BEFORE THE

BOARD OF NATUROPATHIC MEDICINE

STATE OF OREGON

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| In the Matter of the License of: | Case No. 24-02-02 |
| Dr. Mona Bhalla ND | NOTICE OF PROPOSED DISCIPLINARY ACTION |
| Licensee | 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. Mona Bhalla, ND (Licensee) has been a licensed naturopathic physician in the State of Oregon since March 2004 and is subject to the jurisdiction of the Board.

2.

The Board hereby proposes to take disciplinary action against Licensee's license to practice naturopathic medicine, on the grounds described in the following paragraphs. For each violation, the Board may impose a civil penalty up to $5,000, a term of probation, a letter of reprimand and license limitation, suspension, or revocation.

3.

Dr. Bhalla said she established care with Patient on June 23, 2023. Licensee said their chief complaint was abdominal migraines (Abdominal migraine is a form of migraine that causes episodes of moderate to severe abdominal (belly) pain. Per Patient's chart notes from their initial visit through June 12, 2024, Patient had "Abdominal migraines 3x/month - cycles of pain/vomiting for 3-6 days." Licensee wrote in Patient's chart for their initial visit on June 23, state "Rx: Cannabis daily, OxyContin 40mg 2x/day, Clonazepam 1 mg 3x/day as needed." Patient's chart notes for their second visit on June 29, 2023, through June 14, 2024, state "Rx: Cannabis vape THC largely 4x/daily, OxyContin 40mg 2x/day, Clonazepam 1 mg 3x/day as needed"

4.

Patient's PDMP report shows on June 29, 2023, Licensee prescribed Patient Oxycontin 40 mg tablets, 2 per day. The Morphine Milligram Equivalent (MME) was 120. Per Patient's PDMP report, in January 2024, Licensee prescribed Patient Oxycodone 20mg (56 tabs), Oxycodone 10mg (60 tabs), Oxycontin 60mg (56 tabs), Gabapentin 300mg (270 tabs). Per Patient's PDMP report, a separate provider prescribed Patient Clonazepam 1mg, in various quantities, from June 29, 2023-January 30, 2024. Per Patient's PDMP report, Patient's MME level was 225, in January 2024. The purported indication is chronic nonspecific abdominal pain and cyclic vomiting syndrome.

5.

Per Patient's medical history, Patient has had nausea and emesis for more than ten (10) years with extensive work up negative for pathologic causes. Patient has seen multiple specialty consultants, including gastroenterology and neurology/migraine specialist that strongly recommend against opioid analgesia.

6.

While treating Patient from June 2023-June 2024, Licensee did not order Patient a Gastrointestinal (GI) Panel, or other laboratory tests. Licensee did not establish a treatment plan to assess the underlying cause of Patient's abdominal pain and cyclical vomiting. Licensee did not establish a treatment plan to taper Patient to lower doses of opioids or transition off opioids.

7.

Per Patient's chart notes, Patient's appointments / encounters lasted upwards from 60-75m. For the duration of treatment, Licensee did not chart current or unique assessments of the patient per office visit, specific information related to medical advice given or treatment that occurred during each encounter. Licensee did not chart developing or implementing a treatment plan for the Patient. Licensee did not chart per encounter / appointment, Patient's progress or Patient's response to a treatment plan. Most of the contents of the Patient's chart notes for entirety of their treatment repeated the same information with a significant portion of the chart notes for each encounter being the exact same text from previous appointment chart notes.

8.

Licensee prescribed increasing doses of opioids to Patient, inconsistent with advice and warning of Patient's prior, multiple specialty consultants, including gastroenterology and neurology/migraine specialist. Licensee prescribed Patient opioids, resulting in a high of 225 MME in January 2024. A dose exceeding 100 MME per day more than doubles the risk of overdose death compared to lower doses. Licensee failed to adhere to the basic standard of care put forth in the Oregon Opioid Prescribing Guidelines, including entering a pain contract with Patient, performing pill counts, and requiring a uranalysis. Licensees did not check PDMP prior to, or for the duration of the Licensee's prescribing to patient and was therefore unaware Patient was being concurrently prescribed Clonazepam by a separate provider. Clonazepam and opioids can interact dangerously, leading to serious risks such as profound sedation, respiratory depression, coma, and even death. The concomitant use of these substances has been associated with slowed or difficult breathing and increased risk of overdose. Licensees afore described conduct, and prescribing practices constitute a violation of OAR 850-050-0010 (1)(c)(A) Negligent Prescribing.

9.

Per Patient's chart notes, Patient's appointments / encounters lasted upwards from 60-75m. Licensee did not establish a treatment plan to assess the underlying cause of Patient's abdominal pain and cyclical vomiting. Licensee did not discuss with Patient the possibility their frequent, severe, cyclic episodes of nausea; vomiting, and abdominal pain may be caused by Cannabinoid hyperemesis syndrome (CHS), which affects people who use cannabis (marijuana) long-term, particularly cannabis with high doses of tetrahydrocannabinol (THC). CHS is diagnosed based on a history of chronic marijuana use, the presence of characteristic symptoms, and the absence

of other underlying medical conditions. CHS is a reversable condition, with most patients experiencing relief from CHS when they cease using cannabis and/or ingesting high doses of THC. Licensee was either unaware of CHS or failed to rule out CHS as the cause of Patient's symptoms. Licensee did not advise patient to reduce or cease cannabis use to determine whether that would alleviate their symptoms. Licensee did not order Patient a Gastrointestinal (GI) Panel, or other laboratory tests. Licensee did not establish a treatment plan to taper Patient to lower doses of opioids or transition off opioid use. Licensee prescribed increasing doses of opioids to Patient, inconsistent with advice and warning of Patient's prior, multiple specialty consultants, including gastroenterology and neurology/migraine specialist. Licensee prescribed Patient opioids, resulting in a high of 225 MME in January 2024. A dose exceeding 100 MME per day more than doubles the risk of overdose death compared to lower doses. Licensee was unaware Patient was being concurrently prescribed Clonazepam by a separate provider. Clonazepam and opioids can interact dangerously, leading to serious risks such as profound sedation, respiratory depression, coma, and even death. Licensees afore described conduct and treatment methods constitute a violation of OAR 850-050-0010 (1)(c)(B) Negligent Treatment.



Licensee did not adhere to the SOAP (Subjective, Objective, Assessment, Plan), standardized format / method healthcare providers use to document patient encounters in a clear, organized, and concise manner, facilitating communication and ensuring comprehensive patient records. Subjective (S): Information from the patient's perspective, such as their reported symptoms, feelings, and history. This section includes details like pain levels, functional limitations, and patient concerns. Objective (O): Measurable and observable data gathered by the healthcare provider. Examples include vital signs, physical exam findings, and lab or diagnostic test results. Assessment (A): The provider's synthesis of the Subjective and Objective information to form a diagnosis or identify the patient's issues. It includes a summary of the patient's condition and progress. Plan (P): The proposed course of action, including planned interventions, treatments, diagnostic tests, medications, and follow-up appointments
Per Patient's chart notes, Patient's appointments / encounters lasted upwards from 60-75m. For the duration of treatment, Licensee did not chart current or clear assessments of the patient per encounter, did not provide sufficient subjective and/or objective information related to medical advice given or treatment that occurred during each encounter, or sufficient diagnostic information related to determining the root cause of their symptoms. Licensee did not chart developing or implementing a treatment plan for the Patient, or Patient's progress or response to a treatment plan, per encounter. Most of the contents of the Patient's chart notes for entirety of their treatment repeated the same information, with a significant portion of the chart notes for each encounter being the exact same text from previous appointment chart notes. Licensees charting practices constitute a violation of OAR 850-050-0010 (1)(a)(B) Negligent Charting.

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11.

For the foregoing violations, pursuant to ORS 685.110(23), the Board proposes the following discipline:

1. Probation: 36 months, with the following conditions:

(a) No prescribing-controlled substances for the duration of probation.

(b) Relinquish DEA license and / or agree to not renew DEA license past current DEA license effective date.

(c) Prior to any subsequent renewal or reinstatement of a DEA license while Licensee is licensed to practice naturopathic medicine in the State of Orgon, Licensee must provide proof of completion of 32-hours of continuing education focused on opiate management and prescribing.

(d) Continuing Education: Continuing education hours imposed are in addition to the annual CE requirements for licensure renewal. Courses must be approved by the Board, and meet the following criteria / curriculum requirements:

(i) Six (6) hours focused on chronic pain management

(ii) Two (2) hours focused on establishing and maintaining appropriate doctor / patient boundaries

(iii) Six hours focused on critical thinking; clinical judgment related to patient prescribing principles.

2. Civil Penalty - $15,000

3. Quarterly PDMP pull

12.

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 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.

13.

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.

14.

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.

15.

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 become 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 ___4th____day of __September____2025.

BOARD OF NATUROPATHIC MEDICINE

State of Oregon

Mary-Beth Baptista, JD
Executive Director