

Chapter 677

2013 EDITION

Regulation of Medicine, Podiatry and Acupuncture

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GENERAL PROVISIONS

677.010 Definitions for chapter. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training served in a hospital that is approved by the board or by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathy leading to a degree of Doctor of Medicine or Doctor of Osteopathy, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules.

(3) "Board" means the Oregon Medical Board.

(4) "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a

school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) "License" means permission to practice, whether by license, registration or certification.

(11) "Licensee" means an individual holding a valid license issued by the board.

(12) "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

(13) "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathy, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

(14) "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 to treat ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle.

(15)(a) "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, except treatment involving the use of a general or spinal anesthetic unless the treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon; and

(B) Assisting in the performance of surgery, as provided in ORS 677.814.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

(16) "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

(17) "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular spe-

cialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board. [Amended by 1961 c.400 §1; 1967 c.470 §3; 1979 c.778 §1; 1981 c.220 §2; 1983 c.486 §2; 1985 c.322 §9; 1989 c.830 §1; 1999 c.785 §1; 2005 c.760 §1; 2007 c.70 §301; 2009 c.756 §21; 2013 c.129 §1]

677.012 [1971 c.649 §2; renumbered 677.495]

677.015 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 this chapter. [1967 c.470 §2]

677.020 [Repealed by 1967 c.470 §68]

677.030 [Amended by 1957 c.681 §1; 1967 c.470 §8; renumbered 677.085]

677.040 [Amended by 1967 c.470 §59; renumbered 677.325]

677.050 [Amended by 1967 c.470 §7; renumbered 677.080]

677.055 [1971 c.649 §4; renumbered 677.505]

677.060 Persons and practices not within scope of chapter. This chapter does not affect or prevent the following:

(1) The practice of medicine or podiatry in this state by any commissioned medical or podiatric officer serving in the Armed Forces of the United States or Public Health Service, or any medical or podiatric officer on duty with the United States Department of Veterans Affairs, while any such medical or podiatric officer is engaged in the performance of the actual duties prescribed by the laws and regulations of the United States.

(2) The meeting in this state of any licensed practitioner of medicine of any other state or country with a licensed practitioner of medicine in this state, for consultation.

(3) Supervised clinical training by an acupuncture student who is enrolled in a school approved to offer credit for post-secondary clinical education in Oregon or clinical practice of acupuncture by a practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training approved by the Oregon Medical Board.

(4) The practice of medicine or podiatry by an individual licensed to practice medicine or podiatry in another state or country who is providing health care services for an out-of-state athletic team provided that:

(a) The individual is practicing pursuant to a written agreement with the team under

which the individual provides health care services:

(A) Only for team members, team staff members or family members traveling with the team; and

(B) For a specific athletic event taking place in this state;

(b) The individual practices medicine or podiatry for no more than 10 consecutive days for each athletic event or, upon written order by the executive director of the Oregon Medical Board, an additional amount of time not to exceed 21 consecutive days for each athletic event;

(c) The individual does not provide health care services or perform consultations for a resident of this state unless the resident is a team member, team staff member or family member traveling with the team; and

(d) The individual does not provide health care services at a health care facility, as defined in ORS 442.015, unless the health care facility is located in an arena or stadium or on a college campus or is a temporary facility established for an athletic event.

(5) The furnishing of medical or surgical assistance in cases of emergency requiring immediate attention.

(6) The domestic administration of family remedies.

(7) The practice of dentistry, pharmacy, nursing, optometry, psychology, regulated social work, chiropractic, naturopathic medicine or cosmetic therapy, by any person authorized by this state.

(8) The practice of the religion of persons who endeavor to prevent or cure disease or suffering by prayer or other spiritual means in accordance with the tenets of any church. Nothing in this chapter interferes in any manner with the individual's right to select the practitioner or mode of treatment of an individual's choice, or interferes with the right of the person so employed to give the treatment so chosen if public health laws and rules are complied with.

(9) The sale of lenses, artificial eyes, limbs or surgical instruments or other apparatus or appliances of a similar character.

(10) The sale, rent or use for hire of any device or appliance, the sale of which is not prohibited by the laws of Oregon or the United States.

(11) The practice of physiotherapy, electrotherapy or hydrotherapy carried on by a duly licensed practitioner of medicine, naturopathic medicine or chiropractic, or by ancillary personnel certified by the State Board of Chiropractic Examiners, pursuant to ORS 684.155 (1)(c)(A), to provide physiotherapy, electrotherapy or hydrother-

apy and working under the direction of a chiropractic physician.

(12) The practice or use of massage, Swedish movement, physical culture, or other natural methods requiring use of the hands.

(13) The use of the title “doctor,” “chiropractic physician,” “naturopathic physician,” “doctor of optometry,” “optometric physician” or “podiatric physician” in accordance with ORS 676.110 and 676.120. [Amended by 1953 c.159 §6; 1955 c.157 §1; 1961 c.400 §2; 1967 c.470 §4; 1975 c.776 §4; 1983 c.486 §3; 1987 c.726 §10; 1989 c.830 §2; 1991 c.67 §181; 1999 c.466 §1; 2009 c.142 §4; 2009 c.442 §45; 2013 c.419 §1]

677.065 [1971 c.649 §3; 1979 c.778 §2; 1981 c.220 §3; 1981 c.693 §28; renumbered 677.515]

677.070 [Amended by 1967 c.470 §5; 1983 c.486 §4; repealed by 1989 c.830 §49]

677.075 [Formerly 677.340; repealed by 1989 c.830 §49]

677.080 Prohibited acts. No person shall:

(1) Knowingly make any false statement or representation on a matter, or willfully conceal any fact material to the right of the person to practice medicine or to obtain a license under this chapter.

(2) Sell or fraudulently obtain or furnish any medical and surgical diploma, license, record or registration, or aid or abet in the same.

(3) Impersonate anyone to whom a license has been granted by the Oregon Medical Board.

(4) Except as provided in ORS 677.060, practice medicine in this state without a license required by this chapter. [Formerly 677.050; 1983 c.486 §5]

677.082 Expression of regret or apology. (1) For the purposes of any civil action against a person licensed by the Oregon Medical Board or a health care institution, health care facility or other entity that employs the person or grants the person privileges, any expression of regret or apology made by or on behalf of the person, the institution, the facility or other entity, including an expression of regret or apology that is made in writing, orally or by conduct, does not constitute an admission of liability.

(2) A person who is licensed by the Oregon Medical Board, or any other person who makes an expression of regret or apology on behalf of a person who is licensed by the Oregon Medical Board, may not be examined by deposition or otherwise in any civil or administrative proceeding, including any arbitration or mediation proceeding, with respect to an expression of regret or apology made by or on behalf of the person, including expressions of regret or apology that are

made in writing, orally or by conduct. [2003 c.384 §1; 2011 c.30 §5]

Note: 677.082 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.085 What constitutes practice of medicine. A person is practicing medicine if the person does one or more of the following:

(1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.

(2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.

(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.

(5) Except as provided in ORS 677.060, append the letters “M.D.” or “D.O.” to the name of the person, or use the words “Doctor,” “Physician,” “Surgeon,” or any abbreviation or combination thereof, or any letters or words of similar import in connection with the name of the person, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section. [Formerly 677.030; 1989 c.830 §3]

677.087 Physicians required to perform agreed upon surgery personally. (1) Any physician having agreed with a patient to perform any surgical operation or procedure, shall perform the surgery personally or, prior to surgery, shall inform the patient that the physician will not be performing the surgery.

(2) This section shall not apply when the physician, because of an emergency, cannot personally notify the patient that the physician will not be performing the surgery. [1977 c.520 §2; 1983 c.486 §6; 2013 c.129 §5]

677.089 Physicians dispensing prescription drugs to do so personally; required labeling information. (1) Prescription drugs dispensed by a physician shall be personally dispensed by the physician. Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician.

(2) The dispensing physician shall maintain records of receipt and distribution of prescription drugs. These records shall be

readily accessible and subject to inspection by the Oregon Medical Board.

(3) The dispensing physician shall label prescription drugs with the following information:

- (a) Name of patient;
- (b) The name and address of the dispensing physician;
- (c) Date of dispensing;
- (d) The name of the drug but if the dispensed drug does not have a brand name, the prescription label shall indicate the generic name of the drug dispensed along with the name of the drug distributor or manufacturer, its quantity per unit and the directions for its use stated in the prescription. However, if the drug is a compound, the quantity per unit need not be stated;
- (e) Cautionary statements, if any, as required by law; and
- (f) When applicable and as determined by the State Board of Pharmacy, an expiration date after which the patient should not use the drug.

(4) Prescription drugs shall be dispensed in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container. [1985 c.322 §11; 2005 c.760 §2; 2013 c.129 §6]

Note: 677.089 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.090 [1971 c.649 §6; renumbered 677.520]

677.092 Duty to report prohibited conduct. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a physician who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150. [2009 c.536 §20; 2013 c.129 §7]

Note: 677.092 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.095 Duty of care; legal issues not precluded by investigation or administrative proceeding. (1) A physician licensed to practice medicine or podiatry by the Oregon Medical Board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) In any suit, action or arbitration seeking damages for professional liability from a health care provider, no issue shall

be precluded on the basis of a default, stipulation, agreement or any other outcome at any stage of an investigation or an administrative proceeding, including but not limited to a final order. [1975 c.796 §10d; 1983 c.486 §7; 1995 c.684 §2; 1997 c.792 §19; 2013 c.129 §8]

Note: 677.095 and 677.097 were added to and made a part of ORS chapter 677 by legislative action but were not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.097 Procedure to obtain informed consent of patient. (1) In order to obtain the informed consent of a patient, a physician or physician assistant shall explain the following:

- (a) In general terms the procedure or treatment to be undertaken;
- (b) That there may be alternative procedures or methods of treatment, if any; and
- (c) That there are risks, if any, to the procedure or treatment.

(2) After giving the explanation specified in subsection (1) of this section, the physician or physician assistant shall ask the patient if the patient wants a more detailed explanation. If the patient requests further explanation, the physician or physician assistant shall disclose in substantial detail the procedure, the viable alternatives and the material risks unless to do so would be materially detrimental to the patient. In determining that further explanation would be materially detrimental the physician or physician assistant shall give due consideration to the standards of practice of reasonable medical or podiatric practitioners in the same or a similar community under the same or similar circumstances. [1977 c.657 §1; 1983 c.486 §8; 2011 c.550 §8; 2013 c.129 §9]

Note: See note under 677.095.

677.098 [1979 c.268 §2; repealed by 1989 c.830 §49]

677.099 Notice of participation or non-participation in Medicare assignment program; rules. (1) A physician currently a participating physician in the Medicare assignment program under 42 U.S.C. 1395(b)(3)(B) II shall post a notice reading:

(Physician's name) is participating in the Medicare Assignment Program. The physician will not charge you fees above the Medicare determined annual deductible and the per visit copayment. Ask your physician for more information concerning your fees.

(2) A physician not currently a participating physician in the Medicare assignment program under 42 U.S.C. 1395(b)(3)(B) II shall post a notice reading:

(Physician's name) is not participating in the Medicare Assignment Program and may legally charge you fees in addition to the Medicare determined annual deductible and per visit copayment. Ask your physician for more information concerning your fees.

(3) The Oregon Medical Board shall establish by rule the dimension and design for the printing and posting of the sign so as to assure that it can be seen and read by Medicare beneficiaries.

(4) If the physician has reasonable cause to believe that the patient cannot read the sign or cannot comprehend its content, the physician shall endeavor to explain the meaning of the notice. [1987 c.379 §§2,3,4,5]

**LICENSING OF
DOCTORS OF MEDICINE AND
DOCTORS OF OSTEOPATHY**

677.100 Qualifications of applicant for license. (1) An applicant for a license to practice medicine in this state, except as otherwise provided in subsection (2) of this section, must possess the following qualifications:

(a) Have attended and graduated from a school of medicine.

(b) Have satisfactorily completed the following post-graduate requirement:

(A) Satisfactory completion of an approved rotating internship if a graduate of an approved school of medicine;

(B) One year of training in an approved program if a graduate of an approved school of medicine; or

(C) Three years of training in an approved program if a graduate of an unapproved school of medicine.

(c) Have complied with each rule of the Oregon Medical Board which applies to all similar applicants for a license to practice medicine in this state.

(d) Have provided evidence sufficient to prove to the satisfaction of the board that the applicant is of good moral character. For purposes of this section, the lack of good moral character may be established by reference to acts or conduct that reflect moral turpitude or to acts or conduct which would cause a reasonable person to have substantial doubts about the individual's honesty, fairness and respect for the rights of others and for the laws of the state and the nation. The acts or conduct in question must be rationally connected to the applicant's fitness to practice medicine.

(2) If an applicant establishes that the applicant is of good moral character and has qualifications which the board determines are the equivalent of the qualifications required by subsection (1)(a) to (c) of this section, the applicant satisfies the requirements of subsection (1) of this section.

(3) An applicant for a license to practice medicine must make written application to the board showing compliance with this section, ORS 677.110, 677.120 and the rules of the board, and containing such further information as the rules of the board may require. [Amended by 1957 c.681 §11; 1967 c.470 §9; 1973 c.31 §1; 1983 c.486 §9; 1985 c.322 §3; 1989 c.830 §4]

677.105 [1961 c.400 §4; repealed by 1967 c.470 §68]

677.110 Scope and administration of examination; certificate in lieu of examination.

(1) Applicants who satisfy the requirements of ORS 677.100 shall be admitted to an examination in subjects covered in schools of medicine that grant degrees of Doctor of Medicine or Doctor of Osteopathy. The examination shall be sufficient to test the applicant's fitness to practice medicine. The examination shall be conducted in such a manner as to conceal the identity of the applicant until all examinations have been scored. In all such examinations an average score of not less than 75 is required for passing. The Oregon Medical Board may require the applicant to take and pass the Federation Licensing Examination, also known as FLEX.

(2) The Oregon Medical Board may accept a certificate issued by the National Board of Medical Examiners of the United States or the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination in lieu of its own examination.

(3) If an applicant fails the examination, the board may permit the applicant to take a subsequent examination, if the applicant has otherwise complied with the law and the rules of the board.

(4) After any applicant satisfactorily passes the examination in the required subjects, and otherwise complies with the law and the rules of the board, the board shall grant a license to the applicant to practice medicine in Oregon. [Amended by 1953 c.159 §6; 1957 c.681 §2; 1967 c.470 §10; 1975 c.776 §5; 1985 c.322 §8; 1989 c.830 §5; 1991 c.485 §3; 1993 c.16 §1]

677.115 [2009 c.615 §2; renumbered 677.133 in 2013]

677.120 Reciprocity. (1) As used in this section, "health clinic" means a public health clinic or a health clinic operated by a charitable corporation that mainly provides primary physical health, dental or mental health services to low-income patients with-

out charge or using a sliding fee scale based on the income of the patient.

(2) A physician, other than a podiatric physician and surgeon, who lawfully has been issued a license to practice in another state or territory of the United States or the District of Columbia, the qualifications and licensing examinations of which are substantially similar to those of the State of Oregon, may be licensed by the Oregon Medical Board to practice medicine in this state without taking an examination, except when an examination is required under subsection (3) or (4) of this section.

(3) A person described in subsection (2) of this section, whose application is based on a license issued in another state or territory or the District of Columbia, certification of the National Board of Medical Examiners of the United States, the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination, 10 years or more prior to the filing of an application with the Oregon Medical Board or who has ceased the practice of medicine for 12 or more consecutive months, may be required by the board to take an examination.

(4) A person described in subsection (2) of this section who volunteers at a health clinic and whose application is based on a license issued in another state or territory or the District of Columbia, certification of the National Board of Medical Examiners of the United States, the National Board of Examiners for Osteopathic Physicians and Surgeons or the Medical Council of Canada or successful completion of the United States Medical Licensing Examination or the Federation Licensing Examination may be required by the Oregon Medical Board to take a national licensing examination if the person has ceased the practice of medicine for 24 or more consecutive months immediately prior to filing the application.

(5) The Oregon Medical Board shall make the application under subsection (4) of this section available online. A physician applying for a license under subsection (4) of this section shall pay to the board an application fee as determined by the board pursuant to ORS 677.265. [Amended by 1957 c.681 §3; 1967 c.470 §16; 1973 c.31 §2; 1983 c.486 §10; 1987 c.377 §1; 1989 c.830 §6; 1993 c.16 §2; 2005 c.359 §1; 2007 c.86 §5; 2013 c.129 §10]

677.125 Reciprocal agreements. The Oregon Medical Board may enter into agreements with medical or osteopathic examining boards of other states and territories of the United States, and the District of Columbia, having qualifications and standards at least as high as those of this state, providing for

reciprocal licensing in this state, without further examination, of persons who have been licensed upon written examination in the other state or territory. Approval of these agreements by any other officer or agency of this state is not required. [1967 c.470 §18]

677.130 [Amended by 1967 c.470 §19; renumbered 677.145]

677.132 Limited license; rules. (1) When a need exists, the Oregon Medical Board may issue a limited license for a specified period to an applicant who possesses the qualifications prescribed by the rules of the board. The board shall supervise the activities of the holder of a limited license and impose such restrictions as it finds necessary. Each person holding a limited license must obtain an unlimited license at the earliest time possible. After such time the board shall refuse to renew a limited license at the end of a specified period if it determines that the holder thereof is not pursuing diligently an attempt to become qualified for a license.

(2) The board by rule shall prescribe the types of and limitations upon licenses issued under this section.

(3) A person licensed under this section is subject to all the provisions of this chapter and to all the rules of the board, has the same duties and responsibilities and is subject to the same penalties and sanctions as any other person licensed under this chapter. [1967 c.470 §12; 1973 c.31 §3; 1983 c.486 §11; 1989 c.830 §7]

EXPEDITED LICENSE BY ENDORSEMENT

677.133 Expedited license by endorsement; rules. (1) On or before January 1, 2010, the Oregon Medical Board shall implement an expedited physician licensing process that allows the board to issue a license by endorsement to a qualified physician. To be considered for a license by endorsement, a physician:

(a)(A) Must have practiced the physician's specialty, if any, for at least one year immediately preceding the date of the physician's application for licensure by endorsement; or

(B) If the physician is retired, must have been retired for one year or less;

(b) May not have been subject to discipline by a health professional regulatory board in any state in which the physician has been licensed; and

(c) May not have been held liable for a significant malpractice claim as defined by the board by rule.

(2) The licensing process implemented by the board must require the board to:

(a) Use existing databases to verify application information; and

(b) Accept documents from the state in which the applicant was first licensed as a physician as equivalent to primary source documents to verify:

- (A) Medical education;
- (B) National medical examination scores;
- (C) Post-graduate training, if applicable; and
- (D) Other qualifications as provided by rule of the board. [Formerly 677.115]

Note: 677.133 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.134 [1967 c.470 §13; 1975 c.776 §6; 1983 c.486 §12; repealed by 1989 c.830 §49]

**PRACTICE OF MEDICINE
ACROSS STATE LINES**

677.135 “Practice of medicine across state lines” defined for ORS 677.135 to 677.141. As used in ORS 677.135 to 677.141, “the practice of medicine across state lines” means:

(1) The rendering directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within this state for the purpose of patient care by a physician located outside this state as a result of the transmission of individual patient data by electronic or other means from within this state to that physician or the physician’s agent; or

(2) The rendering of medical treatment directly to a person located within this state by a physician located outside this state as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician or the physician’s agent. [1999 c.549 §2]

Note: 677.135 to 677.141 were added to and made a part of ORS chapter 677 by legislative action but were not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.136 [1967 c.470 §14; repealed by 1989 c.830 §49]

677.137 License required for practice of medicine across state lines; exceptions.

(1) A person may not engage in the practice of medicine across state lines, claim qualification to engage in the practice of medicine across state lines or use any title, word or abbreviation to indicate or to induce another to believe that the person is licensed to engage in the practice of medicine across state lines unless the person is licensed in accordance with ORS 677.139.

(2) ORS 677.135 to 677.141 do not apply to a physician engaging in the practice of

medicine across state lines in an emergency, as defined by rule of the Oregon Medical Board.

(3) ORS 677.135 to 677.141 do not apply to a licensed physician located outside this state who:

- (a) Consults with another physician licensed to practice medicine in this state; and
- (b) Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state.

(4) ORS 677.135 to 677.141 do not apply to a licensed physician located outside this state who has an established physician-patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that physician. [1999 c.549 §3]

Note: See note under 677.135.

677.138 [1967 c.470 §15; 1983 c.486 §13; repealed by 1989 c.830 §49]

677.139 License to practice medicine across state lines; application; fees.

(1) Upon application, the Oregon Medical Board may issue to an out-of-state physician a license for the practice of medicine across state lines if the physician holds a full, unrestricted license to practice medicine in any other state of the United States, has not been the recipient of a professional sanction by any other state of the United States and otherwise meets the standards for Oregon licensure under this chapter.

(2) In the event that an out-of-state physician has been the recipient of a professional sanction by any other state of the United States, the board may issue a license for the practice of medicine across state lines if the board finds that the sanction does not indicate that the physician is a potential threat to the public interest, health, welfare and safety.

(3) A physician shall make the application on a form provided by the board, accompanied by nonrefundable fees for the application and the license in amounts determined by rule of the board. The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(4) A license for the practice of medicine across state lines is not a limited license for purposes of ORS 677.132.

(5) A license for the practice of medicine across state lines does not permit a physician to practice medicine in this state except when engaging in the practice of medicine across state lines. [1999 c.549 §4]

Note: See note under 677.135.

677.140 [Amended by 1957 c.681 §4; repealed by 1967 c.470 §68]

677.141 Responsibilities; prohibited practices; confidentiality requirements.

(1) A physician issued a license under ORS 677.139 is subject to all the provisions of this chapter and to all the rules of the Oregon Medical Board. A physician issued a license under ORS 677.139 has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under this chapter.

(2) A physician issued a license under ORS 677.139 may not:

(a) Act as a dispensing physician as defined in ORS 677.010;

(b) Administer controlled substances for the treatment of intractable pain to a person located within this state;

(c) Employ a physician assistant as defined in ORS 677.495 to treat a person located within this state;

(d) Participate in the primary care provider loan repayment program created in ORS 413.233; or

(e) Assert a lien for services under ORS 87.555.

(3) A physician licensed under ORS 677.139 shall comply with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state of the United States where a person's medical records are maintained. [1999 c.549 §§5,6; 2010 c.42 §14; 2013 c.176 §9; 2013 c.177 §8]

Note: See note under 677.135.

677.145 [Formerly 677.130; 1975 c.776 §11; 1979 c.292 §1; 1983 c.486 §14; repealed by 1989 c.830 §49]

677.150 [Amended by 1953 c.159 §6; 1959 c.154 §1; 1967 c.470 §21; 1983 c.486 §15; repealed by 1989 c.830 §49]

677.160 [Amended by 1967 c.470 §22; 1983 c.486 §16; 1987 c.377 §2; repealed by 1989 c.830 §49]

677.170 [Amended by 1953 c.159 §6; 1967 c.470 §23; 1975 c.776 §7; 1983 c.486 §17; repealed by 1989 c.830 §49]

CHANGING LOCATION OF PRACTICE**677.172 Change of location of practice; effect.**

(1) Any person licensed to practice under this chapter who changes location during the period between any two registration dates shall notify the Oregon Medical Board of the change within 30 days after such change.

(2) Any person who is newly licensed by the board to practice under this chapter during the period between any two registration dates shall immediately register and pay the registration fee for that period.

(3)(a) Any person licensed under this chapter who changes location of practice to some other state or country shall be listed

by the board as inactive. Absence from the state of a person licensed by the board does not affect the validity of the license if the licensee notifies the board of such absence from the state and pays the inactive registration fee during such absence.

(b) Before resuming practice in the state, the licensee shall notify the board of the intention to resume active practice in the state and obtain a certificate of active registration for the renewal period during which the licensee returns. The fee shall be the active registration fee less any inactive registration fee previously paid for that renewal period.

(c) The licensee shall file an affidavit with the board describing medically related activities during the period of inactive registration. If, in the judgment of the board, the conduct of the licensee has been, during the period of inactive registration, such that the licensee would have been denied a license if applying for an initial license, the board may deny active registration and may take further action as appropriate. [1991 c.485 §2]

Note: 677.172 was added to and made a part of ORS chapter 677 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

RETIREMENT**677.175 Retirement; cessation of practice.**

(1) A person licensed to practice under this chapter may retire from practice by notifying the Oregon Medical Board in writing of such intention to retire. Upon receipt of this notice the board shall record the fact that the person is retired and excuse such person from further payment of registration fees. During the period of retirement no such person may practice. If a retired licensee desires to return to practice, the licensee shall apply to the board in writing for active registration. The board shall take action on the application as if the licensee were listed by the board as inactive and applying for active registration.

(2) If a person licensed to practice under this chapter ceases to practice for a period of 12 or more consecutive months, the board in its discretion may require the person to prove to its satisfaction that the licensee has maintained competence.

(3) The surrender, retirement or other forfeiture, expiration or cancellation of a license issued by the board shall not deprive the board of its authority to institute or continue a disciplinary action against the licensee upon any ground provided by law. [1967 c.470 §25; 1983 c.486 §18; 1989 c.830 §8; 1991 c.485 §4]

677.180 [Amended by 1967 c.470 §26; 1983 c.486 §19; repealed by 1989 c.830 §49]

LICENSEE CONDUCT

677.184 License to show degree held; display of license; use of degree on stationery and in displays. (1) On each license issued by it, the Oregon Medical Board shall enter after the name of the person holding the license the degree to which the person is entitled by reason of the diploma of graduation from a school of medicine which, at the time of the graduation of such person, was approved by the board for purposes of ORS 677.100.

(2) The license shall be displayed in a prominent place in the licensee's office.

(3) In every letter, business card, advertisement, prescription blank, sign, public listing or display in connection with the profession of the person, each person licensed to practice medicine in this state shall designate the degree appearing on the license of the person pursuant to subsection (1) of this section. Action taken by the board under ORS 677.190 for failure to comply with this subsection does not relieve a person from criminal prosecution for violation of ORS 676.110 and 676.120. [1967 c.470 §28; 1983 c.486 §20; 1989 c.830 §9]

677.188 Definitions for ORS 677.190. As used in ORS 677.190, unless the context requires otherwise:

(1) "Fraud or misrepresentation" means the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact, or any other means by which misinformation or a false impression knowingly is given.

(2) "Fraudulent claim" means a claim submitted to any patient, insurance or indemnity association, company or individual for the purpose of gaining compensation, which the person making the claim knows to be false.

(3) "Manifestly incurable condition, sickness, disease or injury" means one that is declared to be incurable by competent physicians or by other recognized authority.

(4) "Unprofessional or dishonorable conduct" means conduct unbecoming a person licensed to practice medicine or podiatry, or detrimental to the best interests of the public, and includes:

(a) Any conduct or practice contrary to recognized standards of ethics of the medical or podiatric profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might adversely affect a physician's ability safely and skillfully to practice medicine or podiatry;

(b) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards; and

(c) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies; administration of unnecessary treatment; employment of outmoded, unproved or unscientific treatments; failure to obtain consultations when failing to do so is not consistent with the standard of care; or otherwise utilizing medical service for diagnosis or treatment which is or may be considered inappropriate or unnecessary. [1967 c.470 §29; 1969 c.684 §14; 1975 c.796 §1; 1983 c.486 §21; 1987 c.377 §3; 2009 c.756 §22; 2013 c.129 §11]

677.190 Grounds for suspending, revoking or refusing to grant license, registration or certification; alternative medicine not unprofessional conduct. The Oregon Medical Board may refuse to grant, or may suspend or revoke a license to practice for any of the following reasons:

(1)(a) Unprofessional or dishonorable conduct.

(b) For purposes of this subsection, the use of an alternative medical treatment shall not by itself constitute unprofessional conduct. For purposes of this paragraph:

(A) "Alternative medical treatment" means:

(i) A treatment that the treating physician, based on the physician's professional experience, has an objective basis to believe has a reasonable probability for effectiveness in its intended use even if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a generally recognized or standard treatment or lacks the approval of the United States Food and Drug Administration;

(ii) A treatment that is supported for specific usages or outcomes by at least one other physician licensed by the Oregon Medical Board; and

(iii) A treatment that poses no greater risk to a patient than the generally recognized or standard treatment.

(B) "Alternative medical treatment" does not include use by a physician of controlled substances in the treatment of a person for chemical dependency resulting from the use of controlled substances.

(2) Employing any person to solicit patients for the licensee. However, a managed care organization, independent practice association, preferred provider organization or other medical service provider organization may contract for patients on behalf of physicians.

(3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury can be cured.

(4) Obtaining any fee by fraud or misrepresentation.

(5) Willfully or negligently divulging a professional secret without the written consent of the patient.

(6) Conviction of any offense punishable by incarceration in a Department of Corrections institution or in a federal prison, subject to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(7) Impairment as defined in ORS 676.303.

(8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.

(9) Making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee or at the direction of the licensee in the treatment of any disease or other condition of the human body or mind.

(10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.

(11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the board, when the licensee knows, or with the exercise of reasonable care should know, that the person is not licensed.

(12) Using the name of the licensee under the designation "doctor," "Dr.," "D.O.," or "M.D.," "D.P.M.," "Acupuncturist," "P.A." or any similar designation in any form of advertising that is untruthful or is intended to deceive or mislead the public.

(13) Gross negligence or repeated negligence in the practice of medicine or podiatry.

(14) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity, the board may order a licensee to submit to a standardized competency examination. The licensee shall have access to the result of the examination and to the criteria used for grading and evaluating the examination. If the examination is given orally, the licensee shall have the right to have the examination recorded.

(15) Disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts described in this section. A certified copy of the record of the disciplinary action of the state is conclusive evidence thereof.

(16) Failing to designate the degree appearing on the license under circumstances described in ORS 677.184 (3).

(17) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.

(18) Failing to report the change of the location of practice of the licensee as required by ORS 677.172.

(19) Imprisonment as provided in ORS 677.225.

(20) Making a fraudulent claim.

(21)(a) Performing psychosurgery.

(b) For purposes of this subsection and ORS 426.385, "psychosurgery" means 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. "Psychosurgery" does not include procedures which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.

(22) Refusing an invitation for an informal interview with the board requested under ORS 677.415.

(23) Violation of the federal Controlled Substances Act.

(24) Prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping.

(25) Failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(26) Failure by the licensee to notify the board of the licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of a licensee's staff privileges at the institution if that action occurs while the licensee is under investigation by the institution or a committee thereof for any reason related to medical incompetence, unprofessional conduct, physical incapacity or impairment. [Amended by 1957 c.681 §5; 1961 c.400 §5; 1967 c.470 §30; 1969 c.684 §15; 1973 c.616 §16; 1975 c.776 §8; 1975 c.796 §2a; 1979 c.744 §50; 1981 c.372 §4; 1983 c.470 §4; 1983 c.486 §22; 1987 c.320 §244;

1989 c.830 §10; 1991 c.485 §5; 1995 s.s. c.2 §1; 1997 c.792 §20; 2007 c.351 §4; 2009 c.756 §23]

677.200 Disciplinary procedure. Except as provided in ORS 677.202 or 677.205 (1)(a), any proceeding for disciplinary action of a licensee licensed under this chapter shall be substantially in accord with the following procedure:

(1) A written complaint of some person, not excluding members or employees of the Oregon Medical Board, shall be verified and filed with the board.

(2) A hearing shall be given to the accused in accordance with ORS chapter 183 as a contested case. [Amended by 1957 c.681 §6; 1961 c.400 §6; 1967 c.470 §31; 1971 c.734 §118; 1983 c.486 §23; 1989 c.830 §11]

677.202 When procedure inapplicable. ORS 677.200 does not apply in cases where the license of a person to practice under this chapter has been suspended automatically as provided in ORS 677.225. [1967 c.470 §33; 1983 c.486 §24; 1989 c.830 §12; 1991 c.485 §6]

677.205 Grounds for discipline; action by board; penalties. (1) The Oregon Medical Board may discipline as provided in this section any person licensed, registered or certified under this chapter who has:

(a) Admitted the facts of a complaint filed in accordance with ORS 677.200 (1) alleging facts which establish that such person is in violation of one or more of the grounds for suspension or revocation of a license as set forth in ORS 677.190;

(b) Been found to be in violation of one or more of the grounds for disciplinary action of a licensee as set forth in this chapter;

(c) Had an automatic license suspension as provided in ORS 677.225; or

(d) Failed to make a report as required under ORS 677.415.

(2) In disciplining a licensee as authorized by subsection (1) of this section, the board may use any or all of the following methods:

- (a) Suspend judgment.
- (b) Place the licensee on probation.
- (c) Suspend the license.
- (d) Revoke the license.
- (e) Place limitations on the license.

(f) Take such other disciplinary action as the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty or assessment of a civil penalty not to exceed \$10,000, or both.

(3) In addition to the action authorized by subsection (2) of this section, the board may temporarily suspend a license without a hearing, simultaneously with the commence-

ment of proceedings under ORS 677.200 if the board finds that evidence in its possession indicates that a continuation in practice of the licensee constitutes an immediate danger to the public.

(4) If the board places any licensee on probation as set forth in subsection (2)(b) of this section, the board may determine, and may at any time modify, the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public or for the purpose of the rehabilitation of the probationer, or both. Upon expiration of the term of probation, further proceedings shall be abated if the licensee has complied with the terms of the probation.

(5) If a license issued under this chapter is suspended, the holder of the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the conditions for which the license was suspended no longer exist.

(6) The board shall enter each case of disciplinary action on its records.

(7) Civil penalties under this section shall be imposed as provided in ORS 183.745. [1957 c.681 §8; 1967 c.470 §34; 1975 c.796 §3; 1983 c.486 §25; 1989 c.830 §13; 1991 c.734 §71; 2007 c.803 §3]

677.208 Hearing; disqualification of investigating board members; judicial review. (1) Where the Oregon Medical Board proposes to refuse to issue a license, or refuses to restore an inactive registrant to an active registration, or proposes to revoke or suspend a license, opportunity for hearing shall be accorded as provided in ORS chapter 183.

(2) Following a contested case hearing, the members of the board who participated in the investigation of the licensee, except for one public member, shall not participate in the final decision of the board. A meeting of the board to determine what further action, if any, should be taken regarding the licensee or applicant is not a part of the investigation. The final decision of the board following a contested case hearing shall be based upon the transcript and record, including the exhibits.

(3) Judicial review of orders under subsection (1) of this section shall be in accordance with ORS chapter 183.

(4) If the final order of the court on review reverses the board's order of suspension or revocation, the board shall issue the license and reinstate appellant not later than the 30th day after the decision of the court. [1971 c.734 §120; 1975 c.776 §9; 1997 c.792 §21]

677.210 [Amended by 1967 c.470 §35; repealed by 1971 c.734 §21]

677.215 [1967 c.470 §37; repealed by 1971 c.734 §21]

677.220 Issuance or restoration of license after denial or revocation. Whenever a license issued under this chapter is denied or revoked for any cause, the Oregon Medical Board may, after the lapse of two years from the date of such revocation, upon written application by the person formerly licensed, issue or restore the license. [Amended by 1967 c.470 §38; 1983 c.486 §26; 1989 c.830 §14]

677.225 Automatic suspension of license for mental illness or imprisonment; termination of suspension. (1) A person's license issued under this chapter is suspended automatically if:

(a) The licensee is adjudged to be a person with mental illness under ORS 426.130 or is admitted on a voluntary basis to a treatment facility for mental illness that affects the ability of the licensee to safely practice medicine and if the licensee's residence in the hospital exceeds 25 consecutive days; or

(b) The licensee is an inmate in a penal institution.

(2)(a) The clerk of the court ordering commitment or incarceration under subsection (1)(a) or (b) of this section shall cause to be mailed to the Oregon Medical Board, as soon as possible, a certified copy of the court order. No fees are chargeable by the clerk for performing the duties prescribed by this paragraph.

(b) The administrator of the hospital to which a person with a license issued under this chapter has voluntarily applied for admission shall cause to be mailed to the board as soon as possible, a certified copy of the record of the voluntary admission of such person.

(c) Written evidence received from the supervisory authority of a penal or mental institution that the licensee is an inmate or patient therein is prima facie evidence for the purpose of subsection (1)(a) or (b) of this section.

(3) A suspension under this section may be terminated by the board when:

(a)(A) The board receives evidence satisfactory to the board that the licensee is not a person with mental illness as defined in ORS 426.005; or

(B) The board receives evidence satisfactory to the board that the licensee is no longer incarcerated; and

(b) The board is satisfied, with due regard for the public interest, that the licensee's privilege to practice may be restored. [1955 c.317 §1; 1961 c.257 §1; 1967 c.470 §39; 1983 c.486 §27; 1983 c.740 §250; 1989 c.830 §15; 1997 c.792 §22; 2013 c.360 §62]

677.228 Automatic lapse of license for failure to pay registration fee or report change of location; reinstatement. (1) A person's license to practice under this chapter automatically lapses if the licensee fails to:

(a) Pay the registration fee as required by rule of the Oregon Medical Board.

(b) Notify the board of a change of location not later than the 30th day after such change.

(c) Complete prior to payment of the registration fee described in paragraph (a) of this subsection, or provide documentation of previous completion of, if required by rule of the board:

(A) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or

(B) An equivalent pain management education program, as determined by the board.

(2) If a license issued automatically lapses under this section, the holder of the license shall not practice until the conditions for which the license automatically lapsed no longer exist.

(3) A person whose license has automatically lapsed under subsection (1)(a) of this section is reinstated automatically when the licensee pays the registration fee plus all late fees then due.

(4) A person whose license has automatically lapsed under subsection (1)(b) of this section is reinstated automatically if the board receives notification of the current and correct address of the licensee not later than the 10th day after such automatic lapse takes effect. Otherwise the lapse continues until terminated by the board.

(5) A person whose license has automatically lapsed under subsection (1)(c) of this section is reinstated automatically when the board receives documentation of the person's completion of a pain management education program if required by subsection (1)(c) of this section. [1967 c.470 §41; 1983 c.486 §28; 1989 c.830 §16; 1993 c.16 §3; 2001 c.987 §13]

677.230 [Repealed by 1967 c.470 §42 (677.235 enacted in lieu of 677.230)]

677.232 [1971 c.649 §8; 1979 c.292 §2; renumbered 677.525]

OREGON MEDICAL BOARD

677.235 Oregon Medical Board; membership; confirmation; terms; vacancies; compensation. (1) The Oregon Medical Board consists of 12 members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS

171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

(a) Seven must have the degree of Doctor of Medicine;

(b) Two must have the degree of Doctor of Osteopathy;

(c) One must have the degree of Doctor of Podiatric Medicine; and

(d) Two must be members of the public representing health consumers and who are not:

(A) Otherwise eligible for appointment to the board; or

(B) A spouse, domestic partner, child, parent or sibling of an individual having the degree of Doctor of Medicine, Doctor of Osteopathy or Doctor of Podiatric Medicine.

(2)(a)(A) Board members required to possess the degree of Doctor of Medicine may be selected by the Governor from a list of three to five candidates for each member of the board described in subsection (1)(a) of this section whose term expires in that year, submitted by the Oregon Medical Association not later than February 1.

(B) Board members required to possess the degree of Doctor of Osteopathy may be selected by the Governor from a list of three to five candidates for each vacancy, submitted by the Osteopathic Physicians and Surgeons of Oregon, Inc., not later than February 1 of each odd-numbered year.

(C) The board member required to possess the degree of Doctor of Podiatric Medicine may be selected by the Governor from a list of three to five candidates submitted by the Oregon Podiatric Medical Association not later than February 1 of each fourth year.

(b) The physician members must have been in the active practice of their profession for at least five years immediately preceding their appointment.

(c) Neither the public members nor any person who is a spouse, domestic partner, child, parent or sibling of a public member may be employed as a health professional.

(d)(A) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to geographic areas of this state and ethnic group.

(B) Of the seven members who hold the degree of Doctor of Medicine, there shall be at least one member appointed from each federal congressional district.

(3)(a) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. The terms

must be staggered so that no more than four terms end each year. A term begins on March 1 of the year the member is appointed and ends on the last day of February of the third year thereafter. A member may not serve more than two consecutive terms.

(b) If a vacancy occurs on the board, another qualifying member possessing the same professional degree or fulfilling the same public capacity as the person whose position has been vacated shall be appointed as provided in this section to fill the unexpired term.

(c) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused; or

(C) Is not a current licensee or a retired licensee whose license was in good standing at the time of retirement, if the board member was appointed to serve on the board as a licensee.

(4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The board may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495. [1967 c.470 §43 (enacted in lieu of 677.230); 1971 c.650 §26; 1973 c.792 §33; 1979 c.388 §1; 1983 c.486 §28a; 1985 c.322 §4; 1989 c.830 §17; 1997 c.792 §23; 2005 c.760 §3; 2007 c.86 §1; 2007 c.349 §1; 2009 c.535 §5; 2009 c.756 §93; 2013 c.129 §12]

677.240 Oaths, officers and meetings of board. (1) The members of the Oregon Medical Board, before entering upon their duties as members, shall take and subscribe an oath to support the Constitution and laws of the State of Oregon and of the United States, and to perform well and faithfully and without partiality the duties of such office according to the best of their knowledge and ability. The oaths shall be filed and preserved of record in the office of the board.

(2) The board shall elect annually from among its members a chairperson, vice chairperson and secretary.

(3) The board shall hold meetings within the state at such times and places as shall be determined by the board.

(4) The chairperson, vice chairperson or secretary may call a special meeting of the board upon at least 10 days' notice in writing to each member, to be held at any place designated by such officer.

(5) The board shall hold meetings for examination of applicants for licenses at least twice each year on such dates as the board considers advisable. Special meetings for the

examination of applicants for licenses may be called in the same manner as other special meetings of the board. [Amended by 1967 c.470 §47; 1989 c.830 §18]

677.250 Records to be kept. The executive director of the Oregon Medical Board shall keep a record of all board proceedings, and also a record of all applicants for a license, together with their ages, the time such applicants have spent in the study and practice of medicine, the name and location of all institutions granting to applicants degrees in medicine and such other information as the board may deem advisable. The record also shall show whether such applicants were rejected or licensed under this chapter. The record is prima facie evidence of all the matters therein recorded, and failure of a person's name to appear in the record is prima facie evidence that such person does not have a license to practice medicine in this state. [Amended by 1967 c.470 §48; 2009 c.756 §25]

677.255 [1971 c.649 §5; renumbered 677.530]

677.257 [1981 c.327 §2; renumbered 677.750]

677.259 [1973 c.451 §2; 1975 c.442 §1; 1983 c.486 §29; renumbered 677.755]

677.260 [Repealed by 1967 c.470 §49 (677.265 enacted in lieu of 677.260)]

677.261 [1975 c.442 §5; 1983 c.486 §30; renumbered 677.760]

677.262 [1975 c.442 §3; 1983 c.486 §66; renumbered 677.765]

677.263 [1975 c.442 §4; 1979 c.292 §3; 1983 c.486 §31; renumbered 677.770]

677.265 Powers of board generally; rules; fees; physician standard of care. In addition to any other powers granted by this chapter, the Oregon Medical Board may:

(1) Adopt necessary and proper rules for administration of this chapter including but not limited to:

(a) Establishing fees and charges to carry out its legal responsibilities, subject to prior approval by the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting the fees and charges. The fees and charges shall be within the budget authorized by the Legislative Assembly as that budget may be modified by the Emergency Board. The fees and charges established under this section may not exceed the cost of administering the program or the purpose for which the fee or charge is established, as authorized by the Legislative Assembly for the Oregon Medical Board's budget, or as modified by the Emergency Board or future sessions of the Legislative Assembly.

(b) Establishing standards and tests to determine the moral, intellectual, educational, scientific, technical and professional qualifications required of applicants for licenses under this chapter.

(c) Enforcing the provisions of this chapter and exercising general supervision over the practice of medicine and podiatry within this state. In determining whether to discipline a licensee for a standard of care violation, the Oregon Medical Board shall determine whether the licensee used that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.

(2) Issue, deny, suspend and revoke licenses and limited licenses, assess costs of proceedings and fines and place licensees on probation as provided in this chapter.

(3) Use the gratuitous services and facilities of private organizations to receive the assistance and recommendations of the organizations in administering this chapter.

(4) Make its personnel and facilities available to other regulatory agencies of this state, or other bodies interested in the development and improvement of the practice of medicine or podiatry in this state, upon terms and conditions for reimbursement as are agreed to by the Oregon Medical Board and the other agency or body.

(5) Appoint examiners, who need not be members of the Oregon Medical Board, and employ or contract with the American Public Health Association or the National Board of Medical Examiners or other organizations, agencies and persons to prepare examination questions and score examination papers.

(6) Determine the schools, colleges, universities, institutions and training acceptable in connection with licensing under this chapter. All residency, internship and other training programs carried on in this state by any hospital, institution or medical facility shall be subject to approval by the Oregon Medical Board. The board shall accept the approval by the American Osteopathic Association or the American Medical Association in lieu of approval by the board.

(7) Prescribe the time, place, method, manner, scope and subjects of examinations under this chapter.

(8) Prescribe all forms that it considers appropriate for the purposes of this chapter, and require the submission of photographs and relevant personal history data by applicants for licensure under this chapter.

(9) For the purpose of requesting a state or nationwide criminal records check under ORS 181.534, require the fingerprints of a person who is:

(a) Applying for a license that is issued by the board;

(b) Applying for renewal of a license that is issued by the board; or

(c) Under investigation by the board.

(10) Administer oaths, issue notices and subpoenas in the name of the board, enforce subpoenas in the manner authorized by ORS 183.440, hold hearings and perform such other acts as are reasonably necessary to carry out its duties under this chapter. [1967 c.470 §50 (enacted in lieu of 677.260); 1975 c.776 §10; 1983 c.486 §34; 1989 c.830 §19; 1991 c.703 §22; 1997 c.792 §25; 2005 c.730 §47; 2007 c.86 §6; 2013 c.129 §13]

677.270 Proceedings upon refusal to testify or failure to obey rule, order or subpoena of board. If any licensee fails to comply with any lawful rule or order of the Oregon Medical Board, or fails to obey any subpoena issued by the board, or refuses to testify concerning any matter on which the licensee may lawfully be interrogated by the board, the board may apply to any circuit court of this state, or the judge thereof, to compel obedience. The court or judge, upon such application, shall institute proceedings for contempt. The remedy provided in this section is in addition to, and not exclusive of, the authority of the board to discipline licensees for violations of ORS 677.190 (17) and (22). [Amended by 1967 c.470 §51; 1983 c.486 §35; 1989 c.830 §20; 2009 c.756 §26]

677.275 Administrative law judges. Each administrative law judge conducting hearings on behalf of the board is vested with the full authority of the board to schedule and conduct hearings on behalf and in the name of the board on all matters referred by the board, including issuance of licenses, proceedings for placing licensees on probation and for suspension and revocation of licenses, and shall cause to be prepared and furnished to the board, for decision thereon by the board, the complete written transcript of the record of the hearing. This transcript shall contain all evidence introduced at the hearing and all pleas, motions and objections, and all rulings of the administrative law judge. Each administrative law judge may administer oaths and issue summonses, notices and subpoenas, but may not place any licensee on probation or issue, refuse, suspend or revoke a license. [1967 c.470 §53; 1983 c.486 §36; 1989 c.830 §21; 1999 c.849 §§157,158; 2003 c.75 §57; 2009 c.756 §27]

677.280 Employment of personnel. Subject to any applicable provisions of the State Personnel Relations Law, the Oregon Medical Board may employ consultants, investigators and staff for the purpose of enforcing the laws relating to this chapter and securing evidence of violations thereof, and may fix the compensation therefor and incur necessary other expenses. [Amended by 1967 c.470 §54; 1969 c.314 §78; 1989 c.829 §1; 1989 c.830 §22; 1999 c.396 §1; 2009 c.535 §6]

677.290 Disposition of receipts; revolving account; medical library. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund. [Amended by 1953 c.159 §6; 1967 c.470 §55; 1967 c.637 §§29,29a; 1973 c.427 §15; 1975 c.693 §18; 1979 c.27 §1; 1983 c.486 §37; 1989 c.830 §23; 2007 c.86 §3; 2009 c.595 §1052; 2009 c.792 §73]

Note: The amendments to 677.290 by section 8, chapter 240, Oregon Laws 2013, become operative January 1, 2017. See section 20, chapter 240, Oregon Laws 2013. The text that is operative on and after January 1, 2017, is set forth for the user's convenience.

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter and ORS 676.850.

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under

this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund.

677.300 [Amended by 1967 c.470 §56; 1973 c.427 §16; 1983 c.486 §38; repealed by 1989 c.830 §49]

677.305 Petty cash fund. The Oregon Medical Board may maintain a petty cash fund in compliance with ORS 293.180 in the amount of \$5,000. [1955 c.282 §1; 1967 c.470 §57; 1983 c.486 §39; 1989 c.830 §24]

677.310 [Amended by 1967 c.470 §58; repealed by 1989 c.830 §49]

ENFORCEMENT

677.320 Investigation of complaints and suspected violations. (1) Upon the complaint of any citizen of this state, or upon its own initiative, the Oregon Medical Board may investigate any alleged violation of this chapter. If, after the investigation, the board has reason to believe that any person is subject to prosecution criminally for the violation of this chapter, it shall lay the facts before the proper district attorney.

(2) In the conduct of investigations, the board or its designated representative may:

- (a) Take evidence;
- (b) Take the depositions of witnesses, including the person charged;
- (c) Compel the appearance of witnesses, including the person charged;
- (d) Require answers to interrogatories; and
- (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation.

(3) In exercising its authority under subsection (2) of this section, the board may issue subpoenas over the signature of the executive director and the seal of the board in the name of the State of Oregon.

(4) In any proceeding under this section where the subpoena is addressed to a licensee of this board, it shall not be a defense that the material that is subject to the sub-

poena is protected under a patient and physician privilege.

(5) If a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(6) A licensee who is the subject of an investigation and any person authorized to act on behalf of the licensee shall not knowingly contact the complainant until the licensee has requested a contested case hearing and the board has authorized the taking of the complainant's deposition pursuant to ORS 183.425.

(7) Except in an investigation or proceeding conducted by the board or another public entity, or in an action, suit or proceeding where a public entity is a party, a licensee shall not be questioned or examined regarding any communication with the board made in an appearance before the board as part of an investigation. This section shall not prohibit examination or questioning of a licensee regarding records dealing with a patient's care and treatment or affect the admissibility of those records. As used in this section, "public entity" has the meaning given that term in ORS 676.177. [Amended by 1983 c.486 §40; 1989 c.830 §25; 1997 c.792 §26; 1999 c.751 §5]

677.325 Enjoining unlicensed practice of medicine. The Oregon Medical Board may maintain a suit for an injunction against any person violating ORS 677.080 (4). Any person who has been so enjoined may be punished for contempt by the court issuing the injunction. An injunction may be issued without proof of actual damage sustained by any person. An injunction shall not relieve a person from criminal prosecution for violation of ORS 677.080 (4). [Formerly 677.040]

677.330 Duty of district attorney and Attorney General; jurisdiction of prosecutions. (1) The district attorney of each county shall prosecute any violation of this chapter occurring in the county. The Oregon Medical Board shall be represented by the Attorney General acting under ORS 180.140. Each district attorney shall bring to the attention of the grand jury of the county any information independently developed by the

district attorney, the Attorney General or other law enforcement agencies pertaining to a violation of this chapter.

(2) Upon any appeal to the Court of Appeals of this state in any of the proceedings referred to in subsection (1) of this section, the Attorney General shall assist the district attorney in the trial of the cause in the Court of Appeals.

(3) Justice courts and the circuit courts have concurrent jurisdiction of prosecutions for the violation of this chapter. [Amended by 1967 c.470 §60; 1979 c.562 §30; 1997 c.791 §20]

677.335 Official actions of board and personnel; privileges and immunities; scope of immunity of complainant. (1) Members of the Oregon Medical Board, members of its administrative and investigative staff, medical consultants, and its attorneys acting as prosecutors or counsel shall have the same privilege and immunities from civil and criminal proceedings arising by reason of official actions as prosecuting and judicial officers of the state.

(2) No person who has made a complaint as to the conduct of a licensee of the board or who has given information or testimony relative to a proposed or pending proceeding for misconduct against the licensee of the board, shall be answerable for any such act in any proceeding except for perjury committed by the person. [1975 c.776 §2; 1989 c.830 §26]

677.340 [Amended by 1967 c.470 §6; renumbered 677.075]

ARTIFICIAL INSEMINATION

677.355 “Artificial insemination” defined. As used in ORS 109.239 to 109.247, 677.355 to 677.370 and 677.990 (3), “artificial insemination” means introduction of semen into a woman’s vagina, cervical canal or uterus through the use of instruments or other artificial means. [1977 c.686 §1]

Note: 677.355 to 677.370 and 677.990 (3) were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.360 Who may select donors and perform procedure. Only physicians licensed under ORS chapter 677 and persons under their supervision may select artificial insemination donors and perform artificial insemination. [1977 c.686 §2]

Note: See note under 677.355.

677.365 Consent required; filing with State Registrar of the Center for Health Statistics; notice to physician. (1) Artificial insemination shall not be performed upon a woman without her prior written request and consent and, if she is married, the

prior written request and consent of her husband.

(2) Whenever a child is born who may have been conceived by the use of semen of a donor who is not the woman’s husband, a copy of the request and consent required under subsection (1) of this section shall be filed by the physician who performs the artificial insemination with the State Registrar of the Center for Health Statistics. The state registrar shall prescribe the form of reporting.

(3) The information filed under subsection (2) of this section shall be sealed by the state registrar and may be opened only upon an order of a court of competent jurisdiction.

(4) If the physician who performs the artificial insemination does not deliver the child conceived as a result of the use of semen of a donor who is not the woman’s husband, it is the duty of the woman and the husband who consented pursuant to subsection (1) of this section to give that physician notice of the child’s birth. The physician who performs the artificial insemination shall be relieved of all liability for noncompliance with subsection (2) of this section if the noncompliance results from lack of notice to the physician about the birth. [1977 c.686 §3]

Note: See note under 677.355.

677.370 Who may be donor. No semen shall be donated for use in artificial insemination by any person who:

(1) Has any disease or defect known by him to be transmissible by genes; or

(2) Knows or has reason to know he has a venereal disease. [1977 c.686 §4]

Note: See note under 677.355.

COMPETENCY TO PRACTICE MEDICINE OR PODIATRY

677.410 Voluntary limitation of license; removal of limitation. A licensee may request in writing to the Oregon Medical Board a limitation of license to practice medicine or podiatry, respectively. The board may grant such request for limitation and shall have authority, if it deems appropriate, to attach conditions to the license of the licensee within the provisions of ORS 677.205 and 677.410 to 677.425. Removal of a voluntary limitation on licensure to practice medicine or podiatry shall be determined by the board. [1975 c.796 §5; 1981 c.339 §1; 1983 c.486 §41]

677.415 Investigation of incompetence; reports to board; contents; informal interview; penalty for failure to report official action. (1) As used in this section:

(a) “Health care facility” means a facility licensed under ORS 441.015 to 441.087.

(b) "Official action" means a restriction, limitation, loss or denial of privileges of a licensee to practice medicine, or any formal action taken against a licensee by a government agency or a health care facility based on a finding of medical incompetence, unprofessional conduct, physical incapacity or impairment.

(2) The Oregon Medical Board on the board's own motion may investigate any evidence that appears to show that a licensee licensed by the board is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity or an impairment as defined in ORS 676.303.

(3) A licensee licensed by the Oregon Medical Board, the Oregon Medical Association, Inc., or any component society thereof, the Osteopathic Physicians and Surgeons of Oregon, Inc. or the Oregon Podiatric Medical Association shall report within 10 working days, and any other person may report, to the board any information such licensee, association, society or person may have that appears to show that a licensee is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(4) A licensee shall self-report within 10 working days any official action taken against the licensee.

(5) A health care facility shall report to the Oregon Medical Board any official action taken against a licensee within 10 business days of the date of the official action.

(6) A licensee's voluntary withdrawal from the practice of medicine or podiatry, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at such a health care facility shall be promptly reported to the Oregon Medical Board by the health care facility and the licensee if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or a committee thereof for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment as defined in ORS 676.303.

(7)(a) A report made in accordance with subsection (3) of this section shall contain:

(A) The name, title, address and telephone number of the person making the report; and

(B) Information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(b) The Oregon Medical Board may not require in a report made in accordance with subsection (5) or (6) of this section more than:

(A) The name, title, address and telephone number of the licensee making the report or the name, address and telephone number of the health care facility making the report;

(B) The date of an official action taken against the licensee or the licensee's voluntary action under subsection (6) of this section; and

(C) A description of the official action or the licensee's voluntary action, as appropriate to the report, including:

(i) The specific restriction, limitation, suspension, loss or denial of the licensee's medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(ii) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(c) The Oregon Medical Board may not require in a report made in accordance with subsection (4) of this section more than:

(A) The name, title, address and telephone number of the licensee making the report; and

(B) The specific restriction, limitation, suspension, loss or denial of the licensee's staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial.

(8) A report made in accordance with this section may not include any data that is privileged under ORS 41.675.

(9) If, in the opinion of the Oregon Medical Board, it appears that information provided to it under this section is or may be true, the board may order an informal interview with the licensee subject to the notice requirement of ORS 677.320.

(10)(a) A health care facility's failure to report an official action as required under subsection (5) of this section constitutes a violation of this section. The health care facility is subject to a penalty of not more than \$10,000 for each violation. The Oregon Medical Board may impose the penalty in accordance with ORS 183.745 and, in addition to the penalty, may assess reasonable costs the board incurs in enforcing the requirements of this section against the health care facility if the enforcement results in the imposition of a civil penalty.

(b) The Attorney General may bring an action in the name of the State of Oregon in a court of appropriate jurisdiction to recover a civil penalty and costs assessed under this subsection.

(c) A civil penalty assessed or recovered in accordance with this subsection shall be paid to the State Treasury and the State Treasurer shall credit the amount of the payment to the Primary Care Services Fund established under ORS 442.570.

(11) A person who reports in good faith to the Oregon Medical Board as required by this section is immune from civil liability by reason of making the report. [1975 c.796 §6; 1977 c.448 §11; 1981 c.339 §2; 1983 c.486 §42; 1985 c.322 §5; 1989 c.830 §27; 1997 c.792 §27; 2003 c.554 §1; 2007 c.70 §302; 2007 c.803 §2; 2009 c.756 §28; 2010 c.42 §15]

677.417 Medical incompetence, unprofessional conduct, physical incapacity, impairment; rules. The Oregon Medical Board shall determine by rule what constitutes medical incompetence, unprofessional conduct, physical incapacity or impairment for the purposes of ORS chapter 677. [2003 c.554 §2; 2009 c.756 §29]

Note: 677.417 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.420 Competency examination; investigation; consent by licensee; assistance. (1) Notwithstanding any other provisions of this chapter, the Oregon Medical Board may at any time direct and order a mental, physical or medical competency examination or any combination thereof, and make such investigation, including the taking of depositions or otherwise in order to fully inform itself with respect to the performance or conduct of a licensee.

(2) If the board has reasonable cause to believe that any licensee is or may be unable to practice medicine or podiatry with reasonable skill and safety to patients, the board shall cause a competency examination of such licensee for purposes of determining the fitness of the licensee to practice medicine or podiatry with reasonable skill and safety to patients.

(3) Any licensee by practicing or by filing a registration to practice medicine or podiatry shall be deemed to have given consent to submit to mental or physical examination when so directed by the board and, further, to have waived all objection to the admissibility of information derived from such mental or physical or medical competency examination on the grounds of privileged communication.

(4) The board may request any medical organization to assist the board in preparing

for or conducting any medical competency examination that the board may consider appropriate. [1975 c.796 §7; 1981 c.339 §3; 1983 c.486 §43; 1989 c.830 §28]

677.425 Confidential information; immunity. (1) Any information that the Oregon Medical Board obtains pursuant to ORS 677.200, 677.205 or 677.410 to 677.425 is confidential as provided under ORS 676.175.

(2) Any person who reports or provides information to the board under ORS 677.205 and 677.410 to 677.425 and who provides information in good faith shall not be subject to an action for civil damages as a result thereof. [1975 c.796 §8; 1983 c.486 §44; 1989 c.830 §29; 1991 c.485 §7; 1997 c.791 §21]

677.435 [1977 c.448 §§2,3,4; 1981 c.339 §4; repealed by 1987 c.774 §61]

677.450 Release of certain information to health care facilities. The Oregon Medical Board may release information received under ORS 441.820 concerning the revocation or restriction of a physician's activities at a health care facility to any other health care facility licensed under ORS 441.015 to 441.087, 441.525 to 441.595, 441.815, 441.820, 441.990, 442.342, 442.344 and 442.400 to 442.463 at which that physician holds or has applied for staff privileges or other right to practice medicine or podiatry at the facility. [1977 c.448 §5; 1981 c.339 §5; 2013 c.129 §14]

677.455 [1993 c.323 §4; renumbered 677.837 in 1995]

ADMINISTRATION OF CONTROLLED SUBSTANCES FOR PAIN

677.470 Definitions for ORS 677.470 to 677.480. As used in ORS 677.470 to 677.480:

(1) "Controlled substance" has the meaning given that term under ORS 475.005.

(2) "Health care professional" means a person licensed by a health professional regulatory board who is practicing within the scope of practice of that licensure and who is authorized to prescribe or administer controlled substances.

(3) "Health professional regulatory board" has the meaning given that term in ORS 676.440. [1995 c.380 §2; 1999 c.480 §1; 2007 c.351 §1]

677.474 Administration of controlled substances for pain allowed; exceptions.

(1) Notwithstanding any other provision of this chapter and notwithstanding ORS 678.010 to 678.410 and ORS chapters 679 and 689, a health care professional may prescribe or administer controlled substances to a person in the course of treating that person for a diagnosed condition causing pain.

(2) A health care professional shall not be subject to disciplinary action by a health professional regulatory board for prescribing or administering controlled substances in the

course of treatment of a person for pain with the goal of controlling the patient's pain for the duration of the pain.

(3) Subsections (1) and (2) of this section do not apply to:

(a) A health care professional's treatment of a person for chemical dependency resulting from the use of controlled substances;

(b) The prescription or administration of controlled substances to a person the health care professional knows to be using the controlled substances for nontherapeutic purposes;

(c) The prescription or administration of controlled substances for the purpose of terminating the life of a person having pain, except as allowed under ORS 127.800 to 127.897; or

(d) The prescription or administration of a substance that is not a controlled substance approved by the United States Food and Drug Administration for pain relief.

(4) Subsection (2) of this section does not exempt the governing body of any hospital or other medical facility from the requirements of ORS 441.055. [1995 c.380 §7 (enacted in lieu of 677.475); 1999 c.480 §2; 2003 c.408 §1; 2007 c.351 §2]

677.475 [1995 c.380 §3 (677.474 enacted in lieu of 677.475 by 1995 c.380 §6); repealed by 2005 c.44 §1]

677.480 Discipline. ORS 677.474 does not prohibit a health professional regulatory board from placing on probation or denying, revoking, limiting or suspending the license of any health care professional who does any of the following:

(1) Prescribes or administers a controlled substance or treatment that is nontherapeutic in nature or nontherapeutic as administered or prescribed or that is administered or prescribed for a nontherapeutic purpose.

(2) Fails to keep a complete and accurate record of controlled substance purchases, dispensing and disposal as required by the Comprehensive Drug Abuse Prevention and Control Act of 1970 (P.L. 91-513), other federal law or ORS 475.005 to 475.285 and 475.752 to 475.980.

(3) Prescribes controlled substances without a legitimate medical purpose.

(4) Prescribes, administers or dispenses controlled substances in a manner detrimental to the best interest of the public.

(5) Prescribes, administers or dispenses a controlled substance in a manner prohibited under ORS 475.005 to 475.285 or 475.752 to 475.980.

(6) Falsifies prescription information, including, but not limited to, the identity of the recipient. [1995 c.380 §4; 2003 c.408 §2; 2007 c.351 §3]

677.485 [1995 c.380 §5; 2003 c.408 §3; 2007 c.86 §7; repealed by 2007 c.351 §5]

MISCELLANEOUS

677.490 Fees when patient served by or referred to diabetes self-management program. (1) If a physician refers a patient to diabetes self-management education services provided at a different time and place from other health services provided to the patient by the physician, the referring physician is entitled to receive no more than the total salary and benefits to personnel providing the services plus the cost of materials and services directly related to the services, if any of these costs are paid by the physician; or

(2) If the referring physician personally provides the diabetes self-management education services, the physician is entitled to receive no more than the usual and customary charges for routine office visits of comparable duration. [1987 c.720 §6]

Note: 677.490 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.491 Reporting toy-related injury or death; rules. (1) Whenever any physician determines or reasonably suspects the injury or death of a person to be toy-related, the physician shall, in accordance with rules adopted under subsection (5) of this section, report the physician's findings to the Director of the Oregon Health Authority.

(2) The director of any hospital, health care facility, health maintenance organization, public health center, medical center or emergency medical treatment facility where any physician has made a determination or has a reasonable suspicion under subsection (1) of this section as to whether an injury or death is toy-related, shall, in accordance with the rules adopted under subsection (5) of this section, report that physician's findings to the Director of the Oregon Health Authority.

(3) The Director of the Oregon Health Authority shall review, organize and keep a record of the information set forth in the reports of toy-related injuries and deaths submitted by physicians under this section. The director, on a regular basis, shall make the information recorded under this section available to the United States Consumer Product Safety Commission for inclusion in its Injury or Potential Injury Incident Data Base. The information so recorded shall also be made available to the public for a fee determined by the director.

(4) If the director determines that a specific toy or item poses an immediate danger or potential threat to the safety of the citi-

zens of this state, the director shall immediately issue a public notice warning the public, retail sellers and distributors of the director's findings and recommendations concerning that toy or item.

(5) The director shall adopt rules to implement this section. [1991 c.325 §1; 2009 c.595 §1053]

Note: 677.491 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.492 Liability of physician for acts of certain other health care providers.

(1) If a physician is required to be responsible for the care of a patient of another health care provider with admitting privileges to a health care facility as a condition to the patient's admission to and continued care in a health care facility, the physician is not liable for the acts or omissions of the other health care provider that result in injury, death or damage to the patient unless:

(a) At the time the injury, death or damage occurs, the physician is physically present and directly supervising the other health care provider;

(b) At the time the injury, death or damage occurs, the physician is not physically present, but the physician is directly supervising and instructing the other health care provider; or

(c) The injury, death or damage to the patient results from a direct violation of a written hospital patient care protocol by the other health care provider, the physician knew or in the exercise of reasonable care should have known of the violation in time to take action to prevent the injury, death or damage, and the physician failed to take action to prevent the injury, death or damage.

(2) The immunity provided by this section applies only to a person who holds a degree of Doctor of Medicine or Doctor of Osteopathy who is licensed to practice medicine under the provisions of ORS chapter 677.

(3) The immunity provided by this section does not apply if the other health care provider is an employee, a partner or a fellow shareholder of the physician in a corporation established for the provision of health care services. [1995 c.695 §1]

Note: 677.492 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

PHYSICIAN ASSISTANTS

677.495 Definitions for ORS 677.495 to 677.545. As used in ORS 677.495 to 677.545, unless the context requires otherwise:

(1) "Physician assistant" means a person who is licensed in accordance with ORS 677.505 to 677.525.

(2) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used.

(3) "Supervising physician" means a physician licensed to practice medicine under this chapter who supervises a physician assistant.

(4) "Supervising physician organization" means a group of supervising physicians that collectively supervises a physician assistant.

(5) "Supervision" means the acts of overseeing and accepting responsibility for the medical services provided by a physician assistant in accordance with a practice agreement, including regular and routine oversight and chart review. [Formerly 677.012; 1983 c.486 §45; 1987 c.660 §24; 1989 c.830 §30; 1999 c.119 §1; 1999 c.582 §1; 2001 c.744 §§3,4; 2005 c.366 §1; 2007 c.347 §1; 2010 c.43 §1; 2011 c.550 §1]

677.500 Policy. It is the intent of the Legislative Assembly in requiring the licensure of physician assistants to encourage appropriate use of physician assistants in the delivery of health care services to the extent of a physician assistant's education and experience. [1981 c.220 §9; 1989 c.830 §31; 1999 c.582 §2; 2010 c.43 §2; 2011 c.550 §2]

677.505 Application of provisions governing physician assistants to other health professions.

(1) ORS 677.495 and 677.505 to 677.525 are not intended to alter or affect ORS chapter 678, regarding the practice of nursing; ORS chapter 679, regarding the practice of dentistry; ORS 680.010 to 680.205, regarding the practice of dental hygienists and auxiliaries; or ORS 683.010 to 683.340, regarding the practice of optometry.

(2) ORS 677.495 and 677.505 to 677.525 do not require an employee of a person licensed to practice medicine under this chapter, or of a medical clinic or hospital to be licensed under ORS 677.495 and 677.505 to 677.525, unless the employee is practicing as a physician assistant in which case the individual shall be licensed under ORS 677.495 and 677.505 to 677.525. [Formerly 677.055; 1999 c.582 §3]

677.510 Board approval of using services of physician assistant; supervision; practice agreement; pain management education. (1) A person licensed to practice

medicine under this chapter may not use the services of a physician assistant without the prior approval of the Oregon Medical Board.

(2) A supervising physician or a supervising physician organization may apply to the board to use the services of a physician assistant. The application must:

(a) If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician;

(b) If the applicant is a supervising physician organization:

(A) State the names and contact information of all supervising physicians; and

(B) State the name of the primary supervising physician required by subsection (5) of this section;

(c) Generally describe the medical services provided by each supervising physician;

(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician; and

(e) Provide such other information in such a form as the board may require.

(3) The board shall approve or reject an application within seven working days after the board receives the application, unless the board is conducting an investigation of the supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant.

(4) A supervising physician organization shall provide the board with a list of the supervising physicians in the supervising physician organization. The supervising physician organization shall continually update the list and notify the board of any changes.

(5) A supervising physician organization shall designate a primary supervising physician and notify the board in the manner prescribed by the board.

(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a practice agreement with a supervising physician or supervising physician organization whose application has been approved under subsection (3) of this section. The practice agreement must:

(A) Include the name, contact information and license number of the physician assistant and each supervising physician.

(B) Describe the degree and methods of supervision that the supervising physician or supervising physician organization will use. The degree of supervision, whether general,

direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.

(C) Generally describe the medical duties delegated to the physician assistant.

(D) Describe the services or procedures common to the practice or specialty that the physician assistant is not permitted to perform.

(E) Describe the prescriptive and medication administration privileges that the physician assistant will exercise.

(F) Provide the list of settings and licensed facilities in which the physician assistant will provide services.

(G) State that the physician assistant and each supervising physician is in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant and supervising physician or supervising physician organization to discipline.

(H) Be signed by the supervising physician or the primary supervising physician of the supervising physician organization and by the physician assistant.

(I) Be updated at least every two years.

(b) The supervising physician or supervising physician organization shall provide the board with a copy of the practice agreement within 10 days after the physician assistant begins practice with the supervising physician or supervising physician organization. The supervising physician or supervising physician organization shall keep a copy of the practice agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board may request a meeting with a supervising physician or supervising physician organization and a physician assistant to discuss a practice agreement.

(7) A physician assistant's supervising physician shall ensure that the physician assistant is competent to perform all duties delegated to the physician assistant. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(8) A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization.

(9) The board may not require that a supervising physician be physically present at all times when the physician assistant is providing services, but may require that:

(a) The physician assistant have access to personal or telephone communication with a supervising physician when the physician assistant is providing services; and

(b) The proximity of a supervising physician and the methods and means of supervision be appropriate to the practice setting and the patient conditions treated in the practice setting.

(10)(a) A supervising physician organization may supervise any number of physician assistants. The board may not adopt rules limiting the number of physician assistants that a supervising physician organization may supervise.

(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

(11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians, unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.

(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants, unless the board approves a request from the supervising physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.

(13) A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the supervising physician for a predetermined period of time.

(14) A physician assistant may render services in any setting included in the practice agreement.

(15) A physician assistant for whom an application under this section has been approved by the board on or after January 2, 2006, shall submit to the board, within 24 months after the approval, documentation of completion of:

(a) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or

(b) An equivalent pain management education program, as determined by the board. [1971 c.649 §7; 1981 c.220 §10; 1995 c.374 §1; 1997 c.695 §1; 1999 c.119 §2; 1999 c.430 §1; 1999 c.582 §4; 2001 c.743 §§1,2; 2001 c.987 §14a; 2005 c.366 §2; 2007 c.347 §2; 2009 c.595 §1054; 2010 c.43 §3; 2011 c.550 §3; 2012 c.34 §3]

Note: Sections 9 and 10 (1), chapter 550, Oregon Laws 2011, provide:

Sec. 9. Notwithstanding the amendments to ORS 677.097, 677.495, 677.500, 677.510, 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act:

(1) A physician assistant practicing under a practice description approved by the Oregon Medical Board under ORS 677.510 as in effect immediately before the operative date of the amendments to ORS 677.510 by section 3 of this 2011 Act may continue to practice in accordance with the practice description and is not required to enter into a practice agreement under ORS 677.510.

(2) A physician assistant licensed under ORS 677.512 as in effect immediately before the operative date of the amendments to ORS 677.512 by section 4 of this 2011 Act may renew the physician assistant's license without meeting the requirements of ORS 677.512 (2)(c) and (d). [2011 c.550 §9]

Sec. 10. (1) The amendments to ORS 677.097, 677.495, 677.500, 677.510, 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act become operative on January 1, 2012. [2011 c.550 §10(1)]

677.511 Physician assistant dispensing authority; requirements; training program; rules. (1)(a) A supervising physician or supervising physician organization may apply to the Oregon Medical Board for authority for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 (4), a physician assistant may not dispense controlled substances classified in schedules I through IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(2) The board shall adopt rules establishing standards and qualifications for physician assistants with dispensing authority. The rules must require:

(a) A physician assistant seeking dispensing authority to complete a drug dispensing training program; and

(b) The supervising physician or supervising physician organization that applies for dispensing authority for a physician assistant to:

(A) Provide the board with a plan for drug delivery and control;

(B) Submit an annual report to the board on the physician assistant's use of dispensing authority;

(C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or supervising physician organization proposes to authorize the physician assistant to dispense; and

(D) Submit to the board documentation showing that the supervising physician or supervising physician organization has registered the facility from which the physician assistant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.

(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug dispensing training program for physician assistants and adopt that program by rule.

(4) A supervising physician or supervising physician organization that supervises a physician assistant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy relating to registration, acquisition, storage, integrity, security, access, dispensing and disposal of drugs, record keeping and consultation with pharmacists.

(5) Drugs dispensed by a physician assistant with dispensing authority under this section must be personally dispensed by the physician assistant. [2012 c.34 §2]

Note: 677.511 was added to and made a part of 677.495 to 677.545 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.512 Licensure; renewal; fees; rules.

(1) A person seeking licensure as a physician assistant shall complete an application form provided by the Oregon Medical Board and submit the form to the board, accompanied by nonrefundable fees for the application and for the license in amounts determined by rule of the board.

(2) The board may issue a license to a physician assistant who:

(a) Submits an application as required by the board by rule;

(b) Pays the application fee established by the board by rule;

(c) Has completed an educational program accredited by a nationally recognized accreditation organization for physician assistant educational programs;

(d) Has passed the initial national examination required of physician assistants to become nationally certified;

(e) Is mentally and physically able to engage safely in practice as a physician assistant;

(f) Has not been disciplined by a physician assistant licensing board in another state, unless the board considers the discipline and determines that the person is competent to practice as a physician assistant; and

(g) Is of good moral character as determined by the board.

(3) The board may issue a license by reciprocity to a person who is licensed as a physician assistant in another state and meets the requirements of subsection (2)(c) and (d) of this section.

(4)(a) The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(b) If the board requires a licensee to complete continuing education in order to renew a license issued under this section, the board shall allow a licensee to meet those requirements by providing the board with documentation of military training or experience that is substantially equivalent to the continuing education required by the board. [2007 c.240 §2; 2011 c.550 §4; 2012 c.43 §7]

Note: See note under 677.510.

677.515 Medical services rendered by physician assistant. (1) A physician assistant licensed under ORS 677.512 may provide any medical service, including prescribing and administering controlled substances in schedules II through V under the federal Controlled Substances Act:

(a) That is delegated by the physician assistant's supervising physician or supervising physician organization;

(b) That is within the scope of practice of the physician assistant;

(c) That is within the scope of practice of the supervising physician or supervising physician organization;

(d) That is provided under the supervision of the supervising physician or supervising physician organization;

(e) That is generally described in and in compliance with the practice agreement; and

(f) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating physician assistants approved by the board from rendering medical services if the services are rendered in the course of the program.

(3) The degree of independent judgment that a physician assistant may exercise shall be determined by the supervising physician, or supervising physician organization, and the physician assistant in accordance with the practice agreement.

(4) A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and prescribe medications pursuant to this section and ORS 677.535 to 677.545. The board and the Physician Assistant Committee may not limit the privilege

of administering, dispensing and prescribing to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the supervising physician.

(5) This chapter does not require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.089.

(6) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 to 677.545 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy. [Formerly 677.065; 1985 c.747 §52; 1989 c.830 §32; 1993 c.571 §27; 1999 c.119 §3; 1999 c.582 §5; 2001 c.744 §§1,2; 2005 c.366 §3; 2009 c.595 §1055; 2010 c.43 §4; 2011 c.550 §5; 2012 c.34 §4]

677.518 Authority to sign reports of death. A physician assistant, practicing under the supervision of a supervising physician or a supervising physician organization, is authorized to complete and sign reports of death. Reports of death signed by a physician assistant shall be accepted as fulfilling all of the laws dealing with reports of death. A physician assistant who prepares a report of death must comply with all provisions of ORS 432.133. [2003 c.104 §1; 2010 c.43 §5; 2013 c.366 §76]

Note: 677.518 was added to and made a part of 677.495 to 677.545 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

677.520 Performance of medical services by unlicensed physician assistant prohibited. Performance of any medical services by a physician assistant after the revocation or suspension of the license by the Oregon Medical Board, after expiration of a temporary license or in the absence of renewal of a license constitutes the unauthorized practice of medicine and subjects the physician assistant to the penalties provided in ORS 677.990. [Formerly 677.090; 1983 c.486 §67; 1989 c.830 §33; 1999 c.582 §6]

677.525 Fees; how determined. Every physician assistant shall pay to the Oregon Medical Board nonrefundable fees as deter-

mined by the board pursuant to ORS 677.265. [Formerly 677.232; 1983 c.486 §48; 1989 c.830 §34]

677.530 [Formerly 677.255; repealed by 1989 c.830 §49]

677.532 [1983 c.486 §47; repealed by 1989 c.830 §49]

677.535 Limited license. The Oregon Medical Board may grant a limited license to a physician assistant if the applicant meets the qualifications of the board, the application file is complete and no derogatory information has been submitted but board approval is pending. [1981 c.220 §8; 1983 c.486 §48a; 1989 c.830 §35; 1999 c.582 §7; 2010 c.43 §6; 2011 c.550 §6]

677.540 Physician Assistant Committee; appointment; term. (1) There is created a Physician Assistant Committee, which shall consist of five members. Members of the committee shall be appointed as follows:

(a) The Oregon Medical Board shall appoint one of its members and one physician. One of the two must supervise a physician assistant.

(b) The Oregon Medical Board shall appoint three physician assistants after considering persons nominated by the Oregon Society of Physician Assistants.

(2) The term of each member of the committee shall be for three years. A member may not serve more than two consecutive terms. A member shall serve until a successor is appointed. If a vacancy occurs, it shall be filled for the unexpired term by a person with the same qualifications as the retiring member.

(3) If any vacancy under subsection (1) of this section is not filled within 45 days, the Governor shall make the necessary appointment from the category which is vacant.

(4) The committee shall elect its own chairperson with such powers and duties as the committee shall fix.

(5) A quorum of the committee shall be three members. The committee shall hold a meeting at least once quarterly and at such other times the committee considers advisable to review requests for prescription and dispensing privileges and to review applications for licensure or renewal.

(6) The chairperson may call a special meeting of the Physician Assistant Committee upon at least 10 days' notice in writing to each member, to be held at any place designated by the chairperson.

(7) The committee members are entitled to compensation and expenses as provided for board members in ORS 677.235. [1981 c.220 §5; 1989 c.830 §36; 1999 c.582 §8; 2001 c.345 §1; 2001 c.348 §1; 2007 c.240 §1; 2009 c.535 §7]

677.545 Duties of committee. The Physician Assistant Committee shall:

(1) Review and make recommendations to the Oregon Medical Board regarding all matters relating to physician assistants, including but not limited to:

- (a) Applications for licensure;
- (b) Disciplinary proceedings; and
- (c) Renewal requirements.

(2) Recommend approval or disapproval of applications submitted under subsection (1) of this section to the board.

(3) Review the criteria for prescriptive privileges that may include all or parts of Schedules II, III, IV and V controlled substances and the procedures for physician assistants, supervising physicians and supervising physician organizations to follow in exercising the prescriptive privileges. A statement regarding Schedule II controlled substances prescriptive privileges must be included in the practice agreement. The Schedule II controlled substances prescriptive privileges of a physician assistant are limited by the practice agreement and may be restricted further by the supervising physician or supervising physician organization at any time. The supervising physician or supervising physician organization shall notify the physician assistant and the board of any additional restrictions imposed by the supervising physician or supervising physician organization. To be eligible for Schedule II controlled substances prescriptive privileges, a physician assistant must be certified by the National Commission on Certification of Physician Assistants and must complete all required continuing medical education coursework. [1981 c.220 §7; 1989 c.830 §37; 1999 c.582 §9; 2003 c.447 §1; 2010 c.43 §7; 2011 c.550 §7; 2012 c.34 §5]

677.550 [1981 c.220 §6; 1987 c.660 §25; 1989 c.830 §38; repealed by 1995 c.727 §48]

677.610 [1975 c.695 §2; 1977 c.581 §3; 1983 c.486 §49; repealed by 1989 c.782 §40]

677.615 [1989 c.705 §1; 2007 c.70 §303; 2007 c.796 §1; repealed by 2009 c.697 §14]

677.620 [1975 c.695 §11; repealed by 1989 c.782 §40]

677.625 [1989 c.705 §2; 2007 c.70 §304; 2007 c.796 §2; repealed by 2009 c.697 §14]

677.630 [1975 c.695 §15; repealed by 1983 c.486 §68]

677.635 [1989 c.705 §3; 2007 c.70 §305; 2007 c.796 §3; repealed by 2009 c.697 §14]

677.640 [1975 c.695 §12; 1983 c.486 §50; repealed by 1989 c.782 §40]

677.645 [1989 c.705 §4; 2001 c.347 §1; 2007 c.796 §4; repealed by 2009 c.697 §14]

677.650 [1975 c.695 §13; 1983 c.486 §51; repealed by 1989 c.782 §40]

677.655 [1989 c.705 §5; 1997 c.792 §28; 2007 c.796 §5; 2009 c.756 §30; repealed by 2009 c.697 §14]

677.660 [1975 c.695 §10; repealed by 1983 c.486 §68]

677.665 [1989 c.705 §6; 2007 c.796 §6; repealed by 2009 c.697 §14]

677.670 [1975 c.695 §14; 1979 c.292 §4; 1983 c.486 §52; 1989 c.830 §39; repealed by 1989 c.782 §40]

677.675 [1983 c.486 §55; renumbered 823.215 in 1989]

677.677 [1989 c.705 §7; 1991 c.703 §23; 2007 c.86 §8; 2007 c.796 §7; repealed by 2009 c.697 §14]

677.680 [1975 c.695 §16; 1979 c.165 §1; 1983 c.486 §53; 1989 c.830 §40; repealed by 1989 c.782 §40]

677.690 [1975 c.695 §17; 1983 c.486 §56; repealed by 1989 c.782 §40 and 1989 c.830 §49]

677.700 [1975 c.695 §18; 1983 c.486 §57; repealed by 1989 c.782 §40]

677.750 [Formerly 677.257; repealed by 1991 c.204 §2]

677.755 [Formerly 677.259; 1991 c.204 §1; 1991 c.314 §1; repealed by 1993 c.378 §7]

ACUPUNCTURISTS

677.757 Definitions for ORS 677.757 to 677.770. As used in ORS 677.757 to 677.770:

(1)(a) “Acupuncture” means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. “Acupuncture” includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

(A) Traditional and modern techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods; and

(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.

(2) “Oriental pharmacopoeia” means a list of herbs described in traditional Oriental texts commonly used in accredited schools of Oriental medicine if the texts are approved by the Oregon Medical Board. [1993 c.378 §1]

677.759 License required; qualifications; effect of using certain terms; rules.

(1) No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board except as provided in subsection (2) of this section.

(2) Notwithstanding subsection (1) of this section, the board may issue a license to practice acupuncture to an individual licensed to practice acupuncture in another state or territory of the United States if the individual is licensed to practice medicine and surgery or acupuncture in the other state or territory. The board shall not issue

such a license unless the requirements of the other state or territory are similar to the requirements of this state.

(3) The board shall examine the qualifications of an applicant and determine who shall be authorized to practice acupuncture.

(4) Using the term “acupuncture,” “acupuncturist,” “Oriental medicine” or any other term, title, name or abbreviation indicating that an individual is qualified or licensed to practice acupuncture is prima facie evidence of practicing acupuncture.

(5) In addition to the powers and duties of the board described in this chapter, the board shall adopt rules consistent with ORS 677.757 to 677.770 governing the issuance of a license to practice acupuncture. [1993 c.378 §2]

677.760 [Formerly 677.261; repealed by 1989 c.830 §49]

677.761 Persons and practices not within scope of ORS 677.757 to 677.770. Nothing in ORS 677.757 to 677.770 is intended to:

(1) Prevent, limit or interfere with an individual licensed or certified by the Oregon Medical Board from practicing health care other than acupuncture within the scope of the license or certification of the individual.

(2) Limit any other licensed or certified health care practitioner from practicing acupressure or other therapy within the scope of the license or certification of the individual.

(3) Limit the activities of any person who engages in the business of providing Oriental massage, exercise and related therapeutic methods or who provides substances listed in an Oriental pharmacopoeia, or vitamins or minerals or dietary advice, so long as the activities of the person are not otherwise prohibited by law.

(4) Limit the ability of practitioners from outside Oregon to demonstrate the practice of acupuncture as part of a recognized and limited duration educational program, lecture or event within this state under rules adopted by the board. [1993 c.378 §5; 2005 c.370 §1]

Note: 677.761 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 677. See Preface to Oregon Revised Statutes for further explanation.

677.765 Unauthorized practice by acupuncturist. Performance of acupuncture without licensure or after the termination of licensure by the Oregon Medical Board or in the absence of renewal of licensure constitutes the unauthorized practice of medicine and subjects the person to the penalties provided by ORS 677.990. [Formerly 677.262; 1989 c.830 §41; 1991 c.314 §2; 1993 c.378 §3]

677.770 Fees. Every physician or surgeon or other person licensed as an acupuncturist shall pay to the Oregon Medical Board non-refundable fees as determined by the board pursuant to ORS 677.265. [Formerly 677.263; 1989 c.830 §42; 1993 c.378 §4]

677.775 [1983 c.486 §33; repealed by 1989 c.830 §49]

677.780 Acupuncture Advisory Committee; membership; terms. (1) There is established an Acupuncture Advisory Committee consisting of six members appointed by the Oregon Medical Board. Of the committee members appointed by the board:

(a) One shall be a person who is a current member of the board.

(b) Two shall be physicians licensed under ORS chapter 677.

(c) Three shall be acupuncturists licensed under ORS 677.759. In appointing the three acupuncturists, the board may receive nominations from the Oregon Association of Acupuncture and Oriental Medicine and other professional acupuncture organizations.

(2) The term of office of each committee member is three years, but a committee member serves at the pleasure of the board. A committee member may not serve more than two consecutive terms. A committee member serves until a successor is appointed and qualified. If there is a vacancy for any cause, the board shall make an appointment to become immediately effective for the unexpired term.

(3) A committee member is entitled to compensation and expenses as provided for board members in ORS 677.235.

(4) A majority of the members of the committee constitutes a quorum for the transaction of business. [1997 c.527 §1; 2001 c.345 §2; 2009 c.535 §8]

Note: 677.780 and 677.785 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 677 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

677.785 Duties of committee. The Acupuncture Advisory Committee shall:

(1) Review and make recommendations concerning all applications to the Oregon Medical Board for acupuncture licensing or acupuncture license renewal.

(2) Recommend to the board standards of professional responsibility and practice for licensed acupuncturists.

(3) Recommend to the board standards of didactic and clinical education and training for acupuncture license applicants.

(4) Recommend to the board a licensing examination that meets the standards of the National Commission for Certifying Agencies or an equivalent organization nationally re-

cognized for testing acupuncturists. [1997 c.527 §2; 2007 c.71 §220]

Note: See note under 677.780.

PODIATRY

(General Provisions)

677.805 “Ankle” defined for ORS 677.805 to 677.840. As used in ORS 677.805 to 677.840, “ankle” means the tibial plafond and its posterolateral border or posterior malleolus, the medial malleolus, the distal fibula or lateral malleolus, and the talus. [Formerly 682.010; 1999 c.785 §2; 2005 c.760 §4; 2007 c.71 §221; 2009 c.465 §3; 2009 c.595 §1056; 2009 c.792 §45; 2013 c.129 §16]

677.810 License required to practice podiatry. (1) No person shall practice podiatry without first obtaining from the Oregon Medical Board a license authorizing the practice of podiatry in this state, except as otherwise provided in ORS 677.805 to 677.840.

(2) It shall be deemed prima facie evidence of practicing podiatry within the meaning of ORS 677.805 to 677.840 if any person uses the name or title podiatrist, podiatric physician and surgeon, chiropodist, D.S.C., D.P.M., D.P., foot expert, foot specialist, foot correctionist, or any other word, abbreviation or title indicating that the person was or is qualified and licensed to practice podiatry. [Formerly 682.020]

677.812 Surgery on ankle; limitations. Surgery of the ankle as defined in ORS 677.805 must be conducted:

(1) In a hospital or in an ambulatory surgical center licensed by the Oregon Health Authority under ORS 441.025; and

(2) By a podiatric physician and surgeon who meets the qualifications for ankle surgery established by rule of the Oregon Medical Board. [1999 c.785 §4; 2007 c.71 §222; 2009 c.595 §1057; 2009 c.792 §46]

677.814 Assisting in surgery. A podiatric physician and surgeon may assist in performing surgery on any part of the body. [2009 c.465 §2; 2013 c.129 §17]

677.815 Application of ORS 677.805 to 677.840. (1) ORS 677.805 to 677.840 do not prevent:

(a) Any person, firm or corporation from manufacturing, selling, fitting or adjusting any shoe or appliance designed and intended to equalize pressure on different parts of the foot.

(b) The sale by licensed druggists of plasters, salves and lotions for the relief and cure of corns, warts, callosities and bunions.

(2) ORS 677.805 to 677.840 shall not be construed to apply to or interfere with:

(a) The practice of any person whose religion treats or administers to the sick or

suffering by purely spiritual means, nor with any individual's selection of any such person.

(b) Physicians licensed by the Oregon Medical Board, other than physicians licensed under ORS 677.805 to 677.840, nor to surgeons of the United States Army, Navy and United States Public Health Service, when in actual performance of their official duties. [Formerly 682.030; 1987 c.158 §140; 2013 c.129 §18]

(Licensing)

677.820 Qualifications of applicants. All applicants for a license to practice podiatry under ORS 677.805 to 677.840 shall:

(1) Have attained the age of 18 years.

(2) Be of good moral character.

(3) Have graduated from an approved podiatry school or college.

(4) Have satisfactorily completed one year of post-graduate training served in a program that is approved by the Oregon Medical Board pursuant to standards adopted by the board by rule.

(5) As used in this section, “approved podiatry school or college” means any school or college offering a full-time resident program of study in podiatry leading to a degree of Doctor of Podiatric Medicine, such program having been fully accredited or conditionally approved by the American Podiatric Medical Association or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules. [Formerly 682.040; 1985 c.322 §6; 1989 c.830 §43; 1993 c.323 §1]

677.825 Examination of applicants; issuing license; fees; reexamination. Any person desiring a license to practice podiatry shall be examined by the Oregon Medical Board in subjects which the board may deem advisable. If the applicant possesses the qualifications required by ORS 677.820 and passes the examination prescribed, the applicant shall be issued a license by the board to practice podiatry in this state. Each applicant shall submit an application for examination and the required examination fee to the board. Any applicant failing in the examination, and being refused a license, is entitled to a reexamination upon the payment of an additional examination fee. [Formerly 682.050; 1985 c.322 §7]

677.830 Reciprocal licensing; use of national board examination. (1) Notwithstanding the provisions of ORS 677.825, the Oregon Medical Board may issue a license to practice podiatry without a written examination of the applicant if the applicant has a license to practice podiatry issued by a licensing agency of another state or territory

of the United States and the applicant complies with the other provisions of ORS 677.805 to 677.840. Such a license shall not be issued unless the requirements, including the examination for such license are substantially similar to the requirements of this state for a license to practice podiatry. The board shall adopt rules governing the issuance of licenses to persons applying under this section. The license may be evidenced by a certificate of the board indorsed on the license issued by the other state or territory, or by issuance of a license as otherwise provided by ORS 677.805 to 677.840.

(2) The Oregon Medical Board may accept a certificate of successful examination issued by the National Board of Podiatry Examiners in lieu of a written examination given by the Oregon Medical Board.

(3) The Oregon Medical Board may require an applicant under subsection (1) or (2) of this section to take an oral examination conducted by one or more members of the board. [Formerly 682.055; 2007 c.86 §9]

677.835 [Formerly 682.060; repealed by 1989 c.830 §49]

677.837 Continuing podiatric education required; exemption. (1) Except as provided in subsection (2) of this section, all podiatric physicians and surgeons licensed under this chapter shall complete at least 50 hours in an approved program of continuing podiatric education every two calendar years and shall submit satisfactory evidence thereof to the Oregon Medical Board when the license is renewed.

(2) The board may exempt a licensed podiatric physician and surgeon from the requirements of subsection (1) of this section upon a finding by the board that the podiatric physician and surgeon was unable to comply with the requirements because of extenuating circumstances. [Formerly 677.455]

677.840 Fees. Every podiatric physician and surgeon shall pay to the Oregon Medical Board nonrefundable fees as determined by the board pursuant to ORS 677.265. [Formerly 682.065; 1989 c.830 §44]

677.845 [Formerly 682.080; repealed by 1989 c.830 §49]

677.850 [Formerly 682.090; repealed by 1989 c.830 §49]

677.855 [Formerly 682.150; 1989 c.830 §45; 2001 c.345 §3; repealed by 2005 c.760 §5]

677.860 [Formerly 682.160; repealed by 1989 c.830 §49]

677.861 [1991 c.772 §2; repealed by 1997 c.792 §33]

677.862 [1991 c.772 §4; repealed by 1997 c.792 §33]

677.864 [1991 c.772 §3; repealed by 1997 c.792 §33]

677.865 [Formerly 682.170; repealed by 1989 c.830 §49]

677.866 [1991 c.772 §8; repealed by 1997 c.792 §33]

677.868 [1991 c.772 §10; repealed by 1997 c.792 §33]

677.869 [1991 c.772 §11; repealed by 1997 c.792 §33]

677.870 [Formerly 682.191; repealed by 1989 c.830 §49]

677.871 [1991 c.772 §13; repealed by 1997 c.792 §33]

677.873 [1991 c.772 §5; repealed by 1997 c.792 §33]

677.874 [1991 c.772 §7; repealed by 1997 c.792 §33]

677.875 [Formerly 682.200; repealed by 1989 c.830 §49]

677.876 [1991 c.772 §9; repealed by 1997 c.792 §33]

677.878 [1991 c.772 §12; repealed by 1997 c.792 §33]

677.880 [Formerly 682.210; repealed by 1989 c.830 §49]

PENALTIES

677.990 Penalties. (1) Violation of any provision of this chapter is a misdemeanor. In any prosecution for such violation, it shall be sufficient to sustain a conviction to show a single act of conduct in violation of any of the provisions of this chapter and it shall not be necessary to show a general course of such conduct.

(2) Any person who practices medicine without being licensed under this chapter as prohibited in ORS 677.080 (4) commits a Class C felony.

(3) A person who violates the provisions of ORS 677.360 to 677.370 commits a Class C misdemeanor. [Amended by 1967 c.470 §61; (2) enacted as 1975 c.695 §19; (3) enacted as 1977 c.686 §8; (4) formerly 682.990; 1989 c.782 §37; 1989 c.830 §46]

Note: See note under 677.355.

OCCUPATIONS AND PROFESSIONS
