

1 3.3 Licensee must immediately begin to taper opioid medications for any chronic pain
2 patient with a morphine equivalent dose (MED) over 90 by at least 10% per month until patient's
3 MED is 90 or less. Alternatively, Licensee may transfer the care of any patient with an MED
4 over 90 to another physician. Licensee may continue to prescribe greater than 90 MED for
5 chronic pain for patients who are currently enrolled in hospice or who are currently receiving end
6 of life care. Licensee must certify on the written prescription that the patient is a hospice patient
7 or receiving end of life care.

8 3.4 Licensee may treat patients for acute pain for no more than 30 days per year, with
9 a maximum MED of 50.

10 3.5 For patients taking benzodiazepines and opioids (to include buprenorphine or
11 buprenorphine/naloxone), Licensee must begin to taper benzodiazepines after opioids have been
12 tapered to 90 MED or less. Benzodiazepines must be tapered by at least 10% per month until the
13 patient is weaned off benzodiazepines. Alternatively, Licensee may transfer the care of any
14 patient for whom she is prescribing benzodiazepines and opioids to another physician. Licensee
15 may continue to prescribe benzodiazepines to patients who are currently enrolled in hospice or
16 who are currently receiving end of life care. Licensee must certify on the written prescription
17 that the patient is a hospice patient or receiving end of life care.

18 3.6 Licensee must not concomitantly prescribe opioids with benzodiazepines
19 following tapering as outline in terms 3.2 and 3.4.

20 3.7 Licensee must not concomitantly prescribe opioids with carisoprodol (Soma).

21 3.8 Licensee may continue to prescribe buprenorphine or buprenorphine/naloxone for
22 the treatment of opioid use disorder or for existing patients taking the medications for chronic
23 pain. Licensee must comply with all federal regulations applicable to the use of buprenorphine
24 and buprenorphine/naloxone.

24 3.9 Licensee understands that violating any term of this Order will be grounds for
25 disciplinary action under ORS 677.190(17).

26 3.10 Licensee understands this Order becomes effective the date she signs it.

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At the conclusion of the Board's investigation, the Board will decide whether to close the case or to proceed to some form of disciplinary action. If the Board determines, following that review, not to lift the requirements of this Order, Licensee may request a hearing to contest that decision.

5.


This order is issued by the Board pursuant to ORS 677.410, which grants the Board the authority to attach conditions to the license of Licensee to practice medicine. These conditions will remain in effect while the Board conducts a complete investigation in order to fully inform itself with respect to the conduct of Licensee. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure, nor shall they be admissible as evidence in any judicial proceeding. However, as a stipulation this Order is a public document and is reportable to the National Databank and the Federation of State Medical Boards.

IT IS SO STIPULATED THIS 30 day of July, 2018.


~~BEVERLY ANN DELABRUERE, MD~~
BEVERLY ANN DELABRUERE, MD

IT IS SO ORDERED THIS 31 day of July, 2018.

OREGON MEDICAL BOARD
State of Oregon


NICOLE KRISHNASWAMI, JD
INTERIM EXECUTIVE DIRECTOR