must promptly self-report voluntary withdrawal, resignation, or limitation of staff privileges at a health care facility, if the licensee's voluntary action occurs while the licensee is under investigation by the facility for any reason related to possible medical incompetence, unprofessional conduct, or physical incapacity or impairment.
- References: ORS 677.415(6), ORS 677.205(1), ORS 677.190(27), OAR 847-010-0073(1)

Office-Based Surgery Complications and Incidents: Licensee performing office-based surgery must self-report complications and adverse incidents, if the complication occurred within 30 days of the procedure.
- References: OAR 847-017-0037

Address Changes: Licensee must notify the Board of changes to residence address, practice location, or mailing address. May be subject to an automatic lapse of license to practice for failure to notify the Board.
- References: ORS 677.228(1), ORS 677.190(18), ORS 677.172, OAR 847-008-0060

Retirement from Practice: Licensee must notify the Board of the intention to retire.
- References: ORS 677.175

What Must be Reported to the Board: **Other Licensee/Association Report**

Prohibited or Unprofessional Conduct: Licensee who has reasonable cause to believe another health care professional has engaged in prohibited or unprofessional conduct must report the conduct to the board responsible for that person, unless prohibited by law.

- References: ORS 677.092, ORS 676.150(2), ORS 676.150(5), OAR 847-010-0073(1)

Medically Incompetent, Unprofessional or Dishonorable Conduct, Physical Incapacity: Licensee or medical association must report any information that appears to show that a licensee is or may be medically incompetent, guilty of unprofessional or dishonorable conduct, or has a physical incapacity. This report may not include privileged peer review data, see ORS 41.675.

- References: ORS 677.415(3), OAR 847-010-0073(1)

What Must be Reported to the Board: **Facility Report**

Official Actions: A health care facility must report any official action taken against a licensee. The facility is subject to a penalty of not more than $10,000 for each failure to report.

- References: ORS 677.415(5), ORS 677.415(10), OAR 847-010-0073(1)

Voluntary Actions Under Investigation: A health care facility must promptly report a licensee's voluntary withdrawal, resignation, or limitation of staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the facility for any reason related to possible medical incompetence, unprofessional conduct, or physical incapacity or impairment.

- References: ORS 677.415(6), OAR 847-010-0073(1)

What Must be Reported to the Board: **Insurance Report**

Alleged Professional Negligence: Insurer or self-insurer must report claims of alleged professional negligence. Incidents and inquiries not leading to claims need not be filed.

- References: ORS 742.400(2), OAR 847-010-0075(1)

Settlements, Awards, or Judgments: All settlements, awards, or judgments against a physician paid as a result of alleged professional negligence must be reported.

- References: ORS 742.400(4), OAR 847-010-0075(2)

Most reports are required to be made within 10 days of the occurrence. Please review the associated references for specific requirements.

For reporting definitions, including official action, medical incompetence, unprofessional conduct, and licensee impairment, see OAR 847-010-0073(3) and ORS 677.415(1).

Required Reporting to Other Agencies

The following tables contain a summary of reports licensed health care providers in Oregon must make to other state agencies or local governments. Making these reports helps to protect the public and provides valuable information that only a health care provider may have access to. The list may be updated and revised. Please review the associated references for specific requirements.

What Must be Reported to Other Agencies

Child Abuse: A physician or physician associate having reasonable cause to believe that any child with whom they come in contact has suffered abuse or that any person with whom they come in contact has abused a child must immediately report or cause a report to be made in the manner required in ORS 419B.015.

- References: ORS 676.150(3), ORS 676.150(5)

Elder Abuse: A physician or physician associate having reasonable cause to believe that any person 65 years of age or older with whom they come in contact has suffered abuse, or that any person with whom they come in contact has abused a person 65 years of age or older, must immediately report or cause a report to be made in the manner required in ORS 124.065.

- References: ORS 124.050-124.095

Abuse of Residents at Long Term Care Facilities: A physician having reasonable cause to believe that any resident in a long-term care facility with whom they come in contact has suffered abuse, or that any person with whom they come in contact has abused a resident in a long-term care facility, must immediately report or cause a report to be made in the manner required in ORS 441.645.

- References: ORS 441.630-441.665

Mentally Ill or Developmentally Disabled Adult Abuse: A physician or physician associate having reasonable cause to believe that any adult with whom they come in contact has suffered abuse, or that any person with whom they come in contact has abused an adult, must immediately report or cause a report to be made in the manner required in ORS 430.743. Adult means a person 18 years of age or older with a developmental disability or a mental illness who is currently receiving or previously eligible for services.

- References: ORS 430.735-430.768

Artificial Insemination: If a child is born who was conceived by the use of artificial insemination, and is not the semen of the woman's husband, the physician who performed the artificial insemination must file the request and consent of the woman and/or husband with the State Registrar of the Center for Health Statistics.

- References: ORS 677.365

Toy-related Injury or Death: Whenever any physician determines or reasonably suspects the injury or death of a person to be toy-related, the physician and the director of the health care facility must report the findings to the Director of the Oregon Health Authority.

- References: ORS 677.491

Patient Under Influence of Intoxicants About to Drive: If a health care provider is providing emergency medical care in a health care facility to a person they believe is under the influence of intoxicants, is about to drive a motor vehicle, and is a clear and present danger to society, the provider may notify as soon as reasonably possible a law enforcement agency which has jurisdiction over the health care facility site.

- References: ORS 677.365

At-Risk Drivers: Health care providers must report to the Oregon DMV when a patient's impairment is severe and uncontrollable. Severe means that the impairment limits a person's ability to perform normal daily activities, including safe driving, and it cannot be controlled by medication, therapy, surgery, or adaptive devices.

- References: ORS 677.491

What Must be Reported to Other Agencies, Continued

Cancer and Tumor Registry: Any practitioner diagnosing a case of reportable cancer or a non-malignant condition must notify the Oregon State Cancer Registry within 180 days of the diagnosis of the case. A list of reportable cancers and non-malignant conditions is available on the Oregon State Cancer Registry website, **healthoregon.org/oscar**.

- References: ORS 432.500-432.550, OAR 333-010-0030

Childhood Diabetes Database: Upon diagnosing or first treating a case of type 1 or type 2 diabetes in an Oregon child, a practitioner must report within 30 days certain information provided in rule to the Diabetes Program using the Diabetes Program's Practitioner Childhood Diabetes Report Form.

- References: ORS 444.300-444.330, OAR 333-010-0630

Reportable Diseases & Public Health: Health care providers must report all cases or suspected cases of specified diseases, infections, microorganisms, and conditions within required timing specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies. HIPAA does not prohibit reporting to public health authorities for the purpose of preventing or controlling disease. When local public health authorities cannot be reached within the specified time limits, reports are made directly to the Oregon Health Authority's around-the-clock public health consultation service. See Public Health Reporting details on the next page of this handbook.

- References: ORS 433.004, OAR 333-018

Phenylketonuria Test Results: Physicians must report the discovery of cases of phenylketonuria to the Oregon Health Authority on specified forms.

- References: ORS 433.295

Injuries Caused by Deadly Weapons: Applicable health care providers who have reasonable cause to suspect that a person seen for an examination, care, or treatment has had physical injury, caused by a knife, gun, pistol or other dangerous or deadly weapon, inflicted upon the person other than by accidental means, must make an oral report immediately and follow up as soon as possible by a report in writing to an appropriate law enforcement agency.

- References: ORS 146.750-146.760

Pesticide-Related Illness or Injury: Health care providers must report suspected and confirmed pesticide-related illnesses within 24 hours to the **Pesticide Exposure, Safety, and Tracking (PEST) Program**. Please report hospitalizations and deaths immediately.

- References: ORS 433.004, OAR 333-018-0015

Fetal Death: If fetal death occurs outside an institution, the physician in attendance at or immediately after the delivery of the fetus must submit the report of fetal death within five calendar days of the delivery electronically using the **Oregon Vital Events Registration System (OVERS)**.

- References: ORS 146.750-146.760

Vaccinations: Report adverse reactions to the Vaccine Adverse Event Reporting System, **vaers.hhs.gov**. For more information, contact the **Oregon Immunization Program** at 971-673-0300.

- References: ORS 146.750-146.760

Public Health Reporting

Oregon law (ORS 409.050; ORS 433.004; OAR 333-018-0000 - OAR 333-018-0015) requires public health reporting to enable follow-up for patients, help identify outbreaks, and provide a better understanding of morbidity patterns. HIPAA does not prohibit reporting to public health authorities for the purpose of preventing or controlling disease. Reports should be made to the patient's **local health department** or a state epidemiologist at **971-673-1111**.

Report Immediately

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Eastern Equine Encephalitis
- Glanders
- Hemorrhagic Fever
- Influenza (Novel)
- Marine Intoxication
- Measles
- Melioidosis
- Plague
- Poliomyelitis
- Q Fever
- Rabies (Human)
- Rubella
- SARS or SARS-Coronavirus
- Smallpox
- Tularemia
- Typhus
- Yellow Fever
- Outbreaks & Uncommon Illnesses *(any known or suspected common-source outbreak; any uncommon illness of potential public health significance)*

Report Within One Business Day

- Amebic infections
- Anaplasmosis
- Animal Bites
- Arthropod Vector-Borne Disease
- Babesiosis
- Campylobacteriosis
- Chancroid
- Chlamydiosis
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease
- Cryptococcosis
- Cryptosporidiosis
- Cyclosporosis
- Ehrlichiosis
- Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current CLSI breakpoints
- Escherichia Coli
- Giardiasis
- Gonococcal Infections
- Grimontia spp. Infection
- Hantavirus
- Hemolytic Uremic Syndrome
- Hepatitis A, B, C, D, E
- HIV infection and AIDS *(does not apply to anonymous testing)*
- Influenza Death of a Person (Lab Confirmed)
- Lead Poisoning
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Mumps
- Non-TB Mycobacterial Infection
- Pertussis
- Psittacosis
- Relapsing Fever (Borrelia)
- Rocky Mountain Spotted Fever and Other Rickettsia
- Salmonellosis
- Shigellosis
- Syphilis
- Taenia Infection
- Tetanus
- Trichinosis
- Tuberculosis
- Vibriosis
- West Nile
- Yersinosis
- Zika

Report Within 24 Hours:

(Including Weekends/Holidays)

- Haemophilus Influenzae
- Neisseria Meningitidis
- Pesticide Poisoning

Acute and Communicable Disease Prevention | 800 NE Oregon St, Suite 772, Portland, OR 97232
Phone: 971-673-1111 | **Fax:** 971-673-1100 | **Web:** public.health.oregon.gov/DiseasesConditions/CommunicableDisease

Required Reporting: Frequently Asked Questions

What if my colleague, a licensed health care professional, consults with me about an issue that turns out to be reportable conduct?

Oregon law does not allow any exception for consultation, group discussions, or colleague consultation. It is best practice to remind the other licensed professional of your mandatory reporting requirements under Oregon law and encourage them to self-report as well.

Do I report workplace impairment when the licensee says they will self-report? What if another colleague or the facility says they will report?

All licensees have a duty to report workplace impairment and should not rely on the possibility that a report will be made by another person or facility.

Do I report workplace impairment if I know the impaired person is participating the Health Professionals' Services Program (HPSP)?

All licensees are required to report workplace impairment under Oregon law, even if the impaired person is enrolled or intends to enroll in HPSP.

If my colleague, a Board licensee, tells me they are being admitted into an alcohol rehabilitation program but there was no indication of alcohol use or impairment while practicing medicine, do either of us need to report to the Board?

If there has been no impairment in the licensee's practice, and the licensee is actively seeking treatment, there is no mandatory reporting requirement. The Board encourages licensees to seek treatment before it impacts their ability to practice.

What if the other health care professional is my patient in a psychotherapist-patient relationship?

You may need to seek legal advice regarding your obligations under ORS 676.150(2) and the psychotherapist-patient privilege in ORS 40.230 and ORS 40.252.

Do I have to report if I allow my hospital/facility privileges to "lapse" or "not renew"?

If this happens while you are under investigation for any reason related to possible medical incompetence, unprofessional conduct, or physical incapacity or impairment, a report is required, even if you voluntarily allowed your privileges to lapse or expire.

What is an official action that has to be reported?

An official action is a restriction, limitation, loss, or denial of a licensee's privileges to practice medicine, or any formal action taken against a licensee by a government agency or a health care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity, or impairment. This includes reporting official actions from any state agency or other licensing board, such as the Oregon Health Authority or the Oregon Department of Human Services.

Do administrative suspensions for failure to maintain or complete records need to be reported?

Official actions do not include administrative suspensions of seven or fewer calendar days for failure to maintain or complete records. However, these short suspensions must be reported as an official action when the suspensions occur more than three times in any 12-month period as provided in **OAR 847-010-0073(5)**.

What is unprofessional conduct?

Unprofessional conduct is conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety, or welfare of a patient or client. Unprofessional conduct is further defined in ORS 677.188 and OAR 847-010-0073.

What are the potential consequences for reporting?

Mandatory reports are confidential under Oregon law. You must report if you have a reasonable belief that the conduct occurred; you need not be certain. Mandatory reporters are not liable for making a report in good faith. However, failure to report the prohibited or unprofessional conduct of another health care professional is a Class A violation and subjects the person to board discipline. Failure to self-report criminal conduct as required may result in board discipline.

Mandatory reporting requirements are generally in ORS 677.092, ORS 677.415, and 676.150.

Please visit the OMB's **Reporting Requirements** webpage or contact **info@omb.oregon.gov** with further questions.

Regulating Medical Practice in Oregon

Oregon Revised Statutes

In Oregon, physicians, PAs, and acupuncturists are governed by the **Medical Practice Act** (Oregon Revised Statutes (ORS) Chapter 677). These laws are enacted by the State Legislature, which delegates enforcement to the Board.

ORS chapter 677 is the Medical Practice Act and includes:

- **Definition of the practice of medicine**
- **Administration of controlled substances for pain**
- **Informed consent requirements**
- **Qualifications for licensure**
- **Practice of medicine across state lines (telemedicine)**
- **Grounds for suspending or revoking a license**
- **Disciplinary and investigatory procedures**

In addition, ORS 676.110-676.556 impacts licensees' practice in several ways, including:

- ***Doctor Title Law*** (ORS 676.110) specifies how health care professionals may present themselves to the public
- ***Health Professionals' Services Program*** (ORS 676.185-676.200) establishes the impaired health professional program
- ***Liability cap for donated services*** (ORS 676.340 - ORS 676.345)

Oregon Administrative Rules & the Rulemaking Process

The OMB establishes administrative rules to further define and regulate the practice of medicine and acupuncture. These Oregon Administrative Rules (OARs) are available online **here**.

1 OMB Staff Draft	2 First Review (Committee)	3 First Review (Board)	4 Public Comment Period	5 Final Review (Committee)	6 Final Review (Board)	7 Official Rule
The OMB staff, committee, or Board identifies an issue that can be addressed by a rule. The rules coordinator drafts proposed language.	Once complete, the appropriate committee reviews the draft language. The committee recommends approval or additional revisions and forwards it to the full Board for review.	The Board reviews the language and provides comments. If approved, the Board refers the rule back to the committee for final review.	The Board posts notices of the proposed rule and accepts public comments.	The committee reviews the proposed language and any public comments. If the committee approves the rule as written, it is forwarded to the full Board for review.	The Board reviews the rule language and public comments. If approved, the Board formally adopts the rule.	The rules coordinator files the rule as permanent with the Secretary of State.

Prescribing

Familiarize yourself with state and federal laws relevant to your prescribing practices. The Board's rules on controlled substances are in **OAR chapter 847 division 15**. Additional guidelines include:

- Do not prescribe for yourself, family, or friends except in limited circumstances and with appropriate documentation.
- Keep prescription pads in a safe, secure place – not in the open.
- Never sign a blank prescription, even for non-controlled medications.
- Do not pre-print your DEA number on your prescription pads.
- Write out all numbers in a prescription, such as "twenty (20)."
- Do not refill a prescription for another doctor's patient without confirming with that doctor.
- Avoid being hired by a clinic or group for your ability to prescribe controlled drugs.
- Prescribing long-term methadone for treatment of addiction is prohibited outside of a federally approved methadone maintenance program.

Prescription Drug Monitoring Program (PDMP)

All Oregon-licensed physicians and PAs who have a DEA number are required to register for the PDMP. Register by selecting "Create an Account" on the **PDMP website**. For more information, please review OAR 847-010-0120 and OAR 333-023-0825. For questions, contact the PDMP at 866-205-1222 or **pdmp.health@state.or.us**.

Oregon Opioid Prescribing

Information regarding the prescription of opioids can be found at **omb.oregon.gov/pain**.

Dispensing Authority

Physicians, podiatric physicians, and physician associates (PA) may register for dispensing authority, but may not dispense medication in Oregon until registered with the Board. A PA's dispensing must be in commensurate with their collaboration agreement.

Underserved dispensing may be requested for rural practice areas or medically underserved populations where pharmacy access is restricted to the patient because of geographic or financial restraints. ***General dispensing*** is provided for all other practice areas; a PA may not dispense Schedule II controlled substances.

Each facility from which the physician or PA will dispense medications may need to be registered as a **Dispensing Practitioner Drug Outlet** with the **Oregon Board of Pharmacy**. See the Board's **Dispensing Prescirption Drugs FAQ** document for more information.

Other Resources:

- **Oregon Board of Pharmacy | oregon.gov/pharmacy | pharmacy.board@oregon.gov | 971-673-0001**
- **Federal Drug Enforcement Agency | dea.gov | 503-721-6660**

Licensee Wellness

Licensee health and wellness is a critical component in the Board's mission. The Board supports a proactive, broad approach to wellness.

Oregon Wellness Program

The Board's prevention, treatment, and rehabilitation efforts have led to the inception of a statewide initiative known as the Oregon Wellness Program. This program "promotes the wellness of health care professionals through education, coordinated regional counseling services, telemedicine services, and research." More information is available at **oregonwellnessprogram.org**.

Mental Health Attestation Model for Applications

To better support licensees in seeking the care they need without anxiety or trepidation, the Board has removed intrusive and stigmatizing language around mental health care and treatment from licensure applications and renewals. The advisory statement uses supportive language around mental health and holds licensees and applicants accountable for their own wellbeing. The model makes it clear that self-care is patient care.

See **omb.oregon.gov/wellness** for more information.

Continuing Education on Suicide Risk

Suicide is a major public health issue and among the leading causes of death in Oregon. Individuals who attempt suicide, when not fatal, can have lasting health problems that may include brain damage, organ failure, depression and other mental health problems. Suicide also affects survivors and communities. The OMB encourages your participation in continuing education on this important public health issue. All continuing education on this topic is considered relevant to the practice of all licensees, regardless of specialty. These continuing education hours may be used to fulfill your required ongoing education to maintain your license.

Depression, substance abuse, and even suicide are real and present factors among health care professionals. If you or someone you know is experiencing thoughts of suicide, call the **National Suicide Prevention Lifeline at 1-800-273-TALK (8255)** or your **local crisis services**. You may also text **'273TALK' to 839-863**. The following resources are also available for medical professionals and students:

- **Physician and Medical Student Depression and Suicide Prevention** - The American Foundation for Suicide Prevention's website provides facts, resources, prevention programs, and a toolkit for residency programs to use following a suicide.
- **Healthcare Professionals & Suicide: A Guide to Awareness andPrevention** - Suicide rates among health care workers and medical students are significantly higher compared to the general population. EduMed's wesbite offers information on how to learn to recognize suicidal behavior in others, gather prevention tools and resources, and find out where to get help today.

Partner Programs

Health Professionals' Services Program
Board licensees may participate in a statewide confidential monitoring program for licensed health professionals with a substance use disorder, a mental health disorder, or both types of disorders. In some cases, the Health Professionals' Services Program (HPSP) may be used as an alternative to disciplinary action for a licensee who is reported for a substance use and/or mental health disorder.

The Board may refer a licensee to HPSP or a licensee may self-refer. When the Board refers a licensee, HPSP will work with the board to ensure the licensee is monitored in accordance with their board agreement. When a licensee self-refers, HPSP will work with the licensee to develop an individualized monitoring agreement and will keep the licensee's enrollment confidential and without Board involvement as long as the licensee is in compliance with the HPSP monitoring agreement.

Licensees interested in more information or in self-referring to HPSP should contact the vendor administering the program, Uprise Health. Your call can remain confidential. Uprise Health can also provide a list of Board-approved independent third-party evaluators.

Uprise Health | www.hpspmonitoring.com | Toll Free: 888-802-2843
The purpose of HPSP is to provide a statewide confidential monitoring program for licensed healthcare professionals who have been diagnosed with a substance use disorder and/or mental health disorder. HPSP has two important goals:

- Supporting public safety
- Assisting health professionals (licensees) with substance use disorder and/or mental health issues so that they may continue working in their chosen profession

HPSP supports these goals through careful monitoring of licensees' participation in substance use disorder/mental health treatment, random toxicology testing, and workplace safe practice. HPSP resources are paid for by the participating healthcare professional licensing boards and the individual licensee.

The Foundation for Medical Excellence | tfme.org
The Foundation for Medical Excellence (TFME) is a public, non-profit foundation whose mission is to assure that health care in the Pacific Northwest is of the highest quality. TFME focuses on problem areas identified by state medical boards, seeking solutions through education and research. TFME develops and presents a wide range of educational programs, provides consultative services, and sponsors in-depth research projects. TFME's board is composed of community leaders and health professionals.

Oregon POLST Program | oregonpolst.org | post@ohsu.edu
The Physician Orders for Life-Sustaining Treatment (POLST) Program was first developed in Oregon in 1990 to ensure that a patient's wishes regarding use of life-sustaining treatments are more consistently honored. In 2009, the Oregon POLST Registry was established to increase accessibility to POLST orders statewide. At the center of the program is the POLST form, a standardized set of medical orders based on a patient's wishes, signed by an Oregon licensed physician, nurse practitioner or physician associate. ***If a patient elects to complete a POLST form, the signing health care professional is responsible for submitting the form to the Registry (unless the patient opts out).***

Resources

Professional Medical Associations

- **Oregon Medical Association**
  theoma.org | 503-619-8000
- **Osteopathic Physicians & Surgeons of Oregon**
  opso.org | 503-229-6776
- **Oregon Podiatric Medical Association**
  opmatoday.com | 503-245-2420
- **Oregon Association of Acupuncturists**
  oregonacupuncturists.com | 503-893-5993
- **Oregon Society of Physcian Associates**
  oregonpa.org | 503-650-5864

State & Federal Regulatory & Health Agencies

- **Oregon Health Authority, Public Health**
  public.health.oregon.gov | 971-673-1222
- **Centers for Medicare & Medicaid Services (CMS)**
  cms.gov | 206-615-2306
- **Oregon Health Authority, Medical Marijuana Program (OMMP)**
  healthoregon.org/ommp | 971-673-1234

Oregon Hospitals

ADVENTIST HEALTH COLUMBIA GORGE
1700 E 19th St., The Dalles, OR 97058
541-296-1111

ADVENTIST HEALTH PORTLAND
10123 SE Market St., Portland, OR 97216
503-257-2500

ADVENTIST HEALTH TILLAMOOK
1000 Third St., Tillamook, OR 97141
503-824-4444

ASANTE ASHLAND COMMUNITY HOSPITAL
280 Maple St., Ashland, OR 97520
541-201-4000

ASANTE ROGUE REGIONAL MEDICAL CENTER
2825 E Barnett Road, Medford, OR 97504
541-789-7000

ASANTE THREE RIVERS MEDICAL CENTER
500 SW Ramsey Ave., Grants Pass, OR 97527
541-472-7000

BAY AREA HOSPITAL
1775 Thompson Road, Coos Bay, OR 97420
541-269-8111

BLUE MOUNTAIN HOSPITAL
170 Ford Road, John Day, OR 97845
541-575-1311

CEDAR HILLS HOSPITAL
10300 SW Eastridge St., Portland, OR 97225
503-944-5000

COLUMBIA MEMORIAL HOSPITAL
2111 Exchange St., Astoria, OR 97103
503-325-4321

COQUILLE VALLEY HOSPITAL DISTRICT
940 E 5th St., Coquille, OR 97423
541-396-3101

COTTAGE GROVE COMMUNITY MEDICAL CENTER
1515 Village Drive, Cottage Grove, OR 97424
541-329-3797

CURRY GENERAL HOSPITAL
94220 Fourth St., Gold Beach, OR 97444
541-247-3000

GOOD SAMARITAN REGIONAL MEDICAL CENTER
3600 NW Samaritan Drive, Corvallis, OR 97330
541-768-5111

GOOD SHEPHERD MEDICAL CENTER
610 NW 11th St., Hermiston, OR 97838
541-667-3400

GRANDE RONDE HOSPITAL
900 Sunset Drive, La Grande, OR 97850
541-963-8421

HARNEY DISTRICT HOSPITAL
557 W Washington St., Burns, OR 97720
541-573-7281

HILLSBORO MEDICAL CENTER
335 SE 8th Ave., Hillsboro, OR 97123
503-681-1111

KAISER FOUNDATION HOSPITAL - WESTSIDE
2875 NW Stucki Ave., Hillsboro, OR 97124
971-310-1000

KAISER SUNNYSIDE MEDICAL CENTER
10180 SE Sunnyside Road, Clackamas, OR 97015
503-652-2880

LAKE DISTRICT HOSPITAL
700 South J St., Lakeview, OR 97630
541-947-2114

LEGACY EMANUEL MEDICAL CENTER
2801 N Gantenbein Ave., Portland OR 97227
503-413-3401

LEGACY GOOD SAMARITAN MEDICAL CENTER
1015 NW 22nd Ave., Portland, OR 97210
503-413-7711

LEGACY MERIDIAN PARK MEDICAL CENTER
19300 SW 65th Ave., Tualatin, OR 97062
503-692-1212

LEGACY MOUNT HOOD MEDICAL CENTER
24800 SE Stark St., Gresham, OR 97030
503-674-1122

LEGACY SILVERTON MEDICAL CENTER
342 Fairview St., Silverton, OR 97381
503-873-1500

LOWER UMPQUA HOSPITAL DISTRICT
600 Ranch Road, Reedsport, OR 97467
541-271-2171

MCKENZIE-WILLAMETTE MEDICAL CENTER
1460 G St., Springfield, OR 97477
541-726-4400

MERCY MEDICAL CENTER
2700 NW Stewart Parkway, Roseburg, OR 97471
541-673-0611

OHSU HOSPITAL AND CLINICS
3181 SW Sam Jackson Park Road, Portland, OR 97239
503-494-8311

OREGON STATE HOSPITAL DISTINCT PART
2600 Center St. NE, Salem, OR 97301
503-945-2800

OREGON STATE HOSPITAL JUNCTION CITY
29398 Recovery Way, Junction City, OR 97448
541-465-2554

PEACE HARBOR MEDICAL CENTER
400 9th St., Florence, OR 97439
541-997-8412

PIONEER MEMORIAL HOSPITAL
564 E Pioneer Drive, Heppner, OR 97836
541-676-9133

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL
810 12th St., Hood River, OR 97031
541-386-3911

PROVIDENCE MEDFORD MEDICAL CENTER
1111 Crater Lake Ave., Medford, OR 97504
541-732-5000

PROVIDENCE MILWAUKIE HOSPITAL
10150 SE 32nd Ave., Milwaukie, OR 97222
503-513-8300

PROVIDENCE NEWBERG MEDICAL CENTER
1001 Providence Drive, Newberg, OR 97132
503-537-1555

PROVIDENCE PORTLAND MEDICAL CENTER
4805 NE Glisan St., Portland, OR 97213
503-215-1111

PROVIDENCE SEASIDE HOSPITAL
725 S Wahanna Road, Seaside, OR 97138
503-717-7000

PROVIDENCE ST. VINCENT MEDICAL CENTER
9205 SW Barnes Road, Portland OR 97225
503-216-1234

PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER
1500 Division St., Oregon City, OR 97045
503-656-1631

SACRED HEART MEDICAL CENTER - RIVERBEND
3333 Riverbend Drive, Springfield, OR 97477
541-222-7300

SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY
3325 Pocahontas Road, Baker City, OR 97814
541-523-6461

SAINT ALPHONSUS MEDICAL CENTER - ONTARIO
351 SW 9th St., Ontario, OR 97914
541-881-7101

SALEM HEALTH WEST VALLEY
525 SE Washington St., Dallas, OR 97338
503-623-8301

SALEM HOSPITAL
890 Oak St. SE, Salem, OR 97301
503-561-5200

SAMARITAN ALBANY GENERAL HOSPITAL
1046 6th Ave. SW, Albany, OR 97321
541-812-4000

SAMARITAN LEBANON COMMUNITY HOSPITAL
525 N Santiam Highway, Lebanon, OR 97355
541-258-2101

SAMARITAN NORTH LINCOLN HOSPITAL
3043 NE 28th St., Lincoln City, OR 97367
541-994-3661

SAMARITAN PACIFIC COMMUNITIES HOSPITAL
930 SW Abbey St., Newport, OR 97365
541-265-2244

SANTIAM HOSPITAL
1401 N 10th Ave., Stayton, OR 97383
503-836-8823

SHRINERS HOSPITAL FOR CHILDREN - PORTLAND
3101 SW Sam Jackson Park Road, Portland, OR 97239
503-241-5090

SKY LAKES MEDICAL CENTER
2865 Daggett Ave., Klamath Falls, OR 97601
541-882-6311

SOUTHERN COOS HOSPITAL & HEALTH CENTER
900 11th St. SE, Bandon, OR 97411
541-347-2426

ST. ANTHONY MEDICAL CENTER
2801 St. Anthony Way, Pendleton, OR 97801
541-276-5121

ST. CHARLES MEDICAL CENTER - BEND
2500 NE Neff Road, Bend, OR 97701
541-382-4321

ST. CHARLES MEDICAL CENTER - MADRAS
470 NE A St., Madras, OR 97741
541-475-3882

ST. CHARLES MEDICAL CENTER - PRINEVILLE
384 SE Combs Flat Road, Prineville, OR 97754
541-447-6263

ST. CHARLES MEDICAL CENTER - REDMOND
1253 NW Canal Blvd., Redmond, OR 97756
541-548-2164

SUTTER COAST HOSPITAL
555 5th St., Brookings, OR 97415
541-469-9205

VIBRA SPECIALTY HOSPITAL OF PORTLAND
10300 NE Hancock St., Portland, OR 97220
503-257-5500

WALLOWA MEMORIAL HOSPITAL
601 Medical Parkway, Enterprise, OR 97828
541-426-3111

WILLAMETTE VALLEY MEDICAL CENTER
2700 SE Stratus Ave., McMinnville, OR 97128
503-472-6131

Statments of Philosophy

Statements of Philosophy are adopted by the Board to express its philosophy and intentions regarding the practice of medicine in the state of Oregon. Statements of Philosophy reflect the diversity of issues addressed by the Board, issues of state and national concern. In discussing these matters, Board members review the work of medical experts, consider the policy statements of national medical associations, and request input from other state licensing boards and state professional associations. The Board also consults existing Oregon Revised Statutes and Oregon Administrative Rules.

New Statements of Philosophy are discussed and drafted as the particular topics of interest arise. When adopted, Statements of Philosophy are published in the quarterly *OMB Report* newsletter and added to the Board's website at **omb.oregon.gov/philosophy**.

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Advertising

Any false or deceptive representation or statement a licensee makes to mislead health care consumers as perceived by the consumer, to the consumer's detriment, is unacceptable. There must be a reasonable basis for any claims made as to the licensee's qualifications and the safety and quality of care offered.

Licensees who represent themselves as specialists must be prepared to demonstrate education, training, or expertise in a legitimate specialty. Being board-eligible, board-qualified, or board-certified in a medical specialty or subspecialty by the American Board of Medical Specialties (ABMS), the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Foot and Ankle Surgery (ABFAS), the National Commission on Certification of Physcian Associates (NCCPA), or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) will be considered adequate demonstration of specialty. No other certifying board is recognized by the Oregon Medical Board. If licensees advertise themselves as "board certified," they should also indicate the name of the Board-recognized certifying board.

Amended April 2023

Artificial/Augmented Intelligence

Artificial/Augmented Intelligence (AI) is a tool, or set of tools, residing on a spectrum. AI may be as simple as a chatbot on a smartphone or as complex as a complex, algorithmic black box capable of suggesting treatment pathways for cancer. AI is developing rapidly in reach, capability, and quality, and medical providers and regulators must prepare for the ubiquity of AI, which is sure to envelop medical care with astonishing speed.

AI has tremendous promise. It will undoubtedly advance the standard of care, and clinicians who carefully embrace AI tools will ultimately detect pathologic subtlety, improve accuracy, and spend more quality time in face-to-face patient care than those who do not. AI can improve patient access and engagement by shifting administrative tasks away from the clinician while simultaneously increasing empathy shown to patients in spite of pervasive health care provider shortages.

Despite these technological advancements, the Oregon Medical Board will continue to hold licensees responsible for the care they provide to patients and expects licensees to use technology – including AI – responsibly and ethically. Regardless of who introduces AI into the practice, OMB licensees are expected to possess basic AI literacy in order to understand the technology and how to use it, explain its capabilities and limitations, assess the quality of AI outputs, and identify and guard against bias in AI algorithms. OMB licensees must guard against complacency and not compromise their own medical decision making by becoming overly reliant on AI.

The Oregon Medical Board recommends that clinicians become “tech-fluent” in relevant AI tools and incorporate them into their practice responsibly to keep pace with the increasing standard of care.

Adopted April 2024

Care of the Surgical Patient

The evaluation, diagnosis and care of the surgical patient are primarily the responsibility of the surgeon. The surgeon bears responsibility for ensuring the patient undergoes a pre-operative assessment appropriate to the procedure. The assessment shall include a review of the patient's chart and an independent diagnosis by the operating surgeon of the condition requiring surgery. The operating surgeon shall have a discussion with every patient regarding the diagnosis and nature of the surgery, advising the patient that there are risks involved. It is also the responsibility of the operating surgeon to re-evaluate the patient immediately prior to the procedure.

The attending surgeon retains primary responsibility for evaluation and management of the surgical patient pre, during, and post procedure. Pre-operative assessment should include a history and physical examination, as well as a clearly documented Procedure, Alternatives, Risks, and Questions (PARQ) conference. Post-operative care will be provided by the surgeon or designee with similar credentialing, certification, and scope of practice. It is the responsibility of the operating surgeon to assure safe and readily available post-operative care for each patient on whom they perform surgery.

It is reasonable to involve other licensed health care professionals in the post-operative care of the patient, so long as the operating surgeon or their qualified designee maintains responsibility for the patient's surgical issues. When non-physician, licensed health care professionals are involved in the care of the patient, the surgeon needs to ensure it is based on what is best for the patient and that the other provider practices within the lawful scope of their practice. If co-management is done on a routine basis for primarily financial reasons, it is unprofessional conduct and may be illegal.

Post-operative notes must reflect the findings encountered during the surgery. When identical procedures are done on a number of patients, individual notes should be done for each patient that reflects the specific findings and procedures of that operation.

Amended April 2023

Chelation Therapy

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

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

A provider who treats a patient with chelation therapy for any medical condition first must verify the toxic levels of heavy metals. Post-chelator challenge urinary metal testing does not meet the standard of care for diagnosis of heavy metal toxicity. Further, the American College of Medical Toxicology has concluded that post-chelator challenge urinary testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the assessment and treatment of patients in whom there is concern for metal poisoning."[1] The Board cautions providers to use chelation treatment only after a diagnosis of heavy metal toxicity, which includes a blood test or other accepted unprovoked test confirming the presence of heavy metals, and a careful determination that chelation therapy is appropriate for the particular patient.

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

Adopted October 2013

1. American College of Medical Toxicology Position Statement on Post-Chelator Challenge Urinary Metal Testing. July 27, 2009.

Deep Brain Stimulation & Functional Neurosurgery

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

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

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

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

Amended July 2023

Diversity, Equity, and Inclusion in Medical Practice

The Oregon Medical Board's mission is to regulate the practice of medicine in a way to promote access to safe, quality care for all Oregon citizens. Oregonians are growing increasingly diverse, and inequities in access to quality health care are apparent. Achieving equity of health outcomes requires that we first acknowledge that current inequities are not acceptable, that we gain a better understanding of what contributes to inequities, and that we commit to addressing inequities.

Discrimination in the practice of medicine, podiatry, or acupuncture violates the standard of care and presents a risk of harm to patients. The Oregon Medical Board recommends the following as a basis for inspiring positive change for the benefit of all patients:

1. Focus on self-reflection and culturally competent practice. Licensees are encouraged to engage in self-reflection, understand their own conscious and unconscious biases, and consider the impact on the provider-patient relationship. The extent to which providers engage in self-reflection, consider how their own cultural view and biases influence patient care, and then adjust their practice, depends heavily on provider self-motivation to make change. Initiatives to embed cultural competency into all areas of practice, professional development, policies, and processes are essential.

2. Acknowledge systemic racism. Some patients may have difficulty engaging with health professionals or with the treatment prescribed due to systemic issues. It is important to acknowledge that systemic racism and privilege exist in the health sector in order to meaningfully address this problem. Providers can reflect on their own cultural views and biases as a first step, then work to influence and support positive changes in their institutions and organizations.

3. Collect and use data for equity monitoring. Health care providers need access to robust and accurate data to identify inequities and address problematic structures and processes.

4. Overcome structural barriers to individualize care. Short clinical visits focused on only the patient's immediate needs results in a relationship which is largely transactional. To strengthen the provider-patient relationship and provide culturally competent care, providers must consider the individual patient's practices, values, and beliefs. Tailoring the clinical visit to the individual can ensure the patient's input is respected and valued.

All OMB licensees are required to complete cultural competency continuing education to care effectively for patients from diverse cultures, groups, and communities. Engaging in cultural competency continuing education and experiences is a way to gain a better understanding of Oregon's socially and culturally diverse communities and to foster a commitment to addressing health care inequities.

The Oregon Medical Board is committed to addressing inequities in access to care, ensuring equitable licensure and disciplinary processes for all applicants and licensees, and confronting systemic disparities in health outcomes.

Amended April 2024

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 9.121 Racial and Ethnic Health Care Disparities; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism-Competency; and Oregon Association of Acupuncturists' Code of Ethics: 1.1 Competence.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

Electronic Health Records

While EHR has the potential to improve health care quality and patient satisfaction, the Board also understands that the documentation can seem limitless, and the patient care provider, the most expensive and time stressed link in health care, may become overwhelmed with data entry tasks. It will take the entire health care system – from software developers to health care organizations and providers in every health care profession – to work to optimize EHR as a tool for providing efficient, patient-centered care while minimizing interference in traditional provider-patient interaction.

The federal Health Insurance Portability and Accountability Act (HIPAA) in 1996 led to additional laws[1] mandating electronic medical records. These laws aim to standardize insurance claims, to make medical records more portable, and to eliminate medical errors. Electronic health records (EHR) were expected to improve patient care and empower patients with increased access to their own medical information. Charged with protecting the health, safety, and wellbeing of Oregon citizens, the Oregon Medical Board expects licensees to meet the standard of care in medical recordkeeping, which may require licensees to hone computer skills and adapt to EHR systems.

Amended April 2023

1. The Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009.

Ending the Provider-Patient Relationship

This Statement of Philosophy is offered as guidance for medical, osteopathic, and podiatric physicians, physician associates, and acupuncturists.

The provider-patient relationship is established when the physician, physician associate, or acupuncturist conducts an evaluation or consultation or otherwise offers to prescribe, diagnose, or treat the patient's complaint(s). This relationship may be ended informally or formally when the patient's problem is resolved; it may also be ended by mutual agreement when the patient transfers their care to another provider.

The provider-patient relationship also may be terminated by either party. For example, the patient may simply leave the licensee's practice or may request a transfer of their records to another provider with or without a more formal notification. Likewise, the licensee may end the provider-patient relationship due to changes in the licensee's scope of practice, practice location, retirement, illness, or other life events.

When a licensee terminates the provider-patient relationship, the licensee must provide appropriate written notice to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. The written notification should indicate resources that might assist the patient in establishing care with a new provider; however, the discharging licensee is not required to refer the patient to a specific provider or practice. The licensee must ensure that the patient has access to their medical records, and the notice should instruct the patient on how to obtain or transfer those records to their new health care provider. When possible, the letter to the patient and/or to the patient's responsible party should include the reason for ending the provider-patient relationship, but the decision to provide or not provide that explanation is up to the licensee and may be dependent upon the situation.

A 30-day notice may not be possible or practicable in all situations. For example, for some specialties or practice locations (e.g. rural settings), other appropriate providers may not be readily available. Therefore, a longer notification period may be necessary. For patients who are significantly disruptive, threatening, or considered dangerous for the provider or their staff, a much shorter notification period down to and including one day may be appropriate.

In all cases, OMB licensees should approach ending the provider-patient relationship with professionalism and respect for the patient's wellbeing

Amended October 2022

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 1.1.5 Terminating a Patient-Physician Relationship; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: Initiation and Discontinuation of Care; and Oregon Association of Acupuncturists' Code of Ethics: 1.10 Termination of Practice.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

Licensee Responsibility to Share Evidence-based Information

Oregon Medical Board licensees are respected members of our communities with the power to impact the health and wellbeing of Oregonians. As experts in the field of medicine and health care, they are looked to for advice and guidance, and the public relies on our trusted health care professionals for reliable, unbiased information. OMB licensees are therefore expected to use their voices to share factual, evidence-based information and to correct any misinformation or disinformation that has a potential to harm the public.

Adopted January 2022

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this statement of philosophy: American Medical Association's Code of Medical Ethics: Chapter 8 on Community Health and Opinion 8.11 Health Promotion; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: PA Role and Responsibilities; and Oregon Association of Acupuncturists' Code of Ethics: Practitioner Responsibilities.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

Medical Use of Lasers

The U.S. Food and Drug Administration (FDA) regulates the sale of lasers under the Centers for Devices and Radiological Health. It is a device that only a licensed practitioner can purchase.

Destruction, incision, ablation or the revision of human tissue by use of a laser is surgery.

Complications from the medical use of lasers can include visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

The Oregon Medical Board adopts the position that the medical use of lasers is the practice of medicine as defined by ORS 677.085:

"(3) Offer or undertake to perform any surgical operation upon any person."

"(4) Offer or undertake to diagnose, cure or treat in any manner or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person."

Physicians using lasers should be trained appropriately in the physics, safety and surgical techniques using lasers and intense pulsed light devices, as well as pre- and post-operative care. Any physician who delegates a procedure using lasers or intense pulsed light devices to a non-physician should also be qualified to do the procedure themselves by virtue of having received appropriate training in physics, safety and surgical techniques using lasers and intense pulsed light devices, as well as pre- and post-operative care.

Any allied health professional employed by a physician to perform a laser or intense pulsed light procedure should have received documented training and education in the safe and effective use of each system, and may carry out specifically designed laser procedures only under direct physician supervision, and following written guidelines and/or policies established by the specific site at which the laser procedure is performed.

The ultimate responsibility for performing any procedure lies with the physician. The supervising physician should be on-site, immediately available, and able to respond promptly to any questions or problems that may occur while the procedure is being performed.

The guiding principle for all physicians is to practice ethical medicine with the highest possible standards to ensure the best interest and welfare of the patients.

Adopted January 2002

Mental Health and Wellness

The Oregon Medical Board is obligated to regulate physicians, physician associates, and acupuncturists in their practice of medicine or acupuncture and to protect the public from practice by an impaired licensee. The Board also supports licensees to remain in safe practice.

Medical providers suffer physical and mental health conditions just as their patients do, and the stigmatization of mental illness has harmed many. The Board supports de-stigmatization of mental illness in its approach on application and renewal materials and recognizes that the presence of mental illness, or the seeking of care, does not constitute impairment.

In seeking to protect and support, the Board focuses on current impairment, not on the potential of future impairment or disability. When mental illness does not impair a licensee's practice, the Board does not restrict it.

When mental illness does impair a licensee's ability to safely or competently practice, the Board is compelled to act. When having reasonable cause to believe a licensee is impaired, the Board may direct or order an investigation which may include medical, physical, or mental evaluation. Mental examination is performed by impartial psychiatrists retained by the Board.

When presence of impairment is found, it is addressed individually, with discipline that may include practice limitation, probation, suspension, revocation, or denial of license. These disciplinary actions by the Board are reported to the National Practitioner Data Bank (NPDB).

The Oregon Wellness Program (OWP) and the Health Professionals' Services Program (HPSP) are two additional ways in which the Board offers support for licensees with mental illness, whether impaired or not. Additional information regarding HPSP can be found in Board's Statement of Philosophy on Supporting Licensees with Substance Abuse and Mental Health Disorders.

Amended October 2023

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 9.3.1 Physician Health & Wellness; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism; and Oregon Association of Acupuncturists' Code of Ethics: 1.1 Competence.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

Mesotherapy and Injection Lipolysis

Treatments most properly called "injection lipolysis" have been commonly associated with the term "mesotherapy" to reduce or eliminate unwanted local accumulations of fat. Various terms for treatments that purport to "dissolve" fat seem to be used interchangeably, although "mesotherapy" has gained prominence in the public vernacular. Injection lipolysis is typically done with trade-named products such as Lipodissolve™ and Lipostabil™ or with proprietary formulations provided by compounding pharmacies. The one common ingredient in all injection lipolysis formulations is phosphatidylcholine (PPC).

In the United States, sodium deoxycholate (DC), a constituent of bile, is a second major ingredient used to keep the PPC soluble and in an injectable form without precipitating out of solution.

Phosphatidylcholine (PPC) and sodium deoxycholate (DC) are both phospholipids, emulsifiers, and surfactants. PPC is the most abundant phospholipid component of cell membranes, a precursor to acetylcholine, and a constituent of lipoproteins. DC is a constituent of bile. Both substances are naturally present in the human body.

In contrast to injections into the mesoderm, injection lipolysis treatments are delivered into the subcutaneous fat. In both cases, the depth of injection is critical to prevent damage to fascia. It has been hypothesized that treatment with PPC and DC reduces subcutaneous fat by adipocyte necrosis due to direct toxic or surfactant effects.

Phosphatidylcholine (PPC) and sodium deoxycholate (DC) are both approved by the U.S. Food and Drug Administration (FDA) for use as surfactants and drug carriers, among other applications, but neither is approved for subcutaneous injection. Lipodissolve™ and Lipostabil™ are not approved by the FDA. Proprietary formulations of PPC / DC and other drugs have been manufactured by compounding pharmacies, yet such formulations lack standardization in terms of good manufacturing practices and sterility.

The FDA is well aware that injections to reduce fat deposits are performed, but the agency thus far has not exercised its enforcement power to restrict the use of compounded PPC / DC.

Safety and Efficacy of Injection Lipolysis: To date, reports on the safety and efficacy of injection lipolysis have been anecdotal. Any clinical study involving subcutaneous injection of these drugs requires FDA approval of an investigational new drug (IND) application plus IRB approval. Reports of adverse events, including mycobacterium skin infections have been reported following the injection of compounded preparations for injection lipolysis.

Recommendations Regarding Injection Lipolysis: Patients must be informed that this procedure uses compounded drugs that are not approved by the FDA for injection. The use of a PPC/DC combination is permitted in the context of a clinical trial operating under a FDA-approved IND (investigational new drug) study protocol. Physicians may order individualized prescriptions from a compounding pharmacy designed for a specific patient for the purpose of injection lipolysis. "Bulk" purchases of the compounded drugs will not be possible. There is the risk of FDA investigation and sanctions involving compounded drugs that are not approved by the FDA. Lipodissolve™ and Lipostabil™ are not approved by the FDA. It is illegal to import or use them.

Adopted October 2007

Pain Management

Decades ago, pain became the fifth vital sign. Clinicians prescribed opiates liberally, aiming to alleviate all pain. But an unintended consequence occurred. Some patients developed dependence and addiction, and people died of overdoses and sedative symbiosis.

As a result, prescribing controlled substances became tightly constrained. As an unintended consequence of this shift away from liberal prescribing, some patients have been indiscriminately terminated from well-tolerated medical treatments.

On November 3, 2022, the Centers for Disease Control and Prevention (CDC) revised its guidelines for pain management. See: **CDC Clinical Practice Guideline for Prescribing Opioids for Pain** and **Factsheet: CDC Guideline for Prescribing Opioids for Chronic Pain**.

Oregon Medical Board licensees are advised to read the guidelines and familiarize themselves with the standard of care, specifically the expectation for individualized, shared decision making. Prescribers should conduct a patient-centered evaluation when determining appropriate Morphine Equivalent Dose (MED) limitations for each unique patient. Prescription Drug Monitoring Program (PDMP) checks and detailed counseling conversations with patients – and documentation of these – are still critically important. The risks versus benefits of opioid treatment for chronic pain and frequency of drug screens are to be considered on a case-specific basis. The new guidance makes clear the ongoing assessment and documentation of the benefits of opiates and all controlled substances versus the risks and side effects is still of paramount importance.

Finally, additional resources are available to assist licensees in providing the best patient care available, particularly as it relates to prescribing for chronic pain. Experts in the field are readily willing to support and advise other Oregon physicians and physician associates in working to meet the needs of patients in our communities.

Amended January 2024

Professionalism

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. It fulfills its mission by, among other activities, investigating and, if necessary, imposing disciplinary action upon physicians who do not uphold the standards of professionalism.

Professionalism comprises those attributes and behaviors that serve to maintain patients' interests above the physician's self-interest.

Professionalism means the continuing pursuit of excellence (see definition below), and includes the following qualities:

Altruism is the essence of professionalism. Altruism refers to unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

Accountability and Responsibility are required at many levels – individual patients, society and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed.

One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

Duty: Acceptance of a Commitment to Service. This commitment entails being available and responsive when "on call," accepting personal inconvenience in order to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, and advocating the best possible care regardless of the patient's ability to pay.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians. A key to excellence is the pursuit of, and commitment to, providing the highest quality of health care through lifelong learning and education. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

Honesty and Integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. Honesty and integrity require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

Respect for Others is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians and professional colleagues. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members.

Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

Signs of Unprofessionalism

It is sometimes by looking at what is unprofessional behavior, that the physician can obtain greater understanding of the meaning of professionalism. The Board has seen these signs of unprofessionalism:

- **Abuse of Power:** Physicians are generally accorded great respect by their patients. When used well, this power can accomplish enormous good. When abused, it causes the opposite. Examples of abuse of power are:
  - Crossing sexual boundaries
  - Breaching confidentiality
  - Proselytizing a point of view in order to change a patient's mind

- **Arrogance:** For a physician, arrogance is an offensive display of superiority and self-importance, which prevents the establishment of empathetic relationships. Examples of arrogance are:
  - Failing to listen to others
  - Abusing the social position of physicians
  - Failing to make appropriate referrals
  - Safeguarding physician interests above the patient

- **Greed:** When money rather than patient care becomes the guiding force in a physician's practice. Examples of greed are:
  - Doing procedures that have no medical indication
  - Billing fraud
  - Not providing medical documentation for services

- **Misrepresentation:** In the context of unprofessional behavior, misrepresentation consists of lying (consciously telling an untruth) and fraud (conscious misrepresentation of material facts with the intent to mislead). Examples of misrepresentation are
  - Misrepresenting educational history
  - Not filling out licensing and other applications for renewal truthfully
  - Faking research
  - Inflating credentials
  - Altering charts
  - Giving expert testimony that is not truthful

- **Impairment:** This occurs when a physician is no longer able to give the patient the needed proper care. Examples are:
  - Being under the influence of alcohol and/or drugs while on duty
  - Having untreated physical or mental health problems
  - Overworking, which may lead to the inability to concentrate

- **Lack of Conscientiousness:** This occurs when a physician does not fulfill his/her responsibilities to patients, colleagues and society. Examples are:
  - Charting poorly
  - Abandoning patients
  - Not returning phone calls or pages
  - Not responding appropriately or refusing referrals without a good reason
  - Not providing patient records in a timely manner
  - Supervising trainees inadequately
  - Self-medicating without documentation
  - Not keeping up with the skills and knowledge advances in the scope of practice

- **Conflict of Interest:** When the physician puts his/her interests above that of the patient and society, it is a conflict of interest. Here are a few examples:
  - Ordering diagnostic procedures or treatment from businesses where the physician has an interest
  - Receiving expensive gifts and/or money from drug dispensing companies, which causes undue influence

Adopted May 2005

Provider Patient Relationship

An Oregon provider has medical, legal, and ethical obligations to his or her patients. In light of these obligations, it is the philosophy of the Oregon Medical Board that:

1. Regardless of whether an act or failure to act is determined entirely by a provider, or is the result of a contractual or other relationship with a health care entity, the relationship between a provider and a patient must be based on trust, and must be considered inviolable. Included among the elements of such a relationship of trust are:
   - Open and honest communication between the provider and patient, including disclosure of all information necessary for the patient to be an informed participant in their care.
   - Commitment of the provider to fundamentally serve as an advocate for the patient's interest, without regard to secondary interests, whether personal, financial, or institutional and in avoidance of any conflict of interest with that of the patient.
   - Provision by the provider of that care which is necessary and appropriate for the condition of the patient, following community standards and best practices.
   - Avoidance of the creation or encouragement of any inappropriate relationships outside that of the therapeutic relationship, whether personal, financial, political, sexual, or other.[1]
   - Respect for, and careful guardianship of, any intimate details of the patient's life, which may be shared with the provider.
   - Dedication by the provider to continually maintain professional knowledge and skills.
   - Respect for the autonomy of the patient.
   - Respect for the privacy and dignity of the patient.
   - Compassion for the patient and their family.

2. Any act or failure to act by a provider that violates the trust upon which the relationship is based jeopardizes the relationship and may place the provider at risk of being found in violation of the Medical Practice Act (ORS Chapter 677).

3. The philosophies expressed herein apply to all licensees regulated by the Oregon Medical Board, as well as those who make decisions, which affect Oregon consumers, including health plan medical directors and other providers employed by or contracting with such plans.

Amended July 2020

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 1.1.1 Patient-Physician Relationships; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: The PA and Patient; and Oregon Association of Acupuncturists' Code of Ethics: 1.5 Personal Relationships with Patients.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

1. Additional information is available in the Board's Statement of Philosophy on Sexual Misconduct.

Re-Entry to Clinical Practice

The Oregon Medical Board has the mission to protect the health, safety, and wellbeing of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians, physician associates, or acupuncturists. The Board also supports provider re-entry as part of its mission to promote access to quality care. Consistent with these directives, the Board has adopted a policy regarding re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any applicant or licensee with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment, supplemental training, or mentorship. Requirements vary depending on individual circumstances, including the number of years in practice before the hiatus, the number of years out of practice, the type of licensure requested, and the clinician's intended practice and specialty.

A detailed re-entry plan is designed and documented in a Consent Agreement for Re-entry to Practice, which may consist of mentoring, supplemental training, passing the SPEX or COMVEX exam, continuing education hours, or other activities pertinent to the clinician's practice and needs. The duration of a re-entry program is dependent upon individual circumstances, and completion requires a letter from the program or mentor verifying fitness to return to clinical practice. The re-entry program is not a mechanism for switching specialties.

Re-entry programs help providers return to practice, assure licensure boards of competency, promote quality care, and increase the medical workforce. The Oregon Medical Board is firmly invested in ensuring licensee competency to deliver safe health care to Oregonians, and every effort will be made to maintain balance between clinician supply and the demand for safe, competent health care.

Amended July 2023

Oregon Medical Board rules outline re-entry requirements, OAR 847-020-0183, 847-050-0043, 847-070-0045, and 847-080-0021.

Additionally, the Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 8.13 Physician Competence, Self-Assessment & Self-Awareness; American Association of Physcian Associates' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism, Competency; and Oregon Association of Acupuncturists' Code of Ethics: 1.1 Competence.

ORS 677.190(1)(a) and ORS 677.188(4)(a)

Responsibilities of Medical Directors of Medical Spas

The Oregon Medical Board is charged with protecting the health, safety and wellbeing of Oregonians through the regulation of the practice of medicine. As the practice of medicine in medical spas expands, it is incumbent upon licensees providing services in these settings to be aware of their responsibilities. In particular, a licensee who serves as a medical director of a medical spa or similar facility must clearly understand the duties and responsibilities of the role.

Medical directors must view medical spa patients as their patients, not just clients of the facility. Medical spa patients must be treated the same as a patient in any other medical facility. This includes performing an evaluation to establish the appropriate diagnosis and treatment, obtaining informed consent prior to treatment, and maintaining proper documentation and patient confidentiality.

Before personally performing or delegating any procedure to medical spa personnel, the medical director must consider the type of procedure and its risks. In addition, the medical director must ensure that the staff member has the appropriate education and training to perform the procedure. Proper delegation also includes effective supervision through oversight, direction, evaluation and guidance. The medical director may not delegate the diagnosis of a medical condition or development of a treatment plan to a staff member who is not licensed to provide independent medical judgment.

Medical directors authorized to prescribe scheduled medications must be aware that only they can order, own, possess or have access to those medications within their medical spa.

The medical director is responsible for the medical procedures performed at the spa and will be held to the same standard of care as though the procedure were performed in a medical facility. Above all, patient safety is the top priority, and medical directors should act in the best interest and welfare of their patients at all times.

Adopted October 2015

Scope of Practice

The Oregon Legislature has given the Oregon Medical Board the power to exercise general supervision over the practice of medicine and podiatry within the state. Increasingly health professionals, some licensed by this Board and some by other agencies, are seeking to extend the scope of their practice and authority. While the ultimate decision on scope of practice issues generally rests with the Legislature, the Board assists lawmakers by providing complete and accurate information upon which to base decisions. The following factors are considered when the Board reviews scope of practice questions:

- Public safety must be the primary focus;
- The patient should receive the same level of care and informed consent regardless of who provides the care;
- Fully qualified providers must perform procedures, whether those providers are physicians or other health care professionals. With extensive years of medical training, physicians have broad authority and considerable latitude in the scope of their medical practice. Health care providers with less formal education need a clearly defined scope of practice in keeping with Oregon statutes.

When considering scope of practice changes for professions or individuals under its own jurisdiction, the Board considers the following:

- **Education:** Has the provider received education from an approved institution with national standards and what is the core education in terms of residency, post-graduate education and continuing education courses?
- **Experience:** What experience has the practitioner had recently relative to the proposed expansion in scope of practice?
- **Level of Supervision:** When health care professionals work under supervision, the Board expects the supervisor to be identified in advance and to be skilled in the procedure he/she is supervising. The supervisor must also assume responsibility for delegation of duties.
- **Back-up Assistance Available:** Before undertaking a scope of practice change, a functional back-up system must be identified in advance, with the availability of review similar to hospital peer review.
- **Demonstration of Skill Level:** In assessing ability, the Board looks for proficiency demonstrated under supervision, documented by an unbiased third party. There needs to be verified outcomes following an appropriate number of procedures over a given period of time.

Prior to the addition of a diagnostic or therapeutic technique to a health practitioner's scope of practice under any jurisdiction, the Board believes that the following questions should be answered in addition to the above outlined standards:

- What is the current standard of practice and is the skill being added appropriate to the professional background?
- What background is sufficient to prepare the professional to perform a given procedure safely?
- Does the individual have adequate experience to understand appropriate indications and handling of complications?

The citizens of Oregon expect and deserve the same high quality care for the same medical service rendered irrespective of the background, training, skill and knowledge of the health care provider. It is on this basis that the Oregon Medical Board carefully reviews questions of expanded scope of practice for health care providers.

Adopted July 1999

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 assocaite, 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:

- Provide a professional explanation about each component of examinations, procedures, tests, and other aspects of patient care.
- Communicate actions in advance, such as physical touch during an exam.
- Have a chaperone present during sensitive examinations and procedures and anytime when requested by the patient.
- Be cognizant of sexual or romantic feelings toward a patient or patient representative, and transfer the patient to another health care provider.
- 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.
- 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 2019

"'Sexual misconduct' is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal, physical or other behavior, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual."

Oregon Administrative Rule 847-010-0073(3)(b)(G)

Sexual Trauma Support

The Oregon Medical Board takes accusations of sexual misconduct extremely seriously. If you have filed a sexual misconduct complaint with the Board and would like additional resources, please visit the **Oregon Attorney General's Sexual Assault Task Force** webpage. There, you will find contact information for nonprofit organizations in your area. Please note that the Sexual Assault Task Force does not operate a shelter or crisis hotline.

Social Media

The Oregon Medical Board regulates the practice of medicine to protect the health, safety, and wellbeing of Oregon patients. As medical practice has evolved, so has the method of communication among practitioners, patients, and family. Colleagues, administrators, and patients increasingly expect health care professionals to stay connected, and online social networking has become a resource for health care professionals to share information and to form meaningful professional relationships.

The Board recognizes the benefits of social media and supports its responsible use. However, healthcare professionals are bound by ethical and professional obligations that extend beyond the exam room, and social media creates new challenges. Among the primary obligations to consider when engaging in social media are confidentiality, boundaries, and overall professionalism.

Confidentiality: Health care professionals have an obligation to protect patient privacy and confidentiality in all environments. Identifiable patient information – even seemingly minor details of a case or patient interaction – must never be posted online. Healthcare professionals must never discuss a patient's medical treatment or answer a patient's health-related question through personal social media. Email must be secure if used to communicate medical information to patients. Health care professionals must use discretion and consider all information posted online to be public.

Boundaries: Health care professionals must maintain appropriate boundaries in the physician-patient relationship at all times. Electronic media may blur the boundaries of the physician-patient relationship and heighten the potential for boundary violations.[1] As a result, healthcare professionals should consider separating personal and professional social media accounts and exercise caution if considering interacting with patients or their families online through personal social networking sites. Healthcare professionals should feel comfortable ignoring or declining requests to connect from current or past patients through a personal social media account. It is the professional's responsibility to maintain appropriate boundaries, not the patient's.

Professionalism: Online actions and content directly reflect on professionalism. Therefore, healthcare professionals must understand that their online activity may negatively impact their reputations and careers as well as undermine the public's overall trust in the profession. Healthcare professionals should not make negative statements about other healthcare providers and should use caution when responding to the negative comments of others on social media. When conflicted about posting online content, healthcare professionals should err on the side of caution and refrain. Further, if healthcare professionals write online about their professional experiences, they must be honest about their credentials and reveal any conflicts of interest.

Health care professionals are required at all times to follow the Medical Practice Act, rules established by the Board, and professional standards of care. These obligations apply regardless of the medium of communication.

Adopted January 2016

1. The definition of sexual misconduct in OAR 847-010-0073(3)(b)(G) includes sexually explicit communication via electronic methods such as text message, e-mail, video, or social media.

Supporting Licensees with Substance Abuse and Mental Health Disorders

The foremost mission of the Oregon Medical Board (Board) is the protection of Oregon's citizens from the practice of medicine by unqualified, incompetent or impaired medical providers. Secondarily, the Board supports its licensees in remaining in or returning to the safe practice of medicine. The Board participates in the Health Professionals' Services Program (HPSP), a rehabilitation and monitoring program for licensees with substance abuse or mental health disorders. HPSP was established in July 2010 as a statewide, confidential resource; it is the successor to the Health Professionals Program (HPP), which was in place for the preceding 20 years.

Licensees who participate in treatment and monitoring are very often successful in returning to safe and productive practice. Experience in Oregon and nationally indicates that anything short of this standard of comprehensive monitoring leads to a markedly higher failure rate.

The Board encourages licensees to attend to any substance use or mental health diagnosis and has adopted the following referral policy regarding the HPSP monitoring program.

Self-referral: Licensees may participate in HPSP through a "self-referral" if there has been no impact on patient care and no impairment in the workplace or in the licensee's ability to practice. Voluntary HPSP participants require no further action relative to licensure, and they will not be reported to the Board so long as they successfully engage in the program.

Board referral: Licensees may be referred to HPSP by the Board through an investigation or through the license application process when the licensee has a substance use or mental health diagnosis that does or may impair the ability to practice safely. Licensees who have been impaired in the workplace or while scheduled to work (including on call) are referred to HPSP through the investigative and disciplinary process.[1] If the Board believes a licensee is not safe to practice without monitoring through HPSP, and if the licensee chooses not to participate in or comply with the terms of the HPSP agreement, the licensee will be subject to denial of licensure or discipline, up to and including suspension or revocation of licensure.[2]

The Board recognizes that self-referral is vastly superior to disciplinary action. Early identification and treatment – prior to impairment – is the obvious preference. All licensees and their organizations are encouraged to promote early intervention. When the Board refers a licensee to HPSP through the disciplinary process, it is often possible for the licensee to return to practice as soon as they are successfully participating in the program and they have been deemed safe to practice by an appropriate health care provider.

1. State law requires that all impaired licensees be reported to the Board (ORS 676.150).

2. Medical Practice Act violations are enumerated in ORS 677.190.

The Board strives to assure licensees with a substance use or mental health diagnosis that their future success is one of the Board's goals. Substance use or mental health conditions do not have to destroy a professional's career, personal life, or professional standing. With proper treatment and follow-up, licensees can continue the successful practice of their medical profession.

Revised April 2020

Uprise MAT Statement

It may be medically appropriate for some medical board licensees participating in HPSP to be prescribed Buprenorphine or other Medication Assisted Treatment (MAT) as an adjunct to their other behavioral treatment requirements. Like other medications, HPSP licensees prescribed a MAT are required to regularly submit a medication management form that is signed by their prescriber. Further, they must follow all HPSP guideline requirements associated with medications and continue with periodic testing to ensure adherence to the medication and abstinence from other drugs. The prescribing physician, in consultation and approval by the HPSP Medical Director, will identify medication duration and dosage. These factors, as well as the licensee's position, will be considered carefully when making return to work recommendations in order to protect public safety.

HPSP advocates for and supports all licensees utilizing Buprenorphine or other MAT as part of their substance use disorder treatment for whom the medication is medically appropriate while the licensee is in monitoring.

Telemedicine

The OMB supports a consistent standard of care and scope of practice for physicians, physician associates, and acupuncturists, regardless of the delivery tool or business method enabling provider-patient communication. Telemedicine is not a separate form of medicine, but rather a delivery tool. It is the practice of medicine, podiatry, or acupuncture through means of electronic communication, information technology, or other means of interaction between a provider at one location and a patient in another location.

Licensure Requirements

Telemedicine generally involves using secure videoconferencing or other appropriate technology to replicate the interaction of an in-person encounter. The practice of medicine, podiatry, or acupuncture occurs at the patient's location when technology is used to provide care. The provider must possess appropriate licensure in all jurisdictions where the patient receives care. Therefore, with a few exceptions provided in ORS 677.060 and 677.137 and detailed below, providers practicing via telemedicine on patients located in Oregon must be licensed in Oregon.

A physician or PA licensed in another state may provide care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person who is in Oregon temporarily for the purpose of business, education, vacation, or work and who requires the direct medical treatment by that physician or PA as provided in ORS 677.060 or 677.137.

A physician or PA licensed in another state may consult directly with another physician or PA licensed in Oregon if they do not undertake the primary responsibility for diagnosing or rendering treatment to a patient located in Oregon as provided in ORS 677.060 or 677.137.

A physician or PA licensed in another state may provide temporary or intermittent follow up care via telemedicine without obtaining Oregon licensure if they have an established provider-patient relationship with a person located in Oregon as described in ORS 677.060 or 677.137. The OMB understands that the patient's needs are often best served by allowing continuity of care with the physician or PA who knows the patient and has access to the patient's medical records provide follow up care under these circumstances.

A physician, PA, or acupuncturist licensed in Oregon with an Active status license may be temporarily located outside of Oregon to provide care via telemedicine for a patient located in Oregon.

How to Conduct a Visit

The Board recognizes that delivery of services through telemedicine conveys potential benefits and potential challenges for patients, and that the delivery method does not alter the scope of practice, the professional obligations, the setting, or the manner of practice of any provider, beyond that authorized by law. Physicians, PAs,, and acupuncturists are always obligated to maintain the highest degree of professionalism, place the welfare of patients first, meet the same standards of professional practice and ethical conduct, and protect patient confidentiality. As such, some situations and presentations are appropriate to provide care via telemedicine, while some are not.

A physician, PA, or acupuncturist is expected to:

- Maintain an appropriate provider-patient relationship. At each telemedicine encounter, the provider should:
  - Verify the location and identity of the patient,
  - Provide the identity and credentials of the provider to the patient, and
  - Obtain appropriate informed consents from the patient after disclosures regarding the limitations of telemedicine.

- Document relevant clinical history and evaluation of the patient's presentation. Treatment based solely on an online questionnaire without individualized review and assessment does not constitute an acceptable standard of care.
- Provide continuity of care for patients, including follow-up care, information, and documentation of care provided to the patient or suitably identified care providers of the patient.
- Immediately direct the patient to the appropriate level of care when referral to acute or emergency care is necessary for the safety of the patient.
- Meet or exceed applicable federal and state legal requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical retention rules. Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records.
- Be transparent in:
  - Specific services provided;
  - Contact information;
  - Licensure and qualifications;
  - Fees for services and how payment is to be made;
  - Financial interests;[1]
  - Appropriate uses and limitations of the site, including emergency health situations;
  - Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
  - To whom patient health information may be disclosed and for what purpose;
  - Rights of patients with respect to patient health information; and
  - Information collected and any passive tracking mechanisms utilized.
- Provide patients a clear mechanism to:
  - Access, supplement, and amend patient-provided personal health information;
  - Provide feedback regarding the site and the quality of information and services; and
  - Register complaints, including information regarding filing a complaint with the Oregon Medical Board.

Amended April 2024

The Oregon Medical Board holds providers to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 1.2.12 Ethical Practice in Telemedicine; American Association of Physician Associates' Guidelines for Ethical Conduct for the PA Profession: The PA and Patient; and Oregon Association of Acupuncturists' Code of Ethics: 1.2 Communication with Patients.

- ORS 677.190(1)(a) and ORS 677.188(4)(a)

1. A health practitioner must inform patients when referring the patient to a facility in which the health practitioner or an immediate family member has a financial interest. See ORS 441.098.

Use of Unlicensed Health Care Personnel

This Statement of Philosophy is offered as guidance for medical, osteopathic, and podiatric physicians and physician associates.

With ever-increasing demands on the time and resources of physicians and physician associates, the role of unregulated healthcare personnel is expanding. As a result, high quality patient care depends on the contributions of a wide variety of personnel, including medical associates. When establishing expectations and limitations for medical associates in a medical office, the OMB advises that patient safety should be the primary factor.

The physician or physician associate is responsible for ensuring that the medical assistant is qualified and competent to perform any delegated services. It is within the physician's or physician associate's judgment to determine that the medical assistant's education, training, and experience is sufficient to ensure competence in performing the service at the appropriate standard of care. Performance of delegated services is held to the same standard of care applied to the physician or physician associate, and the physician or physician associate is ultimately accountable for the actions of their supervised personnel.

Unlicensed healthcare personnel must be adequately supervised by a licensed physician or physician associate. Examples of supervision include verifying the correct medication and dosage prior to administration of medicine by a medical assistant and being physically present in the facility when services are performed by a medical assistant.

The physician or physician associate may not allow any unlicensed healthcare personnel to provide care or practice medicine as defined by the Oregon Medical Practice Act. Unlicensed healthcare personnel may not provide independent medical judgment. It is the physician's or physician associate's responsibility to determine what does not require medical judgment to perform. For example, medical assistants should not provide assessments, interpretations, or diagnoses and should not perform invasive procedures.

Physicians and physician associates should exercise caution when employing a person who has education and training as a healthcare professional but is working as an unlicensed medical assistant. In this situation, it may be tempting for the physician or physician associate to delegate (or the medical assistant to perform) duties beyond the scope of unlicensed healthcare personnel.

Medical assistants and other unlicensed healthcare personnel must maintain patient confidentiality to the same standards required of physicians and physician associates. Medical assistants must be clearly identified by title when performing duties. This can be accomplished through wearing a name tag with the designation of "medical assistant" and clearly introducing oneself as a "medical assistant" in oral communications with patients and other professionals.

In order to fulfill its mission to protect the health, safety and wellbeing of Oregonians, the OMB recommends physicians and physician associate to follow these guidelines and to be mindful of patient safety when delegating services to other healthcare personnel.

Amended July 2022

Use of Unlicensed Health Care Personnel in Acupuncture

In providing safe, effective, and efficient care, an Oregon-licensed acupuncturist may be assisted by unlicensed healthcare personnel. Acupuncturists must use caution when employing unlicensed personnel, including ensuring adequate training and appropriate supervision and avoiding delegation of the practice of acupuncture.

An acupuncturist may not allow unlicensed healthcare personnel to practice acupuncture as defined in ORS 677.757. Unlicensed healthcare personnel may not diagnose, provide point location or needle insertion, perform manipulation, render advice to patients, or perform other procedures requiring a similar degree of judgment or skill.

Unlicensed healthcare personnel may perform administrative, clerical, and supportive services under adequate supervision by a licensed acupuncturist. Supportive services may include, but are not limited to, the operation of an e-stim machine after the acupuncturist has placed needles, attached leads, and set frequency. Operation in this context includes turning on the machine, adjusting intensity for patient comfort, turning off the machine, and unclipping the machine from needles so long as the unlicensed healthcare personnel is trained to do so. Unlicensed healthcare personnel may also remove needles after receiving appropriate training and supervision from a licensed acupuncturist.

Unlicensed healthcare personnel should clearly identify themselves to patients. This should include clear identification on badges as well as direct communication with patients.

In order to fulfill its mission to protect the health, safety, and wellbeing of Oregonians, the Oregon Medical Board asks Oregon-licensed acupuncturists to follow these guidelines and to be mindful of patient safety when using the assistance of unlicensed healthcare personnel.

Adopted July 2021

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, including the Oregon Association of Acupuncturists' Code of Ethics: Rule 2.3 Staff, and the National Certification Commission for Acupuncture and Oriental Medicine's 2016 Code of Ethics. See ORS 677.190(1)(a) and ORS 677.188(4)(a)