



Oregon

Tina Kotek, Governor

Board of Naturopathic Medicine
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Oregon Board of Naturopathic Medicine –Bi-Monthly Board Public Meeting Minutes April 21, 2025

Public Session 12:34pm. Public session will remain open until Public Business is completed.

LOCATION: 800 NE Oregon Street, Room 445, on the fourth floor Portland, OR.

Present: (all but Josh Luper)

Public Present via Zoom: Dr. Jocelyn Cooper, ND

1. Roll Call
2. Case Resolution Update / Discipline Recommendations / Continue Investigations over 180 days.
 - 23-10-33 DM / No discipline – Motion Passed – 6-0
 - 24-02-04 Probation / Civil Penalty / CE – Motion Passed 6-0
 - 24-10-27 DM / No discipline – Motion Passed – 6-0
 - 24-11-34 DM / No discipline – Motion Passed – 6-0
 - 24-04-11 DM / No discipline – Motion Passed – 6-0
 - 24-12-37 DM / No discipline – Motion Passed – 6-0
 - 25-01-02 DM / No discipline – Motion Passed – 6-0
 - 25-01-05 DM / No discipline – Motion Passed – 6-0
 - 25-01-05_DM / No discipline – Motion Passed – 6-0
3. Approval of February 3, 2025, Executive & Public Meeting Minutes – Approved 5-0 (Dr. Bill Walter abstained b/c he was excused / not present at the Feb. 3, 2025, meeting.)
4. Accept Amended rule - 850-005-0190 Board and Formulary Council Member Compensation
 - At Dec. meeting, Board moved to submit a draft rule to change the rule to reflect the statute requiring compensation, rather than a dollar amount so that the rule does not have to change annually. Draft submitted for public comment; no public comment received on draft rule. Board moves to accept the rule as amended -Approved 6-0
5. Discussion: Prescribing Medication for Clinic Use.
https://oregon.public.law/rules/oar_411-054-0055
 - Board discussion related to specific compounded medication that cannot be prescribed to the clinic but must be prescribed to a patient. This is problematic because – compounding medication is specialized and specific for a specific patient. The problem is smaller doses of medication are not shelf stable and makes it challenging to prescribe for specific patients. Discussion at the formulary meeting regarding pharmacy rules. Pharmacy Board rules state that they must prescribe for a specific patient, and doctors cannot prescribe to anyone other than patient – and cannot dispense medication prescribed to one patient to another. Board discussion regarding whether Board should write a rule related to self-prescribing compounded medication as negligent prescribing, or should the Board rely on Board of Pharmacy rule related to dispensing. There is a federal rule regulating self-prescribing compounded materials. Board discussion due to current state pharmacy laws, and federal

law, the Board does not need to add an additional layer of rules for this specific conduct, and can be folded into the current rule of negligent prescribing.

6. OBNM Strategic Plan Review: Plan approved. Plan developed from the retreat and the report from the retreat. Board will need to review benchmarks and use this as a living document / a road map on our tasks moving forward, and report back on progress. I need to check in on the progress made on the plan approximately 3 times a year.
7. Directors Report
 - a) Legislative Update – HB 3042-1.
 - Discussion regarding public comment / opposition to first draft of the bill – lead by Dr. Tyna Moore. Dr. Moore and MBB had subsequent conversation related to her concerns, but not prior to her sending out a point by point to all NDs to oppose the Bill. MBB worked through the issues Dr. Moore presented with each of the committee members in pre-meetings, and through public testimony at the work session, and explained / rebutted Dr. Moore’s concerns point by point. When the HB 3042-1, went to the floor some Representatives came out against the bill – specifically, the provisions related “efficacy of treatment” and alcohol evaluation and treatment. Bill returned to House committee and MBB agreed to remove both provisions and move forward with amended bill. Board discussion, some Board members expressed consternation of having to amend the bill – especially the “efficacy of treatment” – but some Board members believed that provision was too vague and understood the opposition. Dr. Minarik stated for the public that he understand and fully supports keeping the scope of the profession broad and open, and diversity of treatments and procedures, but felt that how it was written was not threatening, and it was all about you talk to your patients, and it wasn’t that you couldn’t do / have expansive scope, but should talk to the patients about the risks and NDs should act with integrity. Dr. Martin brought up how some of the issues surrounding ivermectin from the last several years galvanized some of the opposition to this portion of the bill. Board discussion regarding the disheartening part of the opposition was the lack of understanding of the role of the Board, and due process available to licensees. ED understands that current state of the country and people are not confident in the government imposing due process. ED MBB greater concern was losing the portion of the bill that allowed, as part of the discipline process / in lieu of discipline – could have imposed addiction evaluation / treatment. ED understood we didn’t have the votes for this to pass with those two sections in the bill, so they were removed. The Board will set up a discipline rules committee once this is passed to see if we can engage in rule making that will bring us closer to center. ED will work through the issues / misunderstanding related to the dependency evaluation and treatment with licensees / naturopath community; and try to re-introduce a version of that provisions during the special session.
 - b) Confirmed –
 - ND Board Member: Shehab El-Hashemy ND, MBChB, MEd [Pronouns: He/Him/His] Naturopathic Physician, Primary Care Provider, Lane County Community Health Centers – Charnelton Clinic - Department of Health and Human Services
 - Public Member - Kate Wright reappointed.

- c) ND midwives committee
 - Due to the demands of the legislative session, ED has not coordinated the committee.
- d) Ketamine Assisted Therapy (not pain): Is this an in-office therapy? Almost by definition it is an office procedure, because you cannot provide an out-of-office IV. The education provided also sets guidelines about in office / guided treatment. If a fact pattern arose that if an ND prescribed a high dose out of office dose – it would fall under the negligent treatment rule.

10 min BREAK -Resume @ 140

- 8. Posting Public Discipline Documents
 - Since 2018, public notices of discipline, and final orders have been posted on the website. Original reason was to aide insurance providers to find licensee discipline orders w/the old database. Dr. Jocelyn Cooper sent the Board an email stating her concerns about how the Board posts discipline on the website, stating that the way we post the public documents captures it in google searches and the consent orders are often featured high up on the google search results. Dr. Cooper sent the Board a 7-minute video showing how her discipline comes up on a google search, and how that differs from other medical boards.

Board Discussion: The following is a summation of each of the Board members and the ED discussion. This is not a transcript but captures statements made by each Board member and ED at the meeting on this topic. When a statement is in quotes it is verbatim.

- Dr. Minarik: Discussed concern that if other medical level boards are posting discipline differently than OBNM, it puts NDs under a microscope – while the same level of focus isn't put on MDs, making it look like NDs are getting disciplined and MDs are not. Discussed how we have a dedicated discipline page with a direct link to the discipline pdf – google will index that higher and the google search will prioritize it, and discipline will show up relatively on high on the search results. Suggested we could make some basic changes so the google index doesn't pick it up as easily and the discipline won't show up so high or at all on the google search results. Discussion that OBNM should follow / mimic OMB or the Washington naturopathic Board. Concerned that how OBNM posts vs. how OMB posts that the public will think NDs are disciplined more often than their MD counter parts. Repeatedly stated / wanted to be clear that he was not suggesting nor trying to hide discipline from the public by changing the website but wants to be on par with the medical board, so it doesn't look like NDs are disciplined more than MDs, because we do not want to look worse than MDs or WA naturopaths. Asked public member for the public perspective – asked Wright the process by which she would look up a provider, what she would expect / the public expects when it comes to googling and discipline. After listening to public member and ED had a better understanding that they (Wright / ED) are frustrated by the lack of transparency of other boards, and understands that Wright and ED are asserting that other medical boards should be as transparent as OBNM, that the other boards should rise to the level of OBNM, and OBNM should not lower the bar for transparency by changing our standards to be on par with them. "Its heartening when we get through this to hear [Wright and ED MB] – if you are equally, if not more upset that those other professions might not have this, and at least we are at leading the charge and you are upset by the other ones vs. what I heard originally which was 'stop trying to compare that don't compare them'... we are all in the medical profession – if you're leading it and also see that we're ahead of where others are – and you are equally frustrated by all that – which was not apparent at first – and was more like 'why are you bringing up the other boards – you've got your own thing' well because its within this context – well that at least helps... ok – maybe we can come to this that we are at least we are

putting ourselves out in front, and see it as a positive thing, if our public member and ED are even more upset on that side – and now we are more upset at system, but that wasn't apparent at the start of this... that is why it is important for us – I think, speaking for the other four doctors in the room, the sense is that is where it is a little tough for us though, because we want to be at the front, but at the same time we are already under the microscope and we don't want to be set back either. If there is any way we can tweak it without hiding anything or whatever – within that system ok, maybe it's not going to get there, I don't know, it's obviously a polarizing issue.”

- Dr. Larivee – was under the impression that if you searched an MD it would come up as easily as ND – after watching the video, it appears that it is skewed to show NDs discipline more readily. Discussed whether we should be on par with the other Boards, from an ND perspective. However, as a member of the public, she would want to have that information on google and would be upset if she googled them and found out later, “if they did botch a surgery – and it didn't show up on google.”
- Dr. Robles-Hernandez: Lead a discussion for practical ways to change the web page to search for discipline – suggested a “disciplinary action search” that links it to the licensee look up, where you could still have it be one click away, but not come up as readily on google. Discussed posting summaries instead of the whole document or providing additional explanation of what the violations are, but understood we are unable to do so because summaries aren't public documents. Suggested making other changes to the website to more clearly state what violations are e.g. what is negligent treatment – negligent prescribing, so the public would have a greater understanding of what the violations were.
- Kate Wright (public member) – Discussed the Board should not make changes to how it posts discipline that would make it more difficult or less accessible for a member of the public or patient to see / determine whether a doctor was disciplined. Wright explained that if you google a lawyer – their discipline shows up on google forever, even after they retired. Additionally, she said as a lawyer, she is also in a trusted profession and discipline should be available and accessible to the public, adding lawyer discipline is posted in the monthly Bar magazine. Discussed / opined the real problem is with the medical board posting in a manner that when a person googles a doctor, the MD's discipline is not showing up on google. That the problem isn't that OBNM is posting discipline in a transparent way that shows up on google searches, it is a problem for the medical board, and OMB is not being transparent enough. Discussed her service on other Boards, and shared concern about Boards showing a protectionist attitude toward the profession rather than where the focus should be – the Board's mission, which is the protection of the public. Responding to a question if it is “fair” for discipline to show up 10 years later, she said that is “a false equivalency to the discussion, because older discipline is not showing up at the top on the google search because recency is the most relevant thing.” When asked for the public perspective – how would she go about finding information about a provider, she said she would google them, and if a disciplinary record show up – she would look at it. She can't recall a time when she googled a doctor, but would want discipline to come up on google when she did. In particular, if she was searching for a doctor for a family member. On the idea of changing the way discipline is posted so not picked up by google / like the medical board, if she said if she knew a Board was making it harder or less likely for it to pop up, she would not be happy with that. Having the parity with the medical board or Boards that do not have transparent discipline that shows up through google is not the goal – we/ the Board should not want to be on par with that.
- Dr. Martin – Asked whether there is a rule / policy from the Governor how to post

discipline, and if not, why would OBNM want to post differently than other Boards. Supported the idea of having a link on the webpage to have a disciplinary action search – so it won't show up on the google search, e.g put a box on the webpage where you can directly search for your doctor through a search box. He googled “Jason Black discipline” and said it shows up first on google search. Stated there needs to be a balance b/w protecting the public and having “discipline continue to crush this individual.” Asked whether we should require doctors to tell patients directly they are on discipline, and “should we require them to post it on their webpage, their Facebook page, or link to their Instagram account” Questioned whether it was “the goal for every human being to know if a doctor has been disciplined.” Disagreed strongly w/ED statement / argument b/c Dr. Cooper was the only one who complained in the last 7 years, this hasn't impacted other licensees on probation, and lack of complaints from other probations had no bearing on whether this has impacted other probation licensees' businesses or careers.

- Dr. Walter - Discussed that the public can go to the licensee look up on the webpage. Dr. Walter brought up an example of an MD he knows that was recently disciplined and it was not available on the google. This may or may not have been processed yet. Recognizing the mission of the Board is the protection of the public. Brought up whether the Association should be involved but understands that any licensee can bring this up to the Board. Discussed the ED is responsible for meeting the Governor's standards and expectations, and protection of the public. Asked / discussed whether the ED should contact the Governor's office to see if the Governor would make a rule / expectation for all boards to post the same way for parity. Asked ED to bring this issue up at the quarterly health board meeting.
- ED MB Baptista. Discussion that other medical boards post the same way, resulting in the same google results – e.g. the nursing board. That her google searches of the most recent MDs with discipline posted online did show up high on the google search. Referenced email sent to Dr. Cooper that – showed examples of MDs that were disciplined, and it shows up on their google search; one it was first on the search results, the second it was 7th on the google search. The expectation from the governor is transparency to the public. Made comparison to the most recent Gov's order / expectation for all things related to Board rulemaking be “one click away” and her expectation is transparency for the public, and anyone should be able to go to our website and see exactly if the board has draft rules for public comment, and the substance of those rules, and be able to access all public comment received- all in one place. Although each Board has the discretion to post their public documents differently, as the ED she must meet the expectations of the Governor, discipline should be posted at least as transparently as draft rules. ED discussed that the mission of the Board that serves the public and patients, the Board should be committed to transparency by posting discipline explicitly on the webpage, and if that results in google algorithm, and the public sees discipline in the search results, that is the level of transparency we should want as a Board. Discussed an incident where her friends were trying to find a disciplined veterinarian and complaining they couldn't find it on google, I told them to go to the Veterinary Board website, and was surprised to find out the Veterinary Board did not post discipline, but the public had to call the Board for a copy. Each Board has the autonomy to decide the way they post public discipline, and that is their prerogative, just as it is ours to have a higher level of transparency than other boards. ED had significant issues with wanting to change the way the Board posts discipline so that it would make it more difficult for the public to find it on google, because it is more likely and more probable that when a member of the public / patient is going to search for a doctor they will google them, then go to the Board webpage to find discipline information. “Protection of the profession is exactly what you are all doing right now, and instead of saying we want the public and patients to know who has been disciplined through a google search, you are saying well the medical doctors don't have it so

it makes us look like we are bad, the google algorithm may have changed because people are pissed about naturopaths physicians, we can still do the licensee look up .. because of course people will go to the website. People do not go to the website; people google to find info.... we are here to protect the public and the idea that we would rig our system, to make it more difficult for google to pick up – it is the same to me as hiding it from the public. We know people get their information from google – it is part of our vernacular, ‘did you google it’? We know the manner – the number one-way people find out things in this country at this time – is to google – what you are saying is that you want to make changes to the website to make it more difficult for google to find [discipline].

ED understands as individual doctors on the Board they have empathy for the disciplined doctors to have their orders show up on the google search and are disgruntled that ND discipline is on google and not MD discipline, but “You work so hard and so diligently as the Board to come to these conclusions and hold people accountable and do the right thing – what surprised me... stepping out of your doctor shoes –as a board [member] that is where I was surprised at your reaction, b/c as a board the amount of effort and energy you put in, to the transparency of these documents and the enforceability and accountability – it surprised me you wouldn’t to be the utmost transparent for the public to see it.”

ED said she would hold off on the decision until the other public member – Josh Luper could weigh in at the June meeting.

(2:41pm) Public Comment: https://oregon.public.law/rules/oar_918-040-0040.
https://www.doj.state.or.us/wpcontent/uploads/2019/07/public_records_and_meetings_manual.pdf

Dr. Cooper Public Statement – [verbatim unless noted as (inaudible)]:

You saw the video I sent to you. I am a primary care physician in Oregon, and I am a good doctor – unfortunately there was an event that happened a couple years ago that was out of my control, and I’ve taken responsibility for that and looking to move forward in my life. Unfortunately, as you have been discussing the way the Board is posting their discipline is counter productive and not in the interest of naturopathic doctors. When Mary-Beth opened up the discussion you said you work for the Board and see if you have recommendations on how we post this – but for the subsequent 30 minutes I have heard defensive comments you are right but the doctors in the room shouldn’t be making the suggestions that they are. I think that when you are talking about transparency that is akin to (inaudible). When I am going to look for a carpenter there is no way there is going to be malpractice incident that happened is going to be listed, if I am going to look for a nanny I would do a background check which is akin to a provider look up, if I were to google that nanny’s name, they are not going to have discipline listed under there. You have referenced several times about a vet incident or the Or. Nursing Board...but this is not what we are looking at. I looked up CA board and AZ board and VT board, in addition to what I presented with the WA board, none of them have discipline listed like OBNM does, and there is a reason for that because we are not looking to disparage our profession. You say you are looking to be as transparent as possible even if it is at the sacrifice of the naturopathic doctors who are often very good people and very good at what they do but have had an unfortunate incident. I was approached by two private groups letting me know if I paid them 12,000 a month or 100,000 a year, they could bury that post. So when you say there are – when you google MDs or DOs that don’t have their discipline posted, it’s not without outside of the reach to pay these companies what they do – they bury negative posts that are listed. Probably nurses cant afford to do that and I can’t afford to do that – but its enticing. You mentioned that there haven’t been any complaints except for mine – maybe b/c they felt like they had a voice and couldn’t do anything about it. I feel like I have a voice and to say ‘this isn’t fair’ and patients are googling my name, the discipline pops up underneath it, if even if a patient weren’t looking for discipline they are going

click on it out curiosity and which therefore reinforces it. The medical doctors you referenced when they had their discipline listed, it's not listed discipline, it's listed as licensee verification, which is very different verbiage than "final discipline order" So the way you are presenting is, horrible, and I think there should be parity with other Boards, naturopathic boards, not the nursing board, or OMB. Because some of the things that were brought up today – there is a doctor in my community that cut off the wrong breast during breast surgery, she is still employed at the surgery center surgeon and when you google her name it is not listed. I worked in an office with a OB-GYN who didn't know their patient was pregnant and (inaudible description of the specific treatment) ... caused malformation of the child, that doctor is still employed by the hospital, when you google her name, that discipline isn't listed. Hospitals and surgical groups have ways of either – one the Board doesn't care to list it, or (2) they are paying these companies to bury this information. There is a difference b/w hiding information and saying hey look if you are curious about a doctor that you are going to see – you can look them up from their professional website, just like you would if I wanted to look up a lawyer, since you guys seem to post your discipline so regularly. It is not ok to continue to post things how you are and I am asking you respectfully to revamp this in an effort to support the profession, you are not creating a more risk to the public, right, if I was creating risk to the public, you would have taken my license away. I'm on probation until the end of May when I will ask to be off probation, so I don't feel like I should be dammed for the rest of my career by having an incident that resulted in no patient harm, show up the first thing listed (inaudible)...I think that is it. Thank you for your time.

Adjourn – (approx.) 2:52pm