

Oregon Board of Naturopathic Examiners
Board Meeting
October 2, 2006
(Amended February 5, 2007)

PRESENT: , Rick Marinelli, ND, Chair; Gregory Garcia, ND; Elaine Gillaspie, ND; Glenn Taylor, Public Member; KE Edmisten, ND; Lori Stargrove, ND; Anne Walsh, Executive Director; Guests. There is one public member position open. Members are encouraged to contact out of metro area people they may know to apply.

Dr. Marinelli opened the meeting at 8:37am. And took the Board into Executive Session at 8:37am pursuant to ORS 192.660(1)(f) relating to confidential matters of the Board.

Out of Executive Session at 9:57; and back into Public Session at 10:07am.

Executive Session Motions: Motions were made by G. Taylor in case N06-07-06 to dismiss; and in N06-09-08 to open an investigation.

Approval of Minutes: The Board approved the minutes of the August 7, 2006 Board meeting.

Administrative Rules: A motion was made by G. Garcia to adopt OAR 850-040-0210; OAR 850-040-0230; and OAR 850-040-0240. A motion was also made to initiate rule making in OAR 850-060-0225 and 850-060-0226 to include pseudoephedrine and naltrexone. Both motions were approved unanimously.

Pain Management Conference: Dr. Marinelli reported that the conference is set for December 3 and will fulfill the 6 hours curriculum established by the Pain Commission. Any licensed health professional can attend and meet the states requirement. There was discussion on the potential for conflict because the OANP does give its members a discount. Since the Board is in part sponsoring this program there may appear to be special consideration given to professional members. There is no fiduciary benefit to the Board. Ms Walsh will ask legal counsel if this situation is problematic and needs a more concerted look at in the in future.

Pain Management Joint Statement published by the Pain Commission was discussed. G. Garcia made a motion to adopt the statement in conjunction with the pain commission.

Administrative Rules: Discussion on concepts of a rule for background checks. In 2003 the legislature gave the OBNE authority to do background checks, after rules were written. J. Matanich gave A. Walsh some draft language to share on writing these rules. There was much concern about the invasion of privacy ("big brother") for those already licensed.

The background check will eventually be conducted on all licensees as was discussed at the strategic meeting. The implementation was discussed. Would the board do only new licensees, random checks on those already licensed, with the renewal or on all licensees' at the same time. The licensee would responsible to pay for any costs incurred. Concerns were expressed with the fingerprint part of this requirement. Can the BNE use other resources for national screening or must the State Police be the only source for this check? There is the time issue with doing finger-printing which may

cause licensing will be delayed. What are other options; fingerprinting should not be mandatory. Will BME have rules on when it will be used? Board likes the BME document. Next meeting will look into the actual rule writing. How will BME determine criteria on rule; question on options for fingerprinting/background checks. (Any forms, etc that BM uses) how /when are fingerprints destroyed.

Defining “Patient”: Discussion on defining “patient” and defining the “doctor/patient relationship” was held. This led to further discussion on what needs to be in rule, what can be put out to licensees as a policy statement. Board feels that a policy statement is one that sets a bar; it is a means in a sense of protecting the licensee by letting them what is expected. The Board must determine what can be established as a policy statement and what is necessary to have in rule. Board was in agreement that rules need to be written on “patient” and “doctor/patient” relationship. G. Garcia will work with A. Walsh to draft these rules for consideration at the next meeting.

AANM: E. Gillaspie spoke to the natural childbirth certification. American Association of Naturopathic Midwives is a group of ND Obs. ACNO will do the licensing exam. The head of the AANM has already met with the Midwife Alliance of North America (MANA), which will track statistics. E. Gillaspie recommends support of this program and change the natural childbirth certificate to a national naturopathic midwife certificate. There is a current program in Oregon which registers midwives, which should be contacted and met with to share what is know, what the boards intent is, should be. Dr Gillaspie was asked to meet with the OANP and see if they are willing to move forward with a statutory change, since there is also the matter of insurance reimbursement which has been difficult for natural childbirth certificate holders in the past. The sense is that most insurance companies will reimburse midwives, but not necessarily NDs with the certification as it is. Dr. Gillaspie will move forward on this and report to the Board at the next meeting.

Break from 11:25 to 11:35

Standards of Care: Dr Garcia has been working on non-conventional practices and Dr Edmisten has been working on Scope of Practice. Dr Garcia shared that he will be submitting a draft at the December meeting on the doctor patient relationship.

Survey Questions: A draft survey was created by G. Taylor and G. Garcia and reviewed by the Board. The board will send these with the renewal. The survey will not be required, but being submitted as part of the renewal may increase the number of returns are received. Past surveys have resulted in less than 5% return rate.

Christina Cooke, an applicant spoke to the Board about the proposed statute change with license limitation. She wants to know if it is only for future NDs, or can currently licensed NDs request this. How will a patient know there is a limitation and what that limitation is? G. Garcia spoke to her questions stating that the intent of this is for new NDs, as well as those currently licensed and in practice. The Board has not determined how patients will be notified of any limitation. Limitation request can come from the ND. Any patient can come to the board with a request for limitation of a license, but the board must conduct an investigation in this situation. E Gillaspie thought this might be helpful with malpractice insurance, since it would assure an additional step in safe practice. Ms. Cooke will follow the concepts as they go through the process. Dr. Marinelli noted that there are a few strategic planning goals which should have been on the agenda, and requested they be included at future meetings. These are offering of educational seminars that the OBNE feels are pertinent, preventive, shaping the profession (non-conventional practice may be the next topic). The Board will start to

work on a program for the first weekend in May 2008.

Formulary: Dr. Marinelli reported on the September 28 meeting. Two items with be added (psuedoephedrine and naltrexone). Poly L-lactic Acid was discussed since the FC did not see it as a drug but a medical device because of its inert properties. After discussion, it was determined that it is within the scope of practice to use, but not something the FC would consider for inclusion on the list.

Natural Medicine: Dr. Stargrove asked if there is a means by which the Board could define what terms can be used by only licensed naturopathic physicians. Terms such as specialist in natural medicine, natural doctors, doctor of natural medicine, etc. Ms Walsh will ask legal counsel if there is statute that a rule can be written from.

Legislative Concepts: Changes were made to a few of the concepts and the draft was submitted to Legislative Counsel (LC) after the last meeting. These have not come back from LC.

Director Report:

Budget: No update. It has not been approved by Budget and Management, but Ms Walsh does not anticipate any problems.

Exams: were proctored August 4. There was a low turn out. Only 45 compared to most years when there is up to 85. Ms. Walsh is not sure why this is, but learned it may be due to the number of dual license graduates taking the Acupuncture board in June and deciding to wait until 2007 to take ND exam.

Miscellaneous Business:

LAc Request: Board was contacted about assisting Oregon licensed acupuncturist with starting their own licensing program, and no longer being licensed under the Board of Medical Examiners. After discussion, the Board determined that they would be willing to talk to the LAc's once they have seen language and get some sense of what is involved and what will the OBNE gain by providing this assistance. The Board would like more details of the proposal and language. It will be tabled until more information can be offered. R. Marinelli will have a conversation and ask that more information be shared before the Board has further discussion.

L. Stargrove mentioned that is important to remember that individual Board members do not speak or imply Board opinion unless the entire Board has made this determination. This is not an issue needing action, but just a reminder by L. Stargrove.

Discussion was held on the potential of such a move allowing the Board to become the Board of Natural Medicine, and certifying/regulating the scope of the profession.

NABNE/Federation Update: Ms. Walsh attended the **NABNE** meeting and a meeting on the federation. NABNE will be starting an integrated exam with the August 2007 examinations. It will be for Part II (clinical) exams to start and Part I likely in 2008. A. Walsh shared that she will work with the director of the Arizona board to see if the **Federation** can become the viable national resource base for licensing boards that it should be.

Archimedes Movement: K Edmisten spoke to this movement. John Kitzhaber is hoping to start movement towards a comprehensive health care plan for Oregon and then take it nationally. The Board sees this as a very good way to move the health care of Oregonians. Legal Counsel will be asked if there is a potential of conflict for the Board to support this movement. R. Marinelli will send the Legislative Concept on this to

all Board members.

Pacific Health Care, Sisters: this company that while located in Washington was engaging in consumer protection violations. Although it appears they utilized unlicensed practitioners. More information will be presented at the next meeting.

Queries/Comments: Is it within the scope of practice to place testosterone pellets subdermally in a patient? Yes, it is within the scope of practice for a ND to place testosterone pellets subdermally. Testosterone is on the formulary, which with exception does not limit the administration of any substance. As in any protocol the ND is responsible for the proper training in and use of any protocol.

Pubic Comment: No public comment

As there was no further business to discuss the meeting was adjourned.