

BEFORE THE  
BOARD OF NATUROPATHIC MEDICINE  
STATE OF OREGON

In the Matter of the License of:

Dr. Ben Reebs, ND

\_\_\_\_\_  
Licensee.

Case No. 23-08-31

**NOTICE OF PROPOSED DISCIPLINARY  
ACTION AND  
OPPORTUNITY FOR HEARING**

1.

The Board of Naturopathic Medicine (Board) is the state agency responsible for licensing, regulating, and disciplining naturopathic physicians in the State of Oregon, pursuant to Oregon Revised Statutes (ORS) chapter 685 and Oregon Administrative Rules (OAR) chapter 850. Dr. Ben Reebs N.D. (Licensee) is a licensed naturopathic physician in Oregon and is subject to the jurisdiction of the Board.

2.

Pursuant to ORS 685.110, and 850-050-0010(1)(c)(A): Negligent Prescribing; the Board hereby proposes to take disciplinary action against Dr. Reeb's (Licensee) license to practice naturopathic medicine, on the grounds described in the following paragraphs. For each violation listed below, the Board may propose a civil penalty of \$5,000, licensure suspension or restriction, and/or term of probation.

3.

Patient established care with Licensee in July 2020, after their previous naturopathic physician died. Prior Naturopathic Physician prescribed Patient opioids for several years prior to Licensee taking over their care. Licensee treated Patient from July 2020 to July 2023, for Crohn's disease, anal fissures, digestive pain, anxiety, depression and mental health disorders.

4.

Licensee prescribed Patient Diazepam (Benzodiazepine) and Oxycodone (Opioid) concurrently from August 2020 through June 2021. In September 2022, Licensee prescribed Oxycodone and Dextroamp-Amphetamine (a stimulant) concurrently. Licensee prescribed Oxycodone and Alprazolam (Benzodiazepine) concurrently from February 2023-July 2023. PDMP report for Patient showed their MME (Morphine Milligram Equivalent) level varied from 45 MME to 30 MME over the course of treatment. Patient had a few short period spikes of 75 and 60 MME. Patient's LME (Lorazepam Milligram Equivalent) was at six (6). Licensee was unaware that Benzodiazepine could be prescribed in different milligram strengths.

5.

Patient presented at their initial intake, and through the entirety of their treatment with Licensee, mental health issues including grief from the loss of her former naturopathic physician, past and on-going trauma, heightened anxiety and depression related to chronic pain from her physical ailments and conditions. Licensee prescribed Patient benzodiazepines from August 2020

through June 2021, and February 2023-July 2023, for her anxiety, and to help her taper off opioids.

6.

Oregon Opioid Guidelines state physicians prescribing opioids should assess the patient to:

- Identify cause and type of acute pain (e.g., medical condition, post-op, injury). Determine whether the pain is likely to be responsive to opioid or non-opioid therapies.
- Assess severity of pain.
- Determine likely period for recovery/duration of acute pain.
- Assess age and other medical considerations that might affect opioid dose.
- Review other medications patient may be taking for pain, such as acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs), because these may cause drug interactions or produce toxic effects if taken with combination drugs.

7.

Oregon Opioid Guidelines state physicians prescribing opioids should assess patient's history of long-term opioid use and/or substance use disorder, including assessing their patient for a history of long-term opioid treatment and review records from other providers. Prescribers should take note of chronic opioid use and any concurrent prescription for a benzodiazepine or other sedative hypnotics and be aware that these may exacerbate the sedative effects of opioids and prescribe opioids with caution in these patients. Physicians should not prescribe opioids and benzodiazepines simultaneously unless there is a compelling justification. Physicians should prescribe the lowest effective dose of short-acting opioids usually for a duration of less than 3 days; in cases of more severe acute pain limit initial prescription to less than 7 days.

8.

Opioids are generally not recommended for long-term anxiety; they can initially mask symptoms but often worsen anxiety over time by disrupting brain chemistry, leading to a cycle of dependence, increased anxiety, and potential opioid use disorder (OUD). Long-term use can cause opioid-induced anxiety (OIA) as the body adapts, creating more intense anxiety and restlessness as the drug wears off, and withdrawal itself is severely anxiety-inducing. Effective treatments for chronic anxiety include therapy and non-opioid medications.

9.

Benzodiazepines are effective for short-term, acute anxiety but are strongly discouraged for long-term use due to risks like dependence, tolerance (making them less effective), worsening anxiety over time (benzo-induced neurological dysfunction, BIND), withdrawal issues, and potential for abuse, with guidelines recommending use for only 2-4 weeks. They work by slowing brain activity for rapid relief but aren't a sustainable solution, with alternatives like SSRIs or therapy preferred for ongoing management.

10.

Licensee prescribed Patient Diazepam (Benzodiazepine) and Oxycodone (Opioid) concurrently from August 2020 through June 2021. In September 2022, Licensee prescribed Oxycodone and Dextroamp-Amphetamine (a stimulant) concurrently. Licensee prescribed Oxycodone and Alprazolam (Benzodiazepine) concurrently from February 2023-July 2023. Patient was treated from August 2020-July 2023 for mental health issues including grief from the loss of her former naturopathic physician, past and on-going trauma, heightened anxiety and depression related to chronic pain from her physical ailments and conditions. Licensee prescribed Patient benzodiazepines from August 2020 through June 2021, and February 2023-July 2023, for her anxiety, and to help her taper off opioids. Oregon Opioid Guidelines state physicians should not prescribe opioids and benzodiazepines simultaneously unless there is a compelling justification. Opioids are generally not recommended for long-term anxiety, and prescribing Benzodiazepines for anxiety is strongly discouraged for long-term use due to multiple associated risks. There was no compelling justification for Licensee's simultaneous prescriptions to Patient of the opioids and benzodiazepines. Licensee's prescribing to patient concurrent Benzodiazepines and Opioids, and prescribing Benzodiazepines for anxiety for several months at a time is a violation of 850-050-0010(1)(c)(A): Negligent Prescribing.

11.

For the violation of 850-050-0010(1)(c)(A): Negligent Prescribing, the Board proposes the following discipline:

A. Probation – 12 months

B. Civil Penalty: \$5,000

C. Continuing Education: Four (4) hours focused on prescribing controlled substances / Benzodiazepines

### **NOTICE OF OPPORTUNITY FOR HEARING**

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (ORS Chapter 183). If you want a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You must submit request for hearing to either via email [Naturopathic.Medicine@obnm.Oregon.gov](mailto:Naturopathic.Medicine@obnm.Oregon.gov) or U.S. Mail to Oregon Board of Naturopathic Medicine, 800 NE Oregon Street, Suite 407, Portland, OR 97232. The request for hearing must be received by the Board within 21 days from the date of mailing of this notice and must be accompanied by a written answer to the charges contained in this Notice. If a request for hearing is not received within 21 days, the right to hearing is waived.

12.

If you request a hearing, you will be notified of the time and place of the hearing. Before the hearing, you will receive information on the procedures, right of representation, and other rights

of parties related to the conduct of the hearing. An administrative law judge from the Office of Administrative Hearings will preside at any hearing. ORS 183.635.

13.

An answer is required to this Notice, pursuant to OAR 850-001-0015, due to the complexity of the matters alleged above. The answer shall be made in writing to the Board and shall include an admission or denial of each factual matter alleged in this Notice, and a short plain statement of each relevant affirmative defense Licensee may have. Except for good cause, factual matters alleged in this notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; and new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency and evidence shall not be taken on any issue not raised in the Notice and answer.

14.

If you fail to request a hearing within 21 days, withdraw a request for a hearing, notify the Board or administrative law judge that you will not appear or fail to appear at a scheduled hearing, the Board may issue a final order by default revoking your license. If the Board issues a default order, the contents of the Board's file automatically becomes part of the evidentiary record of this disciplinary action for the purpose of proving a prima facie case.

**NOTICE TO ACTIVE DUTY SERVICEMEMBERS:** Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>.

DATED this \_\_\_12\_\_\_ day of \_\_\_January\_\_\_ 2026.

BOARD OF NATUROPATHIC MEDICINE  
State of Oregon



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Mary-Beth Baptista, J.D. Executive Director