



OREGON MEDICAL BOARD

NEW LICENSEE HANDBOOK

Mission Statement:

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

CONTACT INFORMATION

Oregon Medical Board

Portland, OR 97201-5847
1500 SW 1st Ave., Suite 620
www.oregon.gov/OMB

Email: info@omb.oregon.gov
Phone: 971-673-2700
Toll-free in Oregon: 1-877-254-6263
Fax: 971-673-2670

Office Hours: 8 a.m. – 5 p.m.
Licensing Call Center: 9 a.m. – 3 p.m.
Both Closed 12 p.m. – 1 p.m.

Health Professionals' Services Program:
Phone: 1-888-802-2843
www.uprisehealthmonitoring.com

ACCESS THE OMB AT [WWW.OREGON.GOV/OMB](http://www.oregon.gov/OMB)

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 the shortcut <http://omb.oregon.gov/login>.

You can verify a license on the Board's website or by using the shortcut <http://omb.oregon.gov/verify>. The verification will show the license status, professional education and training, and any disciplinary orders or malpractice claims.

THE BOARD & COMMITTEES

Board members provide a critical public service for patients and the medical profession. The fourteen-member 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 seven MDs, two DOs, one DPM, one PA and three public members. They represent a wide range of specialties and practice locations. Current Board member bios are available at www.oregon.gov/OMB/Board.

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

- Investigative Committee considers all investigative and disciplinary matters.
- Administrative Affairs Committee reviews administrative rules and applicants for licensure.
- Acupuncture Advisory Committee reviews matters related to acupuncture.
- Emergency Medical Services Advisory Committee reviews requested changes to the scope of practice and other matters related to EMS providers.
- Editorial Committee reviews Board publications for content and accuracy.
- Legislative Advisory Committee develops and responds to legislative proposals.

<p style="text-align: center;">Investigative Committee</p>	<p style="text-align: center;">Administrative Affairs Committee</p>	<p style="text-align: center;">Acupuncture Advisory Committee</p>
<p>5 physician Board members 1 public Board member <i>Meets monthly</i></p>	<p>3 physicians, 1 PA-C 2 public Board member <i>Meets quarterly</i></p>	<p>3 LAcS, 2 physicians 1 Board liaison <i>Meets biannually</i></p>
<p style="text-align: center;">EMS Advisory Committee</p>	<p style="text-align: center;">Editorial Committee</p>	<p style="text-align: center;">Legislative Advisory Committee</p>
<p>3 EMSs, 2 MD/DOs <i>Meets quarterly</i></p>	<p>2 Board members <i>Reviews publications as needed</i></p>	<p>2 or 3 Board members <i>Meets at call of Chair</i></p>

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, physician assistants 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 beginnings over 125 years ago, the Board has gone from three Board members to now 14. In 1900, it was responsible for 627 licensees; by 2020, the number of licensees has grown to over 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 with all income generated from licensing, registration, other fees or fines, and data requests.

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.

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 works with the ***Health Professionals' Services Program*** that oversees the treatment and rehabilitation of licensees who suffer from substance abuse disorders and/or mental health disorders.

LICENSURE

LICENSES & CERTIFICATES

Your license and certificate of registration will be mailed to you at the mailing address you provide to the Board, upon initial licensure. Please ensure that the address is accurate and you are able to receive mail at that location. Keep the Board apprised of all address changes.

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.

LICENSE STATUS

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 – living but not practicing medicine in Oregon or licensees who are not practicing in Oregon but are practicing elsewhere.
- Locum Tenens – residing out of state and practices intermittently in Oregon
- Retired – fully-retired and not practicing in any state in any capacity, whether paid, volunteer, or writing prescriptions
- Telemedicine, Telemonitoring or Teleradiology – physicians located out-of-state who provide care to Oregon patients

To change your license status, please contact the Board. You may be required to submit a reactivation application. More details are available at www.oregon.gov/omb/licensing, “Reactivate a License.”

Limited Licenses are granted to licensed professionals in a training program (e.g. postgraduate, resident, fellow, visiting professor, and medical faculty).

LICENSE FEES

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 www.oregon.gov/OMB/licensing/Pages/Fees.aspx.

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 <http://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.

MAINTAINING LICENSURE (RENEWAL & CME)

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) each year. CME must be relevant to the licensee's practice area. Additional details and exceptions are available in OAR 847-008-0070.

New licensees must obtain CME in pain management as described in OAR 847-008-0075. More information on CME is available at www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx.

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. See www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx for more details.

INVESTIGATIONS & DISCIPLINE

INVESTIGATION PROCESS

The Board receives hundreds of inquiries and complaints each year from patients, families, health professionals, healthcare institutions, insurance companies, governmental agencies, and medical associations. Each complaint gets an initial investigation 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.

OMB MAY Investigate	OMB Usually MAY NOT Investigate
Quality of care; inappropriate or substandard care	Complaints about providers not licensed by the Board
Impaired licensee	General billing issues
Inappropriate prescribing	Complaints that a licensee's staff was rude
Inappropriate relationship with patient or patient family member	Complaints about medical <i>facilities</i>
Inappropriate boundaries by a licensee	Complaints about Independent Medical Examinations (IME)
Criminal activity (also report to law enforcement)	Complaints about insurance companies or health plans

In an investigation, information and documentation is collected from the licensee, hospitals, pharmacies, and/or any other person or entity with relevant information. All information is reviewed by the Board's Chief Investigator, 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 Complaint and 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 agreements between the Board and the licensee.

See ***Anatomy of Complaint*** on the next page or visit the Board's website at www.oregon.gov/omb/Investigations/Documents/anatomy-of-complaint.pdf for further information about each step.

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.

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

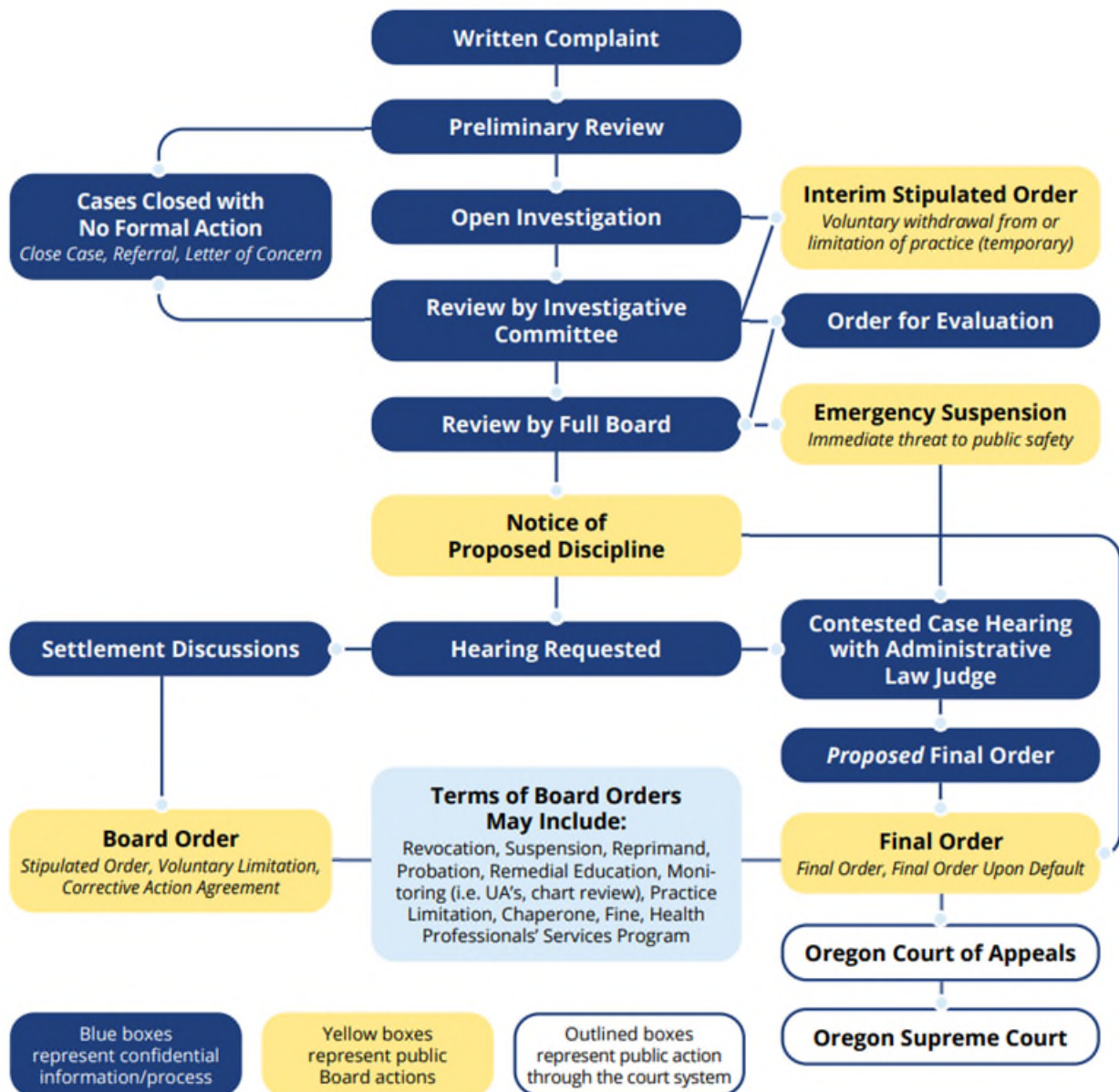
If a licensee disagrees with the action taken by the Board, the decision may be appealed to the Oregon Court of Appeals and the Oregon Supreme Court.

COMPLAINT AND INVESTIGATION PROCESS



Oregon Medical Board

Complaint and Investigation Process



REPORTING REQUIREMENTS

REPORTS TO THE BOARD

Impaired/ Incompetent Licensees: The Medical Practice Act (ORS 677.415) requires licensees to report within 10 days any information that another licensee is or may be:

- Medically incompetent
- Guilty of unprofessional or dishonorable conduct
- Unable to safely practice

Adverse Actions or Crimes: Licensees must report any adverse actions taken against them by another licensing board, government agency, or healthcare organization or facility. In addition, licensees must report any criminal conviction or felony arrest. These reports must be made to the Board within 10 days. (ORS 676.150)

Failure to report may result in investigation and discipline.

OTHER REPORTING REQUIREMENTS

Child Abuse: Report any reasonable belief that a child has been abused, including assault, physical abuse, neglect, sexual abuse or exploitation, threats of harm, and mental abuse, to the local office of Oregon Department of Health Services (DHS) Child Protective Services or a law enforcement agency. (ORS 419B.005-419B.050) www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE

Seniors & People with Disabilities: Report any reasonable belief that a person 65 years or older or an adult with a disability has suffered abuse to Oregon DHS, county program, or law enforcement. (ORS 124.050-124.095, 430.735-430.765) Abuse includes physical injury that does not appear to be accidental, neglect, abandonment, or willful infliction of pain or injury. www.oregon.gov/DHS/ABUSE

Violence: Report to law enforcement a reasonable suspicion of a non-accidental serious injury or an injury caused by a weapon. (ORS 146.710-146.780)

Toy-Related Injury or Death: Report to the Oregon Health Authority. (ORS 677.491)

At-Risk Drivers: Report any patient whose persistent or episodic cognitive or functional impairment may affect the person's ability to safely operate a motor vehicle to the Department of Transportation. (ORS 807.710)

Vaccinations: Report adverse reactions to the Vaccine Adverse Event Reporting System (VAERS). For more information, contact the Oregon Immunization Program at 971-673-0300 or 800- 422-6012 or <https://vaers.hhs.gov/reportevent.html>.

PUBLIC HEALTH REPORTING

Oregon law¹ 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 department² or a state epidemiologist at 971-673-1111.

Report Immediately – day or night:

Anthrax	Marine Intoxication	SARS
Botulism	Measles (Rubella)	Smallpox (Variola)
Cholera	Plague	Tularamia
Diphtheria	Poliomyelitis	Yellow Fever
Hemorrhagic Fever	Rabies (Human)	Outbreaks and Uncommon Illnesses
Influenza (Novel)	Rubella	

Report Within 24 Hours (including weekends/holidays):

<i>Haemophilus Influenza</i>	<i>Neisseria Meningitides</i>	Pesticide Poisoning
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Report Within One Business Day:

Amebic Infections	Cryptosporidiosis	Hepatitis B	Leptospirosis
Animal Bites	Cryptococcosis	Hepatitis C	Listeriosis
Arthropod-Borne Disease	Cyclosporiasis	Hepatitis D (delta)	Lyme disease
Brucellosis	Enterobacteriaceae	Hepatitis E	Malaria
Campylobacteriosis	<i>E. coli</i> (Shiga-toxigenic)	HIV/AIDS	Mumps
Chancroid	Giardiasis	HUS	Nontuberculosis Mycobacterial Inf.
Chlamydiosis	Gonorrhea	Influenza Death	Pertussis
Coccidioidomycosis	<i>Grimontia</i>	Lead Poisoning	PID (acute, non-gonococcal)
Creutzfeldt-Jakob	Hantavirus	Legionellosis	
	Hepatitis A		
Psittacosis	<i>Salmonella</i>	<i>Taenia</i> Infection	Tuberculosis
Q Fever	Shigellosis	Tetanus	Vibrosis
<i>Rickettsia</i>	Syphilis	Trichinosis	Yersiniosis

1. ORS 409.050; ORS 433.004; OAR 333-018-0000 - OAR 333-018-0015.
2. <http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources>.

Acute and Communicable Disease Prevention

800 NE Oregon St, Suite 772

Portland, OR 97232

971-673-1111 Fax: 971-673-1100

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease>

REGULATING MEDICAL PRACTICE IN OREGON

OREGON REVISED STATUTES (APPENDIX A)

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. The Medical Practice Act is available at www.oregonlegislature.gov/bills_laws/ors/ors677.html.

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 (https://www.oregonlegislature.gov/bills_laws/ors/ors676.html), 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 (APPENDIX B)

The Board establishes administrative rules to further define and regulate the practice of medicine and acupuncture. These Oregon Administrative Rules (OARs) are online at http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_tofc.html.

STATEMENTS 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 <http://omb.oregon.gov/philosophy>.

Advertising
Care of the Surgical Patient
Chelation Therapy
Cultural Competency
Deep Brain Stimulation
Electronic Health Records
Ending the Patient-Physician Relationship
Licensee Responsibility to Share Evidence-based Information
Medical Use of Lasers
Mental Health and Wellness
Mesotherapy and Injection Lipolysis
Pain Management
Professionalism
Provider-Patient Relationship
Re-Entry to Clinical Practice
Responsibilities of Medical Directors of Medical Spas
Scope of Practice
Sexual Misconduct
Social Media
Supporting Licensees with Substance Abuse and Mental Health Disorders
Telemedicine
Use of Unlicensed Healthcare Personnel
Use of Unlicensed Healthcare Personnel in Acupuncture

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 Physician Assistants (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.

- *Adopted October 2007*

- *Amended April 6, 2023*

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.

- Adopted July 2010
- Amended April 6, 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.

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

- *Adopted October 2013*

CULTURAL COMPETENCY

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 inequity, and that we commit to addressing inequities.

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 Oregon Medical Board licensees are required to complete cultural competency continuing education to care effectively for patients from diverse cultures, groups, and communities. Participating in cultural competency continuing education 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.

- Adopted October 2013
- Amended, April 1, 2021

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 Physician Assistants' 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)

DEEP BRAIN STIMULATION

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.

- Adopted October 2013

- Amended July 6, 2023

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 laws¹ 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.

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

- *Adopted August 2015*
- *Amended April 6, 2023*

ENDING THE PATIENT-PHYSICIAN RELATIONSHIP

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

The provider-patient relationship is established when the physician, physician assistant, or acupuncturist conducts an evaluation or consultation or otherwise offers to prescribe, diagnose, or treat the patient's complaint(s). This relationship may end 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.

- Adopted July 2008

- Amended October 6, 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 Physician Assistants' 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 6, 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 Physician Assistants' 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 assistants, 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](#).

-Revised July 2005

- Amended October 5, 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 Physician Assistants' 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

Background

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 assistants in working to meet the needs of patients in our communities.

- Adopted January 1993

- Amended April 1999; July 2004; April 2011; January 2013; April 2016; July 2021; January 4, 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.

- Adopted 1998
- Amended July 10, 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 Physician Assistants' 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)

RE-ENTRY TO CLINICAL PRACTICE

The Oregon Medical Board (“OMB” or “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 assistants, 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.

- Adopted April 2011
- Amended July 6, 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 Physician Assistants' 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 assistant, or acupuncturist.

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

Recommended proactive practices:

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

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

- Adopted 1995
- Amended October 3, 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)

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 healthcare professionals to stay connected, and online social networking has become a resource for healthcare 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

Healthcare 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. E-mail must be secure if used to communicate medical information to patients. Healthcare professionals must use discretion and consider all information posted online to be public.

Boundaries

Healthcare 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.

Healthcare 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.

¹The 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.

- *Adopted January 2016*

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. Secondly, 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.

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.

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.*

-Adopted 2007
- Amended October 2010
- Amended April 2020

TELEMEDICINE

The Oregon Medical Board supports a consistent standard of care and scope of practice for licensees, 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, through means of electronic communication, information technology, or other means of interaction between a licensee 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 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 physician assistant 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, work, education, or vacation and who requires the direct medical treatment by that physician or physician assistant as provided in ORS 677.060 or 677.137.

A physician or physician assistant licensed in another state may consult directly with another physician or physician assistant 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 physician assistant 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. Although not specifically addressed by a statutory exemption, the Oregon Medical Board has chosen not to enforce the licensure requirement for the out of state physician or physician assistant to provide this temporary or intermittent continuity of care. The patient needs are best served by having the physician or physician assistant who knows the patient and has access to the patient's medical records provide this follow up care.

A physician, physician assistant, 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 licensee, beyond that authorized by law. Licensees 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 licensee is expected to maintain an appropriate provider-patient relationship. At each telemedicine encounter, the licensee 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.
- For treatment and consultation recommendations, a licensee is expected to 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.
- A licensee is expected to provide for an acceptable 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.
- When referral to an acute care facility or Emergency Department is necessary for the safety of the patient, a licensee is expected to immediately direct the patient to the appropriate level of care. Licensees should have a formal written protocol to facilitate such acute referrals.
- A licensee is expected to 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.
- When using online services to provide care via telemedicine, a licensee is expected to be transparent in:
 - Specific services provided;
 - Contact information for licensee;
 - Licensure and qualifications;
 - Fees for services and how payment is to be made;
 - Financial interests, other than fees charged, in any information, products, or services provided by a licensee;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.
- Online services used by licensees to provide care via telemedicine should 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.
- Online services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity. When providing links to other sites, licensees should be aware of the implied endorsement of the information, services or products offered from such sites.

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.

*- Adopted January 2012
- Amended October 2, 2020; April 7, 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 1.2.12 Ethical Practice in Telemedicine; American Association of Physician Assistants' 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)

USE OF UNLICENSED HEALTHCARE PERSONNEL

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

With ever-increasing demands on the time and resources of physicians and physician assistants, 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 assistants. When establishing expectations and limitations for medical assistants in a medical office, the OMB advises that patient safety should be the primary factor.

The physician or physician assistant 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 assistant'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 assistant, and the physician or physician assistant is ultimately accountable for the actions of their supervised personnel.

Unlicensed healthcare personnel must be adequately supervised by a licensed physician or physician assistant. 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 assistant 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 assistant'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 assistants 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 assistant 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 assistants. 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 assistant to follow these guidelines and to be mindful of patient safety when delegating services to other healthcare personnel.

- Adopted October 2012
- Amended July 7, 2022

USE OF UNLICENSED HEALTHCARE 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 1, 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)

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.

All Healthcare Professionals with an Oregon DEA number are required to register for the Oregon Prescription Drug Monitoring Program (PDMP). Effective July, 1 2018.

- PDMP login at <https://oregon.pmpaware.net/login>
- Select “Create an Account” and register

Pain management CME is required by the State of Oregon. This one-time requirement must be fulfilled by completing a one-hour course plus six more hours in pain management or the treatment of terminally ill and dying patients.

- The one hour course can be found at <http://www.oregon.gov/oha/HPA/CSI-PMC/Pages/index.aspx>
- The total seven hours must be completed in the first year of practice

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232-2162
971-673-0001
pharmacy.board@state.or.us
www.oregon.gov/pharmacy

Federal Drug Enforcement Agency
DEA Field Office
100 SW Main, Suite 500
Portland, OR 97204
503-721-6660
<https://www.dea.gov/index.shtml>

LICENSEE WELLNESS

Licensee health and wellness is a critical component in achieving the Oregon Medical Board's mission of protecting patients while promoting access to quality care. As stated in the American Medical Association's policy on Physician Health and Wellness, "When health or wellness is compromised, so may the safety and effectiveness of the medical care provided."

To better support licensees in seeking the care they need without anxiety or trepidation, in April 2023, the Board voted to remove 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 well-being. The model makes it clear that self-care is patient care.

The Board supports a proactive, broad approach to wellness and is part of the Physician/ PA Support and Professionalism Coalition to better understand the available resources and areas of greatest need. Wellness programs include:

Hazelden Treatment Program

1-866-831-5700

www.hazelden.org/web/go/hcp

Lane County Medical Society

541-686-0995

<https://lcmedsociety.site-ym.com/page/PWP>

Oregon Health & Science University

503-494-1208

www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/resident-fellow-wellness-program/index.cfm

Oregon Wellness Program

541-242-2805

www.oregonwellnessprogram.org

PARTNER PROGRAMS

HEALTH PROFESSIONALS' SERVICES PROGRAM (HPSP)

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 abuse 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 his or her 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

Toll free: 888-802-2843

www.uprisehealthmonitoring.com

THE FOUNDATION FOR MEDICAL EXCELLENCE (TFME)

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.

The Foundation for Medical Excellence

1 SW Columbia St, Suite 860

Portland, Oregon 97258

Phone: 503-222-1960

www.tfme.org

OREGON POLST PROGRAM

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 assistant.

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).

Oregon POLST
3181 SW Sam Jackson Park Rd.
Mail Code: UHN-86
Portland, Oregon 97239
Phone: 503-494-3965
Fax: 503-494-1260
polst@ohsu.edu
<https://oregonpolst.org/>

RESOURCES

STATE & FEDERAL REGULATORY & HEALTH AGENCIES

**Oregon Health Authority,
Public Health**

800 NE Oregon Street

Portland, OR 97232

971-673-1222

www.public.health.oregon.gov

**Centers for Medicare & Medicaid
Services (CMS)**

701 5th Ave., Suite 1600

Seattle, WA 98104

206-615-2306

www.cms.gov

PROFESSIONAL MEDICAL ORGANIZATIONS

Oregon Medical Association*

11740 SW 68th Parkway, Suite 100

Portland, Oregon 97223

503-619-8000

www.theoma.org

**A list of Oregon's county and specialty medical societies is available through the OMA.*

Oregon Podiatric Medical Association

9900 SW Hall Blvd, Suite 100

Tigard, Oregon 97223

503-245-2420

www.opmatoday.com

Osteopathic Physicians & Surgeons of Oregon

4380 SW Macadam Ave, Suite 125

Portland, Oregon 97239

503-229-6776

www.opsso.org

**Oregon Association of Acupuncture &
Oriental Medicine**

PO Box 14615

Portland, Oregon 97293

www.oaaom.com

Oregon Society of Physician Assistants

PO Box 55214

Portland, Oregon 55214

503-650-5864

www.oregonpa.org

OREGON HOSPITALS

Adventist Medical Center

10123 SE Market, Portland 97216
503-257-2500

Asante Rogue Regional Medical Center

2825 E. Barnett Rd, Medford 97504
541-789-7000

Asante Three Rivers Medical Center

500 SW Ramsey Ave, Grants Pass 97527
541-472-7000

Asante Ashland Community Hospital

280 Maple St, Ashland 97520
541-201-4000

Bay Area Hospital

1775 Thompson Rd, Coos Bay 97420
541-269-8111

Blue Mountain Hospital

170 Ford Rd, John Day 97845
541-575-1311

Blue Mountain Recovery Center

2600 Westgate, Pendleton 97801
541-276-0991

Casey Eye Institute (OHSU)

33375 SW Terwilliger Blvd, Portland 97239
503-494-3000

Cedar Hills Hospital

10300 SW Eastridge, Portland 97225
503-944-5000

Columbia Memorial Hospital

2111 Exchange St, Astoria 97103
503-325-4321

Coquille Valley Hospital

940 E. 5th St, Coquille 97423
541-396-3101

Cottage Grove Community Med Center

1515 Village Dr, Cottage Grove 97424
541-767-5500

Curry General Hospital

94220 4th, Gold Beach 97444
541-247-3000

Doernbecher Children's Hospital (OHSU)

3181 SW Sam Jackson Rd, Portland 97201
503-494-8811

Genesis Recovery Center

600 South 2nd St, Central Point 97502
541-608-4000

Good Samaritan Regional Medical Center

3600 NW Samaritan Dr, Corvallis 97330
541-768-5111

Good Shepherd Medical Center

610 N.W. 11th St, Hermiston 97838
541-667-3400

Grande Ronde Hospital

506 4th St, La Grande 97850
541-963-3138

Harney District Hospital

557 W. Washington St, Burns 97720
541-573-7281

Holy Rosary Medical Center

351 SW 9th St, Ontario 97914
541-881-7287

Kaiser Sunnyside Medical Center

10180 SE Sunnyside Dr, Clackamas 97015
503-652-2880

Lake District Hospital

700 S. J St, Lakeview 97630
541-947-2114

Legacy Emanuel Children's Hospital

2801 N. Gantenbein Ave, Portland 97227
503-413-2500

Legacy Good Samaritan Medical Center

1015 NW 22nd Ave, Portland 97210
503-413-7711

Legacy Meridian Park Medical Center

19300 S.W. 65th, Tualatin 97062
503-692-1212

Legacy Mount Hood Medical Center

24800 SE Stark St, Gresham 97030
503-674-1122

Legacy Transplant Center
1040 NW 22nd Ave, Portland 97210
503-413-6555

Lower Umpqua Hospital
600 Ranch Road, Reedsport 97467
541-271-2171

McKenzie-Willamette Medical Center
1460 G St, Springfield 97477
541-726-4400

Mercy Medical Center
2700 NW Stewart Pkwy, Roseburg 97471
541-673-0611

Mid-Columbia Medical Center
1700 E 19th St, The Dalles 97058
541-296-1111

Oregon Health & Science University Hospital
3181 SW Sam Jackson Rd, Portland 97239
503-494-8311

Oregon State Hospital
2600 Center St NE, Salem 97301
503-945-2800

Peace Harbor Hospital (*PeaceHealth*)
400 9th St, Florence 97439
541-997-8412

Pioneer Memorial Hospital, Prineville
1201 N. Elm, Prineville 97754
541-447-6254

Providence Hood River Memorial Hosp
810 12th St, Hood River 97031
541-386-3911

Providence Medford Medical Center
1111 Crater Lake Ave, Medford 97504
541-732-5000

Providence Milwaukie Hospital
10150 SE 32nd, Milwaukie 97222
503-513-8300

Providence Newberg Medical Center
1001 Providence Dr., Newberg 97132
503-537-1555

Providence Portland Medical Center
4805 NE Glisan, Portland 97213
503-215-1111

Providence Seaside Hospital
725 S Wahanna Rd, Seaside 97138
503-717-7000

Providence St. Vincent Medical Center
9205 SW Barnes Road, Portland 97225
503-216-1234

Providence Willamette Falls Med Center
1500 Division, Oregon City 97045
503-656-1631

Sacred Heart Medical Center - Riverbend
3333 Riverbend Dr, Springfield 97477
541-222-7300

Sacred Heart Medical Center - University
1255 Hilyard St, Eugene 97401
541-686-7300

Salem Hospital
890 Oak St SE, Salem 97301
503-561-5200

Samaritan Albany General Hospital
1046 6th Ave SW, Albany 97321
541-812-4000

Samaritan Lebanon Community Hospital
525 N Santiam Hwy, Lebanon 97355
541-258-2101

Samaritan North Lincoln Hospital
3043 NE 28th St, Lincoln City, 97367
541-994-3661

Samaritan Pacific Communities Hospital
930 SW Abbey St, Newport 97365
541-265-2244

Santiam Memorial Hospital
515 N 3rd Ave., Stayton 97383
503-769-3441

Shriners Hospital for Children
3101 SW Sam Jackson Rd, Portland 97201
503-241-5090

Silverton Hospital
342 Fairview, Silverton 97381
503-873-1680

Sky Lakes Medical Center
2865 Daggett, Klamath Falls 97603
541-882-6311

Southern Coos Hospital & Health Center
900 11th St SE, Bandon 97411
541-347-2426

St. Alphonsus Medical Center
3325 Pocahontas Rd, Baker City 97814
541-523-6461

St. Alphonsus Medical Center – Ontario
351 SW 9th St., Ontario 97914
541-881-7000

St. Anthony Hospital
1601 SE Court Ave., Pendleton 97801
541-276-5121

St. Charles Health System - Bend
2500 NE Neff Rd, Bend 97701
541-382-4321

St. Charles Health System - Madras
470 NE A St, Madras 97741
541-475-3882

St. Charles Health System - Prineville
1201 N. Elm, Prineville 97754
541-447-6254

St. Charles Health System - Redmond
1253 N. Canal Blvd., Redmond 97756
541-548-8131

Sutter Coast Hospital
800 Washington St., Brookings 97415
541-469-9611

Tillamook Regional Medical Center
1000 Third, Tillamook 97141
503-842-4444

Tuality Healthcare
335 SE 8th Ave, Hillsboro 97123
503-681-1111

VA Medical Center
3710 SW Veterans Hosp Rd, Portland 97207
503-220-8262

VA Roseburg Healthcare Systems
913 NW Garden Valley, Roseburg 97471
541-440-1000

Vibra Specialty Hospital
10300 SW Hancock, Portland 97220
503- 257-5500

Wallowa Memorial Hospital
601 Medical Parkway, Enterprise 97828
541-426-3111

West Valley Hospital
525 SE Washington, Dallas 97338
503-623-8301

Willamette Valley Medical Center
2700 SE Stratus, McMinnville 97128
503-472-6131