



# Oregon

Tina Kotek, Governor

Board of Naturopathic Medicine  
800 NE Oregon, Suite 407  
Portland, OR 97232-2187  
Phone: 971-673-0193  
[www.oregon.gov/OBNM](http://www.oregon.gov/OBNM)

**Oregon Board of Naturopathic Medicine –Bi-Monthly Public Meeting Minutes  
February 9, 2026- opened at 11:57am – adjourn 1:05pm  
Zoom**

1. **Roll Call:** Members Present: Board Chair Ryan Minarik, ND; Board Co-Chair Meghan Larivee, ND, Zia Robles-Hernandez, ND, Ryan Martin, ND, Shehab El-Hashemy, ND, BSc, HBSc, MBChB, MEd; Public Members: Josh Luper, DAc, LAc, BCSI; Staff: Mary-Beth Baptista, Executive Director.

**Excused Absence:** Kate Watkinson Wright, JD

2. **Natalie Gustafson, RPh, PharmD – Formulary Council:** Update on compounding rules. Gustafson has been on the Formulary Council since 2011, and the chair for a few years. She is involved in compliance with pending compounding rules and well versed with the status of pending rules and changing landscapes. There have been major changes in compounding and more major changes are in progress. Some upcoming changes might affect NDs and NDs patients. Changes will follow a set of compliance guidelines called USP, set the framework for how pharmacies should compound. Some rules are – “must”, and some are “shall” - best practice versus absolute requirements. It's up to each state to decide with their Board of Pharmacy how they're going to enforce the rules.

The question since these rules passed in 2023 is which state will go with full enforcement, or partial? The Oregon Board of Pharmacy has allowed some flexibility. Washington State changed their rules to require full compliance, big compounders in Oregon who are also licensed in Washington, have already had to make these changes. The rules have the most impact on sterile compounding – which has been restricted. The dating has been shortened significantly and sterile compounding has been narrowed from current practices. With non-sterile, it's similar with short dating and more testing requirements. In both, there will be a lot more cost involved, and costs for patients are going up, because in general all costs have gone up. Although many compounders have been eating the costs in the last few years, costs have risen to a point where pharmacies will have to pass that along. And of course, with tight budgets right now, that's tricky for patients. It's a balance of compliance and safety with patient access. The larger compounding pharmacies will not likely see much change because they are already following the guidelines.

The Oregon Board of Pharmacy is currently reviewing their rules for compounding, they're going to review the draft rules again this week, then will eventually move to a rulemaking hearing – likely early April, depending on the public comment.

Some of the biggest restrictions, may be some of the vitamins and a lot of the herbs ND use because pharmacies are very restricted in what and how they are allowed to source and use now. If this area is enforced heavily, NDs may lose some of access as more pharmacies come into compliance. In 2020, FDA reclassified desiccated thyroid as a biologic. FDA delayed enforcement for a while. August 2025 they put out a letter saying, in August 2026, they will no longer allow it to be compounded/produced, unless you have an approved biologic patent. As a biologic, the price tag will go up, up, up, and there is already limited insurance coverage.

### ***Board Question regarding peptide GLPs***

Last Friday, FDA put out an announcement that pharmacies compounding GLP-1s may be investigated. There are pharmacies still compounding GLPs even though there is no longer a shortage. There are several questions on how enforcement will go forward or actions the drug

manufacturers will take. Some state legislatures have are looking to / have put restrictions on compounding GLP1s. Currently there are few Peptides on the list that can be compounded and it is difficult to get compounding powders.

The new rules / standards in Oregon may take a while to be implemented. The rule drafts have been simplified over time, with excess FDA language streamlined, making it easier to follow rules back to the federal law / guidelines. Unfortunately, there will be limitations on patient access because of new compounding restrictions and cost increase, especially in rural areas.

***Break 12:15-12:33 pm – Roll Call – All present***

3. Case Resolution Update / Discipline Recommendations
  - 23-08-30 – Dismissed – Board Vote 6-0
  - 24-03-07 – Dismissed – Board Vote 6-0
  - 24-10-25 – Dismissed – Board Vote 6-0
  
  - 24-10-28 – Notice of Proposed Discipline – Board Vote 6-0  
Negligent prescribing X 2; Negligent treatment x 2 negligent prescribing, Negligent charting x1, Ethics violation x1. \$15,000 fine, probation for 36 months, 10 quarterly chart reviews, including ketamine patients, and continuing education, including 2 hours of charting CE, 8 hours of ethics divided into 4 hours of boundaries, and 4 hours of duty of candor, honesty.
  
  - 24-10-29 – Dismissed – Board Vote 6-0
4. Continue Investigations over 120 days. – Approved Board Vote 6-0
5. December 8, 2025, Executive & Public Meeting Minutes – Approved Board Vote 6-0  
  
January 21, 2026, Special Public Meeting Minutes – Approved 5–1 abstention – Dr. Minarik excused absence.
6. UPDATE Draft Rule – [Amend Rule 850-030-0035](#) Licensure Fee Increase. Approved by DAS and rule is now permanent.
7. UPDATE Draft Rule: [Amend Rule 850-040-0250](#) – Will review for approval at April Meeting. FILING CAPTION: Corrects rule title. Incorporates passage of Parenteral Medicine elective NPLEX prior to administering IV therapy. Last day and time to offer comment to agency is 02/23/2026 9:00 AM. Board will review public comment and deliberate whether to accept the rule at the April meeting.
8. Delegation of Authority – Review / Discussion regarding any needed additions / edits / updates, No updates. MBB Action Item to locate copy signed by Chair Dr. Minarik.
9. Directors Report:
  - A. LEDS Audit- On 1/8/2026, AS2 Robin Crumpler sent Board Investigator Doug Cook a random list of over 100 licensees. Cook used batch LEDS to run the licensees’ criminal history; no licensee had any recent criminal history, no reporting violations found.
  - B. OBNM Fund Report -Budget / cash flow continues to be very tight. Fee increase rule went into effect *after* the 25-26 renewal. Although the fee increases will ultimately result in

Budget relief and the six-month required limitation by the end of 2027 and 27-29 biennium, cash flow is limited until the next set of renewals.

10. Public Comment [https://oregon.public.law/rules/oar\\_918-040-0040](https://oregon.public.law/rules/oar_918-040-0040).

*The Board is not required, nor do the Board members anticipate engaging in discussion with participants providing comments.*

**Board Discussion:** regarding research rules / guidelines by other health licensing boards related to limitations / restrictions on treating family members, employees, and / or prescribing & prescribing controlled substances.

- **Action Item:** Member Shehab El-Hashemy, ND, BSc, HBSc, MBChB, MEd will start preliminary research and report back. MBB will inquire with colleagues of other boards.

**Board Discussion:** regarding discussion at previous Board meeting regarding researching rules / guidelines of other health licensing boards related to requiring chaperones.

- **Action Item:** Member Shehab El-Hashemy, ND, BSc, HBSc, MBChB, MEd will start preliminary research and report back.