



ADMINISTRATIVE AFFAIRS COMMITTEE MEETING AGENDA VIDEOCONFERENCE

June 10, 2026

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Committee Members:

Sheronne Blasi, Public Member, Chair

Katja Daoud, MD

Ileana Esquivel, PA-C

Melonie Parrish, PA-C

Sudeep Taksali, MD

Pursuant to ORS 192.660(2)(f), the Oregon Medical Board will convene in Executive Session to consider records that are exempt by law from public disclosure, including:

- information received in confidence by the Board,
- information of a personal nature the disclosure of which would constitute an invasion of privacy,
- and records which are otherwise confidential under Oregon law.

Designated staff and members of the news media (via link) shall be allowed to attend the Executive Session. Other public officials may be permitted to attend at the Board's discretion. All others are excluded from Executive Session. Pursuant to ORS 192.660(4), members of the news media and public officials are directed not to report on the specific information discussed during the Executive Session, share the Executive Session link outside of their organization, or record the Executive Session by audio or video means. The Board will reconvene in Public Session prior to taking any final action.

EXECUTIVE SESSION

Applicant Review

PUBLIC SESSION

FEDLU, Alazar K., PA-C	ESQUIVEL
Committee Recommendations Regarding Applicant Reviews	BLASI
Agency Request Budget	BLASI
Board Staff Overview of Internationally Trained Physician Draft Rules	BLASI

Internationally Trained Physician Provisional Licensure OAR 847-022-0000, 847-022-0100, 847-022-0110, 847-022-0120, 847-022-0130, 847-022-0140, 847-022-0150, 847-022-0155, 847-022-0160, 847-022-0170, 847-022-0180, 847-022-0190	FIRST REVIEW	TAKSALI
<i>Committee Recommendations Regarding First Review Rules</i>		BLASI
OAR 847-001-0024 Compliance with Investigation Process	FINAL REVIEW	PARRISH
OAR 847-003-0200 Board Member Compensation	FINAL REVIEW	TAKSALI
OAR 847-005-0005 Licensure Fees	FINAL REVIEW	DAOUD
OAR 847-005-0008 Public Record Fees	FINAL REVIEW	PARRISH
OAR 847-008-0010 Initial Registration, 847-020-0110 Application for Licensure, 847-028-0030 Application, 847-050-0015 Application, 847-070-0015 Application, 847-080-0002 Application for Licensure	FINAL REVIEW	ESQUIVEL
Public Comment		BLASI
Request to Recognize the National Board of Physicians and Surgeons (NBPAS)		TAKSALI
Statement of Philosophy Review: Scope of Practice		ESQUIVEL
Statement of Philosophy Review: Pain Management		DAOUD
Annual Disciplinary & Corrective Action Case Consistency Review		TAKSALI
Agency Strategic Plan		BLASI
Federation of State Medical Boards Annual Meeting 2026		TAKSALI
Inaugural Oregon-Washington Summit 2026		BLASI
Secretary of State Audit Recommendations Update		PARRISH
2025 Legislative Implementation Update		DAOUD
2027 Legislative Concept Development Update		ESQUIVEL

	New Licensure Count	BLASI
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**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Member Assigned: Blasi

Subject: Committee Recommendations Regarding Applicant Reviews

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Blasi

Subject: Agency Request Budget

Oregon Medical Board 2027-29 Agency Request Budget

Preliminary

2025-27 Legislatively Approved Budget

Personal Services	\$13,579,899	
Services, Supplies, and Capital Outlay	7,912,299	
TOTAL 25-27 Legislatively Approved Budget	\$21,492,198	

2027-29 Budget Process

25-27 Legislatively Approved Budget	\$21,492,198	
+ Personal Services Steps/COLA for 27-29	608,590	1
Subtotal: Base Budget	\$22,100,788	
+ Inflation/adjustments on Services & Supplies	1,065,315	2
SUBTOTAL: CURRENT SERVICE LEVEL	\$23,166,103	7.8% ³
+ Policy Option Packages		
Investigative Resources	\$1,298,556	
SUBTOTAL: AGENCY REQUESTED BUDGET	\$24,464,659	13.8% ³
- Governor's reductions	???	
GOVERNOR'S BUDGET	???	
+/- Ways & Means Action	???	
+/- Legislation, Statewide Adjustments	???	
2027-29 LEGISLATIVELY ADOPTED BUDGET	???	

¹ DAS Prescribed adjustment for COLA and steps increases. This may or may not occur, depending on collective bargaining.

² DAS Prescribed 4.9% increase on services and supplies and increases in State Government Service charges. Includes phase in of funding from LD Project Manager.

³ Percentage increase from 2025-27 LAB.

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Blasi

Subject: Board Staff Overview of Internationally Trained Physician Draft Rules

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Taksali

First Review: 847-022-0000, 847-022-0100, 847-022-0120, 847-022-0130,
847-022-0140, 847-022-0150, 847-022-0155, 847-022-0160,
847-022-0170, 847-022-0180, 847-022-0190

Subject: Internationally Trained Physician Provisional Licensure

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 022 – OREGON MEDICAL BOARD

First Review – July 2026

SB 476 (2025) sections 4-9 grant a provisional license to qualified Internationally Trained Physicians to practice under the supervision of an Oregon-licensed physician. After completing four years of supervised practice, the Internationally Trained Physician may become eligible to apply for full medical licensure in Oregon.

SB 476 authorizes the Oregon Medical Board to establish rules regarding the application, licensure, and renewal process for provisional licensees, supervision and assessment standards, clinical location requirements, and other requirements necessary to carry out SB 476.

The Oregon Medical Board formed an ITP Workgroup to develop these draft rules. The Workgroup included persons with subject matter expertise who will likely be affected by the proposed rules. The Workgroup met five times over the last five months, the minutes from the last two meetings are provided below.

[The following language is new. For readability, it is not bolded/underlined.]

**Notes and References in blue were added to assist the reviewer but will not be filed with the Oregon Secretary of State as part of the rule.*

Division 22: Rules for Licensure of Internationally Trained Physicians

847-022-0000

Internationally Trained Physicians

(1) ORS 677.146 establishes a provisional license allowing qualified internationally trained physicians to practice medicine in Oregon under supervision of licensed physicians, with a pathway to full licensure after four years of successful practice. This approach recognizes the valuable experience and training internationally trained physicians bring while ensuring patient safety through structured oversight.

(2) An internationally trained physician granted a provisional license:

(a) Is subject to all the provisions of the Medical Practice Act (ORS Chapter 677), and to all the administrative rules of the Oregon Medical Board.

(b) Has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677.

(3) An internationally trained physician with a provisional license may only practice medicine under supervision and at an approved clinical facility, in compliance with OAR 847-022-0120 and OAR 847-022-0130.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0100

Definitions

(1) “Approved school of medicine” has the meaning given in ORS 677.010.

Reference: ORS 677.010(2) “Approved school of medicine” means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, if the program of study is fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or the Committee on Accreditation of Canadian Medical Schools, or its successor agency, or has otherwise been determined by the board to meet the association standards as specifically incorporated into board rules.

(2) “Approved training program” has the meaning given in ORS 677.010.

Reference: ORS 677.010(3) “Approved training program” means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

(3) “Internationally trained physician” has the meaning given in ORS 677.010.

Reference: ORS 677.010(10) “Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.010, ORS 677.146

847-022-0110

Qualifications for Provisional Licensure

The Board may issue a provisional license to an internationally trained physician provided the applicant satisfactorily meets all the requirements in ORS 677.146(1):

(1) Graduated from an international school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine that meets the requirements in OAR 847-020-0130(1).

Reference: OAR 847-020-0130(1) Must have graduated from an international school of medicine:

- (a) The medical school must be chartered in the country in which it is located and must provide a resident course of professional instruction, be accredited by an accrediting organization acceptable to the Board, or be recognized by the appropriate civil authorities of the country in which the school is located as an acceptable education program. The Board may determine that the accreditation of an international medical school is not acceptable if the Board receives documentation that the medical school has had its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction or that its graduates were refused a license by any state, country or territorial jurisdiction on the grounds that the school failed or fails to meet reasonable standards for medical education facilities.
- (b) The graduate must have attended at least four full terms of instruction of eight months each, with all courses having been completed by physical on-site attendance in the country in which the school is chartered. The requirement for four full terms of instruction of eight months each term may be waived for any applicant for licensure who has graduated from an international school of medicine, has substantially complied with the attendance requirements provided herein, and is certified by a specialty board.
- (c) Any clinical clerkships obtained in a country other than that in which the school is chartered must be satisfactorily completed.
- (d) If requested, the applicant must provide the Board with documentation to substantiate that the medical school from which the applicant graduated meets the requirements in subsection (1)(a) of this rule.

(2) Completed an international training program that is substantially similar to an approved training program. To determine if a training program is substantially similar, the Board may consider:

- (a) Accreditation of the program by the Accreditation Council for Graduate Medical Education International (ACGME-I);
 - (b) Recognition of the program by another state medical board as substantially similar to an approved training program;
 - (c) Recognition of the program's accreditation by the World Federation for Medical Education (WFME);
 - (d) The program's curriculum, oversight, case requirements, evaluation process, supervision, and completion standards, including faculty member credentials and participation, site characteristics, and educational components;
 - (e) Inclusion of the following competencies in the program's curriculum:
 - (A) Professionalism,
 - (B) Patient care and procedural skills,
 - (C) Medical knowledge,
 - (D) Practice-based learning and improvement,
 - (E) Interpersonal and communication skills, and
 - (F) Systems-based practice.
- (3) Obtained certification from the Educational Council for Foreign Medical Graduates, requiring a passing score on both Step 1 and Step 2 Clinical Knowledge of the United States Medical Licensing Examination (USMLE).
- (4) Practiced medicine in another country or jurisdiction for at least three years to the satisfaction of the Board.
- (5) Obtained an offer of employment at a clinical facility located in Oregon that will provide supervision and assessment of the applicant in accordance with OAR 847-022-0120 and OAR 847-022-0130.
- (6) Complied with all board rules that apply to Oregon licensed physicians, including passing the Medical Practice Act exam.
- (7) Provided evidence the applicant is of good moral character consistent with the requirements of ORS 677.100.

(8) Provided evidence the applicant is in good standing in each country or jurisdiction in which the applicant practiced medicine and received medical education and training. For purposes of this rule “good standing” means the applicant has no active disciplinary proceedings, no encumbered licenses, and no unresolved orders or conditions in each country or jurisdiction in which the applicant practiced and received education and training.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0120

Clinical Facilities

A provisional licensee must practice in one of the following types of facilities:

(1) A facility in Oregon with an approved training program or affiliated with an approved training program; or

(2) A Federally Qualified Health Center, Rural Health Clinic, or other state-licensed clinical facility with experience in graduate medical education and assessment for supervisory responsibility.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0130

Supervision and Assessment

(1) A provisional licensee’s practice must be supervised by a physician(s).

(2) The supervising physician(s) must be:

(a) Licensed under ORS 677.100, registered at Active status without restrictions, and in good standing with the Board;

(b) Participating in a program of recertification or maintenance of certification with the American Board of Medical Specialties (ABMS) or the American Osteopathic Association’s Bureau of Osteopathic Specialists (AOA-BOS);

(c) Practicing in the same specialty as the provisional licensee; and

(d) Directing and regularly reviewing the medical services provided by a provisional licensee through routine in-person assessment, which may be supplemented with synchronous and asynchronous technology when necessary.

(3) The employer and supervising physician(s) determine the appropriate level of supervision based on the provisional licensee's education, training, experience, and any lapse in practice. The level of supervision may be reassessed and adjusted as needed throughout the provisional licensure period.

(4) The provisional licensee's employer and supervising physician(s) may designate a temporary supervising physician during periods when the supervising physician(s) are unavailable. A temporary supervising physician must meet the qualifications in section (2) of this rule.

(5) To assess, develop, and evaluate the provisional licensee, the clinical facility must incorporate and implement one of the following frameworks:

(a) The March 2025 [Curriculum Framework for Onboarding and Orienting International Medical Graduates](#), published by the Accreditation Council for Continuing Medical Education (ACCME), or

(b) The Program Framework adapted from the Accreditation Council for Graduate Medical Education's (ACGME) [six Core Competencies](#).

(6) A provisional licensee must have a competency assessment during each provisional license period, which may include an In-Training Exam or equivalent.

(7) The provisional licensee's assessment and evaluation records must be retained and accessible for inspection by the Board upon request.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0140

Application for Provisional Licensure

Note: similar to [OAR 847-020-0110 Application for Licensure](#)

(1) An internationally trained physician who does not meet the requirements for licensure in OAR chapter 847 division 20, may apply for an Oregon provisional license to practice medicine in Oregon.

(2) When applying for provisional licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(3) A person applying for licensure under these rules who has not completed the licensure process within a 6 month consecutive period must file a new application, documents, letters, and pay a full filing fee as if filing for the first time.

(4) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0150

Documents and Forms to be Submitted for Provisional Licensure

Note: similar to [OAR 847-020-0150 Documents and Forms to be Submitted for Licensure](#)

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed application provided by the Board. Required dates must include month, day, and year.

(2) Birth Certificate: A copy of birth certificate or other identity documentation as approved by the Board.

(3) Medical School Diploma: A copy of a diploma showing graduation from an international school of medicine.

(4) Photograph: A close-up, color, passport quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(5) Legible fingerprints as described in OAR 847-008-0068 for the purpose of a criminal records background check.

(6) An open-book examination on the Medical Practice Act (ORS chapter 677) and Oregon Administrative Rules chapter 847. If an applicant fails the examination three times, the applicant must attend an informal meeting with a Board member, the Executive Director, a Board investigator, or the Medical Director to discuss the applicant's failure of the examination, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.

(7) Any other documentation or explanatory statements as required by the Board.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0155

Letters and Official Verifications to be Submitted for Provisional Licensure

Note: similar to [OAR 847-020-0160 Letters and Official Verifications to be Submitted for Licensure](#)

The applicant must ensure that official documents are sent to the Oregon Medical Board directly from:

(1) The international school of medicine: Verification of Medical Education which must include degree issued, date of degree, dates of attendance for each year, dates and reason for any leaves of absence or repeated years, and dates, name and location of school of medicine if a transfer student and attach a copy of the transcripts.

(2) The Educational Commission for Foreign Medical Graduates: Verification of certification.

(3) The Director, Chairman, or other official of the substantially similar training program: An evaluation of overall performance, specialty, and specific beginning and ending dates of training, including procedure/case logs or equivalent clinical activity reports for surgical specialties. The program should also include documentation supporting the program is substantially similar to an approved training program as outlined in OAR 847-022-0110(2).

(4) The Director, professional supervisor, or other official for practice and employment in hospitals, clinics, etc.: A currently dated original letter, sent directly from the hospital or clinic, must include a statement of good standing, level of independent practice, and specific beginning and ending dates of practice and employment, for the past three years.

(5) All health licensing boards or regulatory authorities in any jurisdiction where the applicant has ever been licensed, regardless of status: Verification, sent directly from the boards or authorities, must show license number, date issued, examination grades if applicable, and statement of good standing

(6) Official Examination Certifications: An official examination certification showing Step 1 and Step 2 examination scores directly from the National Board of Medical Examiners.

(7) Offer of Employment: An offer in writing from a clinical facility located in Oregon that will provide supervision and assessment of the applicant, including name(s) of the supervising physician(s), in accordance with OAR 847-022-0120 and OAR 847-022-0130.

(8) Any other documentation as required by the Board, including but not limited to medical records and criminal or civil records.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0160

Provisional License Application Withdrawals

Note: similar to [OAR 847-020-0185 License Application Withdrawals](#)

(1) An applicant may withdraw an application for provisional licensure prior to review by the Board's Investigative Committee. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for provisional licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for provisional licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of provisional license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for provisional licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the Federation of State Medical Boards and the National Practitioner Databank.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.220, ORS 677.265, ORS 677.100, ORS 677.190, ORS 677.146

847-022-0170

Denial of Provisional Licensure

Note: similar to [OAR 847-020-0190 Denial of Licensure](#)

(1) An applicant may not be entitled to a provisional license who:

- (a) Failed to obtain certification from the Educational Council for Foreign Medical Graduates;
- (b) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated and the applicant's license is in good standing in the state or country which had revoked or suspended the same;
- (c) Has been refused a license or certificate in any other state or country on any grounds other than failure of a medical licensure examination;
- (d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply, including omissions or false, misleading or deceptive statements or information on any Board application, affidavit or registration; or
- (e) Has been guilty of cheating or attempting to subvert the medical licensing examination process. Evidence of cheating or subverting includes, but is not limited to:
 - (A) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;
 - (B) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by examination staff, which could facilitate the applicant in completing the examination;
 - (C) Communicating with any other examinee during the administration of the examination;
 - (D) Removing from the examining room any examination materials;
 - (E) Photographing or otherwise reproducing examination materials.

(2) An applicant whose application has been denied may submit a new application for provisional licensure as stated in the Board's Order, but no sooner than two years after the date of denial.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.265, ORS 677.190, ORS 677.100, ORS 677.220, ORS 677.146

847-022-0180

Registration

Note: similar to [OAR 847-008-0010 Initial Registration](#)

(1) An applicant for provisional licensure whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a provisional license by the Board.

(2) An applicant for provisional licensure must ensure the license application is complete and accurate throughout the application process. A person applying for licensure must update the Board within 10 business days regarding any changes in information previously provided or any new information that becomes available during the application process.

(3) An application expires if not completed within a 6-month consecutive period.

(4) Once an application expires and per OAR 847-022-0110(3), a person applying for provisional licensure must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(5) The application is not subject to section (3) once the application is reviewed by the Board or a Committee of the Board.

(6) The Board will provide to all provisional licensees who have complied with this section a certificate of registration, which must be displayed in a prominent place in the provisional licensee's primary practice location through the end of the last business day of the registration period.

(7) The provisional license is valid for a period of one year, and upon written request may be renewed for three additional one-year periods. The total period may not exceed four consecutive years. The Board may consider extenuating circumstances that do not indicate an inability to safely practice medicine to grant additional time.

(8) The provisional license is valid for a period of one year, and upon written request may be renewed for three additional one-year periods. The total period may not exceed four consecutive

years. The Board may consider extenuating circumstances that do not indicate an inability to safely practice medicine to grant additional time.

(9) To renew a provisional license, a provisional licensee must:

- (a) Complete a renewal application provided by the Board, which includes summary of practice over that last year, and
- (b) Have their employer, supervising physician, and one other health care provider complete the Board's evaluation form, including a statement regarding eligibility for rehire.

(10) The provisional licensee also may be required to attend an informal meeting with a Board member, the Executive Director, a Board investigator, or the Medical Director to discuss the information provided in section (9) of this rule

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0190

Practice Standards and Regulations

(1) An internationally trained physician who obtains a provisional license:

- (a) Is considered a fully licensed physician in Oregon for all purposes, including but not limited to credentialing and insurance billing;
- (b) Is subject to all the provisions of Oregon Revised Statutes chapters 676 and 677 and to all rules of the Board; and
- (c) Has the same duties and responsibilities, including the duty of care in ORS 677.095, and is subject to the same penalties and sanctions, as any other physician licensed by the Board.

(2) A provisional licensee must practice in the same specialty area of medicine as their education, training, and experience.

(3) A provisional licensee must maintain employment and supervision as described in OAR 847-022-0110(5). If a provisional licensee voluntarily changes employment or supervising physicians, the provisional licensee must notify the Board immediately and may not practice until the conditions in OAR 847-022-0110(5) are reestablished. For the provisional licensee to

return to active status, the Board must receive documentation as described in OAR 847-022-0155(7) within six months.

(4) If the provisional licensee's employment is terminated prior to the expiration of the provisional license for any reason, the provisional licensee must notify the Board immediately and the provisional license expires. The provisional licensee will need to reapply for a provisional license.

(5) Failure to notify the Board as described in sections (3) and (4) of the rule may be grounds for disciplinary action under ORS 677.190(17), ORS 677.190(18), ORS 677.415, and OAR 847-010-0073.

(6) A provisional licensee may apply for licensure under ORS 677.100 after:

- (a) Completion of four years of full-time equivalent practice under ORS 677.146(3),
- (b) Successful completion of a clinical assessment evaluation, and
- (c) Satisfying of the requirements for licensure under ORS 677.100.

Note: Once the provisional licensure process is established, the OMB will initiate a rulemaking further specifying these requirements for internationally trained physicians to apply for full license after four years with a provisional license.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146



Approved by the Board on XXX, 2026.

OREGON MEDICAL BOARD

Meeting of the SB 476 Internationally Trained Physicians (ITP) Workgroup

May 13, 2026, 5:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Jill Shaw, DO, Workgroup Chair, called the meeting to order at 5:00pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

Michelle Bowers, MS, CWDP

Marianne Calnan, MD

Thomas Cooney, MD, MACP, FRCP

Paula Heimberg, MD

Win Mar Lar Kyin, MB, BS, MPH, MBA

Ann Klinger

Vipul Mahajan, MBBS, FACP, FHM, CPE

Marianne Parshley, MD

Theresa San Agustin, MD

Jill Shaw, DO, Workgroup Chair

Lina deMorais, *ex officio*

Erich Koch, CMPE, FHFMA, was absent.

OMB Staff present:

Nicole Krishnaswami, JD, Executive Director

Elizabeth Ross, JD, Legislative & Policy Analyst

Netia N. Miles, Licensing Manager

Gretchen Kingham, Executive Assistant

Chair Shaw welcomed Workgroup members and the public, discussed ground rules for the meeting, and provided an agenda overview. She also noted that the Workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 476 (2025) and that the Workgroup is advisory only. The Oregon Medical Board makes all final decisions and consensus of the Workgroup is not required.

Review of April 15, 2026 Meeting Minutes

Chair Shaw presented the April 15th meeting minutes. There was no discussion.

Review and Discussion of Draft ITP Rules

Workgroup members reviewed and discussed the draft rules section by section.

Rule 000 Purpose Statement

This draft rule establishes the purpose of Division 22: to allow qualified internationally trained physicians to obtain a provisional license to practice medicine in Oregon.

The Workgroup had no suggested changes.

Rule 100 Definitions

The draft rule provides that the terms “approved school of medicine,” “approved training program,” and “internationally trained physician” are defined in ORS chapter 677.

The Workgroup had no suggested changes.

Rule 110 Qualifications for Provisional Licensure

This draft rule outlines the eligibility criteria for a provisional license.

The Workgroup had no suggested changes.

Rule 120 Clinical Facilities

This draft rule outlines where a provisional licensee may practice. Since the last meeting, staff updated section 2 to clarify that a provisional licensee may not practice independently or in a non-licensed facility.

Members discussed the definition of "independent clinic," questioning what constitutes an independent clinic, noting the term is undefined. One suggestion was to replace the language with a reference back to the criteria in section 1, i.e., a clinic not meeting criteria under section (1)(a) or (1)(b).

Additionally, significant discussion arose over whether a qualifying facility must have experience with graduate medical education, or whether facilities that only host undergraduate medical students should qualify. Members expressed concern about being overly restrictive given rural physician shortages, but also about ensuring adequate supervisory experience. Members discussed that many rural Oregon facilities lack formal training programs but do have experienced physicians. The group discussed whether supervisory capacity, rather than formal program affiliation, should be the standard

Staff noted that "approved training program" is already defined in statute as tied to a residency program. The group reached general consensus that language in section (1)(b) should be clarified to reflect *graduate* medical education and supervisory experience.

Rule 130 Supervision and Assessment

This draft rule establishes the requirements for ITP supervising physicians and sets the framework for oversight and assessment. Key updates since the last meeting included clarifying that a provisional licensee may have multiple supervising physicians; limiting supervising physicians to MDs and DOs (per statute); adding flexibility for the employer and supervising physicians to set the appropriate supervision level; adding a temporary supervising physician provision; changing competency assessment from "within one month" to "once per provisional license period"; and requiring records to be retained and accessible to the board.

Members expressed concern that the current language, "routine in-person and synchronous and asynchronous technology," could be interpreted to allow mostly remote supervision. Suggested revisions included language like

"routine in-person, which may be supplemented with synchronous and asynchronous technology" to emphasize the primacy of in-person supervision.

Several members noted that new physicians, regardless of training background, may require close supervision at the start. These members suggested building a more intensive initial supervision period, similar to how residency programs operate. After further discussion, the Workgroup generally agreed that the supervision should be customized to the needs of the provisional licensee and should include a focus on adapting to the U.S. health care system rather than retraining the provisional licensee in clinical competence.

Members cautioned that competency assessment should not be limited to written in-training exams and should encompass all six ACGME core competencies (including communication, systems-based practice, and interprofessional skills). The group discussed adding language making clear that in-training exams are one option, not the only option.

Additionally, members questioned whether the ratio of supervisors to ITPs should be specified, and whether the same supervisors remain throughout the provisional period or rotate.

Rule 140 Application for Provisional Licensure

This draft rule outlines the application process and timeline.

The Workgroup had no suggested changes.

Rule 150 Documents and Forms

This draft rule lists what documents and forms must be submitted for provisional licensure.

The Workgroup had no suggested changes.

Rule 155 Letters and Official Verifications

This draft rule covers third-party verification of documents. Since the last meeting, staff added section 7 describing the required offer of employment.

Members questioned whether the supervising physician identified in the offer letter would be shareable with hospitals for credentialing and privileging purposes before formal privileges are granted. Staff clarified the process will mirror the limited licensed medical faculty model; the employer provides a letter of offer naming supervisors, which is a public record, rather than requiring supervising physicians to separately apply to the Board.

Rule 160 Provisional License Application Withdrawals

This draft rule outlines the withdrawal process, including a two-year waiting period before reapplication in certain circumstances. Since the last meeting, staff updated the rule so public reporting of a withdrawal only occurs once the application has been reviewed by the Board's investigative committee.

Members raised the question of what happens if a supervisor and ITP do not work well together during training. Staff noted that issue would be addressed under rule 190.

Rule 170 Denial of Provisional Licensure

This draft rule defines when applicants are not eligible or qualified for provisional licensure. Since the last meeting, staff updated section 1 to clarify that an applicant may be denied if they failed to obtain certification from the Educational Council for Foreign Medical Graduates (ECFMG), which requires passing Steps 1 and 2 of the USMLE.

The Workgroup had no suggested changes.

Rule 180 Registration

This draft rule covers initial registration and the annual review process for provisional licensees.

The Workgroup had no suggested changes.

Rule 190 Regulations / Practice Standards

This draft rule sets out practice requirements and the pathway to full licensure. Key updates were made to sections 3 and 4 since the last meeting to distinguish between an ITP voluntarily changing employment or supervisors versus having their employment terminated.

Workgroup members expressed concern that the current language places the full burden on the ITP if their employment ends, without any appeal process or pathway to continue the provisional license, other than reapplying. The Workgroup advocated for a formal appeals process, analogous to those within GME programs. Suggestions included notifying the Board of an intent to terminate before action is taken, giving the ITP time to find alternative placement, and providing an alternate pathway to complete their provisional period.

Staff explained based on SB 476, a provisional license is tied to the supervised employment arrangement, similar to a resident's limited license. If the employment ends, the license condition is no longer met and the license expires automatically, without being a disciplinary or reportable action. Staff acknowledged the complexity of building in appeals for a condition (employment) that exists outside the Board's statutory authority.

The Workgroup discussed whether termination of an ITP's license would be reportable to the National Practitioner Data Bank.

Section 6 provides that after four years of full-time equivalent practice and successful completion of assessments, ITPs may apply for full licensure under ORS 677.100. No objections were raised to this provision.

Public Comment

No public comments were provided. Chair Shaw invited the public to submit written comments to the OMB Legislative & Policy Analyst.

Closing Remarks

Staff reviewed the rulemaking timeline.

A workgroup member asked how ITPs would learn about the program and staff noted Oregon is part of a national movement tracked by advocacy organizations, and the Board is already receiving outreach from interested physicians. Staff is working through networks including the Oregon Health Authority, the Higher Education Coordinating Commission, and international regulatory bodies. Workgroup members were encouraged to help spread the word.

Additionally, a member asked about the application review process. Staff explained that applications will be reviewed by the licensing team with support from ECFMG for primary source verification, then presented to the Administrative Affairs Committee for licensure decisions. Staff noted these will be more complex applications than the Board typically handles and will be evaluated individually.

Chair Shaw closed by thanking all workgroup members for their time, insight, and lived experience throughout the five-meeting process.

Dr. Shaw adjourned the meeting at 6:51 PM.



Approved by the Board on XXX, 2026.

OREGON MEDICAL BOARD

Meeting of the SB 476 Internationally Trained Physicians (ITP) Workgroup

April 15, 2026, 5:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Jill Shaw, DO, Workgroup Chair, called the meeting to order at 5:02pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

- | | |
|---------------------------------------------|----------------------------------|
| Michelle Bowers, MS, CWDP | Ann Klinger |
| Thomas Cooney, MD, MACP, FRCP | Marianne Parshley, MD (5:05pm) |
| Paula Heimberg, MD | Theresa San Agustin, MD |
| Erich Koch, CMPE, FHFMA | Jill Shaw, DO, Workgroup Chair |
| Win Mar Lar Kyin, MB, BS, MPH, MBA (5:10pm) | Lina deMorais, <i>ex officio</i> |

Marianne Calnan, MD, and Vipul Mahajan were absent.

OMB Staff present:

- | | |
|--------------------------------------------------|---------------------------------------|
| Nicole Krishnaswami, JD, Executive Director | Netia N. Miles, Licensing Manager |
| Elizabeth Ross, JD, Legislative & Policy Analyst | Gretchen Kingham, Executive Assistant |

Chair Shaw welcomed Workgroup members and the public, discussed ground rules for the meeting, and provided an agenda overview. She also noted that the Workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 476 (2025) and that the Workgroup is advisory only. The Oregon Medical Board makes all final decisions and consensus of the Workgroup is not required.

Review of February 25, 2026 Meeting Minutes

Chair Shaw presented the February 25th meeting minutes. There was no discussion.

Rule Development Process

Elizabeth Ross, JD, OMB Legislative & Policy Analyst, explained how the draft rules were developed based on Senate Bill 476, existing OMB licensing rules, and input from prior workgroup meetings. Ms. Ross also reviewed the timeline for the rulemaking process.

Review and Discussion of Draft ITP Rules

Workgroup members reviewed and discussed the draft rules section by section.

Rule 000 Purpose Statement

This initial draft rule establishes the purpose of Division 22: to allow qualified internationally trained physicians to obtain a provisional license to practice medicine in Oregon.

The Workgroup had no suggested changes.

Rule 100 Definitions

The initial draft rule defines “approved school of medicine,” “approved training program,” and “internationally trained physician” as they are defined in ORS chapter 677.

Significant discussion arose around the definition of "approved training program," which currently ties to ACGME/AOA/Canadian programs. The Workgroup discussed whether many well-regarded international programs, including those in the UK, Ireland, and across Europe, would not qualify under the current ACGME-International accreditation list. Staff clarified that the rule language for provisional licensure uses "substantially similar to" an approved program, not identical, and that the Board retains discretion to consider programs through five criteria listed in rule 110 section 2, with ACGME-I being just one of five options. Members raised concerns about the wording in some of the statutory definitions but acknowledged these could not be changed without returning to the Legislature.

Rule 110 Qualifications for Provisional Licensure

This initial draft rule outlines the eligibility criteria for a provisional license.

The Workgroup acknowledged and found the draft rule’s "may consider" language in section 2 appropriately flexible for the Board to exercise discretion when determining if an international training program is substantially similar to an approved training program.

The Workgroup discussed criteria for evaluating an applicant's prior practice of medicine in another country. The Workgroup noted that prior practice varies significantly, and applications should be reviewed case-by-case.

Regarding board certification, Workgroup members noted that most specialty boards currently do not offer a board certification pathway for ITPs. The OMB Executive Director shared news that the American Board of Medical Specialties (ABMS) announced an effort to create such a pathway. The group clarified that licensure and board certification are separate matters, and these rules govern licensure only.

Rule 120 Clinical Facilities

This initial draft rule outlines where a provisional licensee may practice.

Members discussed whether ITP positions would draw on federal Medicare Graduate Medical Education (GME) funding. It was clarified that Medicare GME funding is only for individuals in ACGME-accredited residency programs. ITPs under this pathway would not qualify and would need to be funded by their employing institutions directly.

Rule 130 Supervision and Assessment

This initial draft rule establishes the requirements for ITP supervising physicians and sets the framework for oversight and assessment.

The rule uses the singular "a physician" for supervisor, but later references plural "supervising physicians." Workgroup members recommended consistent language that allows a team of physicians to share supervisory responsibility, similar to physician associate (PA) collaboration agreements. They also discussed the need for supervising physicians to be educated on precepting and supervisory responsibilities.

Additionally, the Workgroup suggested clarifying that PAs and NPs cannot serve as supervising physicians for ITPs. Members also addressed the need for contingency language if a supervising physician becomes unavailable.

The Workgroup discussed concerns about the requirement that ITPs receive an initial competency assessment within one month of provisional licensure, which may be unworkable given that in-training exams may only be offered once a year.

Rule 140 Application for Provisional Licensure

This initial draft rule outlines the application process and timeline.

A Workgroup member suggested that the competency exam requirement, currently in Rule 130, might fit better here, since timing the exam appropriately is tied to the application process. Staff acknowledged the logic but noted the two rules address different purposes, assessment vs. application.

Rule 150 Documents and Forms

This initial draft rule lists what documents and forms must be submitted for provisional licensure.

Discussion centered on the fingerprinting requirement. A Workgroup member with personal experience as an ITP shared that fingerprinting requirements vary by state. The OMB Licensing Manager confirmed the Board uses a company called FieldPrint and that local police stations can also assist. Workgroup members agreed that the process, while unfamiliar to some internationally trained physicians, is manageable.

Rule 155 Letters and Official Verifications

This initial draft rule covers third-party verification documents.

Workgroup members noted that verifying international practice history will be complex, but that section 4 of the rule may help address that complexity.

Rule 160 Provisional License Application Withdrawals

This initial draft rule outlines the withdrawal process, including a two-year waiting period before reapplication in certain circumstances.

The OMB Executive Director clarified that the two-year bar only applies when an applicant is warned of impending denial for cause, such as fraudulent activity or violations of the Medical Practice Act, and chooses to proceed. These applicants are given multiple opportunities to withdraw before the two-year limit on replying applies. Applicants who withdraw for personal reasons, such as family emergencies, life changes, etc., are free to reapply immediately.

Rule 170 Denial of Provisional Licensure

This initial draft rule defines when applicants are not eligible or qualified for provisional licensure.

A Workgroup member raised a question about the USMLE Step 3 requirement listed in section 1(a) of the rule. The OMB Legislative & Policy Analyst acknowledged that applicants only need to pass Steps 1 and 2 for provisional licensure; Step 3 comes later. Staff will correct this in the next draft.

Rule 180 Registration

This initial draft rule covers initial registration and the annual review process for provisional licensees.

Discussion focused on what happens if a licensee's employment is disrupted through no fault of their own, such as hospital closure, supervising physician retirement, etc. during the four-year provisional period. The OMB Legislative & Policy Analyst explained that language allowing the Board to consider "extenuating circumstances" is already included in section 7.

Workgroup members also asked that the rule more explicitly state that after completing the four-year period, the ITP can apply for full licensure. The OMB Legislative & Policy Analyst pointed to Rule 190 section 5 that addresses this. Workgroup members also discussed the need for ongoing, structured record-keeping throughout the supervisory period, not just at the end-of-year evaluation.

Rule 190 Regulations / Practice Standards

This initial draft rule sets out practice requirements and the pathway to full licensure.

Workgroup members confirmed that after completing all provisional requirements and obtaining full licensure, an ITP could practice independently including opening their own clinic.

Concerns were raised about reporting obligations, with members debating whether the rule should more explicitly require supervising physicians to report serious concerns to the Board immediately, particularly in rural or solo clinic settings where hospital-based reporting mechanisms do not exist.

Workgroup members suggested adding flexibility around section 4, so disruptions in employment do not automatically end an ITP's license but rather allow a grace period to find a new position. The OMB Executive Director agreed this was worth exploring and noted that care must be taken with language to avoid triggering a National Practitioner Data Bank report.

Public Comment

Members of the public were present but did not provide comments. Chair Shaw invited the public to submit written comments to the OMB Legislative & Policy Analyst.

Closing Remarks

Chair Shaw thanked Workgroup members and staff for their thoughtful engagement.

Dr. Shaw closed the meeting with a recap of key themes from the meeting including the importance of precise language, the need to protect ITP participants from circumstances beyond their control, and the encouraging news from ABMS about a future board certification pathway for ITPs.

Members were directed to submit any additional written comments to Elizabeth Ross, OMB Legislative & Policy Analyst.

The next meeting was announced for May 13, 2026, where draft rules will be reviewed.

Dr. Shaw adjourned the meeting at 6:26 PM.

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Member Assigned: Blasi

Subject: Committee Recommendations Regarding First Review Rules

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Parrish

Final Review: 847-001-0024
Subject: Compliance with Investigation Process

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 001 – OREGON MEDICAL BOARD

Final Review – July 2026

The rulemaking adds two statutes to the statutes implemented list for this rule. The additions are ORS 677.420, relating to competency examinations, and ORS 677.425, relating to the confidentiality of information obtained during investigations. The rulemaking also updates gender-specific terminology to use gender-neutral language.

No public comments received for this rulemaking.

847-001-0024

Compliance with Investigation Process

(1) Licensees and applicants must comply with a Board investigation, including truthfully responding to inquiries and providing requested materials within the time allowed and complying with a subpoena. Failure to comply with a Board investigation violates ORS 677.190(17) and is grounds for disciplinary action.

(2) Licensees and applicants must comply with the terms of all Board Orders and Agreements, including Corrective Action Agreements and Consent Agreements for Re-entry to Practice. Failure to comply with the terms of a Board Order or Agreement violates ORS 677.190(17) and is grounds for disciplinary action.

(3) The board will monitor the National Practitioner Data Bank (NPDB) Continuous Query alert system for two years from the date of an allegation of sexual misconduct.

(4) The Executive Director or Medical Director, via **his/her/their** signature, has the authority to issue Orders for Evaluation during an investigation. The Executive Director or Medical Director must forward any issued order under this rule to the Board in a timely manner.

(5) Orders for Evaluation may not be negotiated and are confidential orders enforceable by the Board. Notwithstanding the confidentiality of an Order for Evaluation, failure to comply with such an Order will be grounds for discipline under ORS 677.190(17).

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.190, 677.205, 677.270, 677.320, **677.420, 677.425**

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Taksali

Final Review: 847-003-0200
Subject: Board Member Compensation

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 003 – OREGON MEDICAL BOARD

Final Review – July 2026

To align with ORS 292.495, the rulemaking updates compensation provisions for Oregon Medical Board members. The rulemaking adds compensation equal to the per diem paid to members of the Legislative Assembly (currently \$178 per day) when preparing for meetings less than six hours and for travel to in-person Board or Committee meetings, when the travel must occur on a day other than the meeting day.

Additionally, the rulemaking clarifies Board member compensation of \$250 is paid for each day of attendance at, and one day of preparation for, any Board or Committee meeting scheduled for six or more hours.

No public comments received for this rulemaking.

847-003-0200

Board Member Compensation

(1) ~~Board members~~ Members of the Oregon Medical Board, **other than a member who is employed in full-time public service, will** ~~shall~~ receive no less than the current Oregon legislative per diem as specified in ORS 171.072 ~~(9) up to \$250 compensation~~ for each day or portion thereof during which the member is actually engaged in the performance of official duties, ~~which~~ **Official duties** includes **preparing for and attending** Board and ~~e~~Committee meetings, ~~and participating in~~ activities that the Board has pre-approved or requested that the member attend as its representative, **and required travel to an in-person meeting when the travel must occur on a day other than the meeting day.**

~~(2) Board members shall receive compensation of \$250 to prepare for each occurrence of a full day or multiday Board or Committee meeting that the Board member attends.~~

(2) If a Board or Committee meeting is scheduled for six (6) or more hours, Board members who attend the meeting will receive:

(a) \$250 compensation for each day of attendance at the meeting; and

(b) \$250 compensation for one day of preparation for the meeting.

(3) The daily maximum Board member compensation is \$250.

~~(34) The~~ **Board member** compensation ~~amount shall~~ **will** be in addition to the allowable reimbursement for travel or other expenses.

~~(45) Board members may decline to accept compensation or reimbursement of expenses.~~

Statutory/Other Authority: ORS 677.235

Statutes/Other Implemented: ORS 292.495, ORS 677.235, ORS 171.072

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Daoud

Final Review: 847-005-0005
Subject: Licensure Fees

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 005 – OREGON MEDICAL BOARD

Final Review – July 2026

The Oregon Medical Board's 2025-27 budget bill ([HB 5022](#)) authorized a 20% increase to license registration fees starting July 1, 2026. After further review of updated projections, the Board determined the fee increase is not needed until at least March 1, 2028. The rulemaking implements, but delays, this legislatively approved fee increase.

Additionally, the Oregon Health Authority is amending OAR 409-026-0130 to increase the fee for the Health Care Workforce Reporting Survey and Database program from \$2 to \$4 a year. Under ORS 676.410, this fee must reasonably cover the expenses of the program, which has operated at a deficit since 2021. The rulemaking implements the proposed OHA fee increase effective July 2, 2026.

The Oregon Medical Association, Mandi Trimas, L.Ac., and Christopher Pratt submitted public comments provided below.

847-005-0005 **Licensure Fees**

(1) Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) Licensing Fees:

(a) Initial License Application — \$375.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology — \$314/year. Per ORS 677.290(3), fee includes \$10/year for the Oregon Health and Science University Library. **On or after March 1, 2028 the fee is \$375/year.**

(c) Registration: Emeritus — \$50/year.

(d) Limited License, SPEX/COMVEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate Application and Registration — \$185. **On or after March 1, 2028 the fee is \$222/year.**

(2) Acupuncture Licensing Fees:

(a) Initial License Application — \$245.

(b) Registration: Active, Inactive, Locum Tenens and Military/Public Health — \$201/year. **On or after March 1, 2028 the fee is \$242/year.**

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Visiting Professor, Pending Examination Application and Registration — \$75. **On or after March 1, 2028 the fee is \$90/year.**

(3) Physician Associate Licensing Fees:

(a) Initial License Application — \$245.

(b) Registration: Active, Inactive, Locum Tenens, Military/Public Health, and Telemedicine — \$239/year. **On or after March 1, 2028 the fee is \$287/year.**

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Pending Examination Application and Registration — \$75. **On or after March 1, 2028 the fee is \$90/year.**

(4) Doctor of Podiatric Medicine Licensing Fees:

(a) Initial Application — \$340.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine and Telemonitoring — \$304/year. **On or after March 1, 2028 the fee is \$365/year.**

(c) Registration: Emeritus — \$50/year.

(d) Limited License, Postgraduate Application and Registration — \$185. **On or after March 1, 2028 the fee is \$222/year.**

(5) Other Application or Licensing Fees:

(a) Reactivation Application Fee — \$50.

(b) Electronic Prescription Drug Monitoring Program — \$35/year. Per ORS 431A.850-431A.895, fee is assessed to licensees authorized to prescribe or dispense controlled substances in Oregon for the purpose of creating and maintaining the Prescription Drug Monitoring Program administered by the Oregon Health Authority.

(c) Workforce Data Fee — \$24/year. Per ORS 676.410, fee is assessed for the purpose of creating and maintaining a healthcare workforce data base administered by the Oregon Health Authority.

(d) Criminal Records Check Fee — \$52. Per ORS 181A.195(9)(e), fee is the actual cost of acquiring and furnishing criminal offender information.

(e) Health Professionals' Services Program Fee — \$25/year. Fee is assessed to sustain the Health Professionals' Services Program.

(6) Delinquent Registration Renewals:

(a) Delinquent MD/DO Registration Renewal — \$195.

(b) Delinquent Acupuncture Registration Renewal — \$80. **On or after March 1, 2028 the fee is \$96/year.**

(c) Delinquent Physician Associate Registration Renewal — \$80. **On or after March 1, 2028 the fee is \$96/year.**

(d) Delinquent Doctor of Podiatric Medicine Registration Renewal — \$195.

(7) All Board fees and fines are non-refundable and non-transferable.

(8) Registration fees in this rule and other fees described in section (5)(b), (5)(c), and (5)(e) for Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology statuses are collected biennially except where noted in OAR chapter 847.

(9) Five-needle protocol (5NP) Technician Fees:

(a) Application & Registration — \$100.

(b) Renewal Registration: Active — \$50/year.

(c) 5NP applicants and technicians are exempt from fees outlined in other sections of this rule, except for the Criminal Records Check Fee in section (5)(d).

Statutory/Other Authority: ORS 677.265, 181A.195, 431A.880 & 676.410

Statutes/Other Implemented: ORS 677.265, 181A.195, 431A.880, 676.410 & 677.290, ~~Oregon Laws 2025, chapter 296, section 2~~ ORS 677.488



February 23, 2026

Via Email Elizabeth.Ross@omb.oregon.gov

Elizabeth Ross, Rules Coordinator
Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201

Re: Public Comment on Proposed Rule OAR 847-005-0005

Dear Ms. Ross,

The Oregon Medical Association (OMA) is a nonprofit organization that represents physician and physician associate members in the State of Oregon. We are offering public comment on the proposal to amend OAR 847-005-0005 to increase registration and workforce survey fees.

We value that as a semi-independent agency in Oregon, the Oregon Medical Board (OMB) serves as a self-funded agency and steward of licensure fees paid for initial and renewal registrations. We also understand that similar to the medical practices many of our members are affiliated with that costs of providing services are ever-increasing and at higher rates than anticipated. We are mindful of a prior increase in licensure fees in 2024 after not having needed to raise fees since 2013. Our consistent comment and request then and now is that OMB continue its transparent work to ensure that all license fees and any future increase in fees are used in the most efficient manner possible.

We also note the doubling of a fee from \$2 to \$4 per year that is re-directed to the Oregon Health Authority (OHA) to conduct a workforce survey and report on the data. We urge the OMB to request that OHA also be good stewards of those resources and provide timely and accurate data that policy makers are able to use to make informed decisions about Oregon's health care workforce.

Thank you for the opportunity to provide public comment, and we are glad to respond to questions from the OMB if needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Bonanno". The signature is fluid and cursive, written over a light blue horizontal line.

Mark A. Bonanno, JD, MPH
General Counsel and Vice President of Health Policy

From: ROSS Elizabeth * OMB
Sent: Monday, April 20, 2026 8:48 AM
To: 'Mandi Trimas, L.Ac.'
Subject: RE: Opposing Another Licensing Fee Increase

Mandi,

Thank you for your thoughtful input on this rulemaking. All comments received will be posted on the OMB's website. The OMB's Administrative Affairs Committee will review all comments received by the deadline on June 10, 2026, followed by the Oregon Medical Board on July 2, 2026.

Additionally, regarding the law passed in 2025 ([HB 3824, section 5](#)) allowing PTs to perform dry needling starting July 1, 2027. That law was passed by the Oregon Legislature (State Representatives and Senators), not the Oregon Medical Board. It specifically requires the Oregon Board of Physical Therapy (OBPT) to adopt rules to establish training requirements that a physical therapist must meet in order to perform dry needling. Please visit the [OBPT's website](#) for more information regarding implementation of the law.

Please follow up with additional questions.

Warm regards,



Elizabeth Ross (she/her)
Legislative & Policy Analyst
Oregon Medical Board
1500 SW 1st Ave, Suite 620, Portland, OR 97201
Desk: 971-673-2667 | OMB: 971-673-2700

OUR MISSION: *To protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.*

Data Classification Level 2 - Limited

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From: Mandi Trimas, L.Ac. <[REDACTED]>
Sent: Sunday, April 19, 2026 2:39 PM
To: ROSS Elizabeth * OMB <elizabeth.ross@omb.oregon.gov>
Subject: Opposing Another Licensing Fee Increase

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Elizabeth,

I am reaching out to provide input regarding the following:

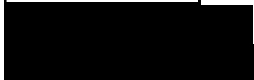
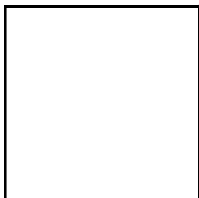
Please see my response below.

"The Oregon Medical Board's 2025-27 budget bill (HB 5022) authorized a 20% increase to license registration fees starting July 1, 2026. After further review of updated projections, the Board determined the fee increase is not needed until at least March 1, 2028. The rulemaking implements, but delays, this legislatively approved fee increase. Additionally, the Oregon Health Authority is amending OAR 409-026-0130 to increase the fee for the Health Care Workforce Reporting Survey and Database program from \$2 to \$4 a year. Under ORS 676.410, this fee must reasonably cover the expenses of the program, which has operated at a deficit since 2021. The proposed OHA fee increase would be effective July 2, 2026. Public comment received."

As licensed Acupuncturists in the state of Oregon, we are doing our best to provide whole body and holistic care to our patients with Traditional Chinese Medicine. We are currently experiencing a record number of recoupmets and denials for payments by insurance companies, including the huge mess with Providence Health Plan. This has left many of us reduced or no payouts for our time of services. The medical board passed a law in 2025 allowing Physical Therapists to begin utilizing the insertion of needles into their patients, without any further education / training. We are fighting hard and already our licensing costs increased to \$456 (over a 40% increase) for our 2026 renewal. I am asking to please think about the future of our medicine and how these fees are truly helping. These fee increases are hitting the maximum and I am asking you to please consider how as small practices and providers we are being impacted to provide care for patients that is increasingly needed for pain management and overall wellbeing and healthcare.

Warmly,

Mandi Trimas, MATCM, L.Ac.
Blue Horizon Acupuncture



, Beaverton, OR 97005

[Website](#) | Find us on [Instagram](#)

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From: Christopher Pratt <[REDACTED]>
Sent: Thursday, May 14, 2026 1:37 PM
To: ROSS Elizabeth * OMB
Cc: [REDACTED]
Subject: Public Comment on Proposed Rule OAR 847-005-0005 – Algorithmic Data Compliance and HB 4114 Liability

You don't often get email from [REDACTED] [Learn why this is important](#)

Dear Elizabeth Ross and Members of the Oregon Medical Board, Please accept this as formal public comment regarding the proposed modifications to OAR 847-005-0005.

I request that this text be entered into the official public record for this rulemaking cycle. Regarding the proposed modifications to OAR 847-005-0005 and the OHA database program, I demand that the Board include strict data-integrity provisions banning the use of unvalidated, proprietary 'black-box' algorithms (such as Bamboo Health's NarxCare). On February 5, 2026, the OHA was given explicit notice that these automated risk-scoring models violate the January 6, 2026, FDA Clinical Decision Support Guidance and May 2025 ACA Section 1557 rules by causing systemic medical abandonment of disabled patients.

As the OMB and OHA expand registration and workforce database fee structures, the state must certify that no state-administered database or PDMP software utilizes objective MME thresholds that violate the unanimous U.S. Supreme Court ruling in *Ruan v. United States* (2022). Under the newly enacted House Bill 4114, Oregon law explicitly prohibits coordination with out-of-state federal agencies that target sensitive healthcare locations or vulnerable individuals.

By allowing the DEA to use arbitrary 2016 CDC metrics to dictate pharmacy supply cutbacks via Aggregate Production Quotas inside Oregon borders, the OHA and state boards are actively participating in federal encroachment that disrupts medical facilities.

HB 4114 creates a direct civil cause of action for damages. If state health administrators continue to look the other way while federal quotas force the abandonment of legacy pain patients, they open the state up to massive financial liability and direct litigation under this new statutory framework. Sincerely,
Christopher Pratt
Terrebonne, Oregon

From: Christopher Pratt [REDACTED]
Sent: Sunday, May 17, 2026 8:34 PM
To: ROSS Elizabeth * OMB
Subject: FORMAL PUBLIC COMMENT / RULEMAKING OBJECTION: OAR 847-005-0005 (Christopher Pratt)

Follow Up Flag: Follow up
Flag Status: Flagged

You don't often get email from [REDACTED]. [Learn why this is important](#)

TO: elizabeth.ross@omb.oregon.gov SUBJECT: FORMAL PUBLIC COMMENT / RULEMAKING OBJECTION: OAR 847-005-0005 (Christopher Pratt)

Dear Elizabeth Ross and Members of the Oregon Medical Board, Please accept this as formal public comment regarding the proposed modifications to OAR 847-005-0005.

I request that this text be entered directly into the official public record for this rulemaking cycle. Regarding the proposed modifications to OAR 847-005-0005 and the OHA database program, I demand that the Board include strict data-integrity provisions banning the use of unvalidated, proprietary "black-box" algorithms (such as Bamboo Health's NarxCare).

On February 5, 2026, the OHA was given explicit notice that these automated risk-scoring models violate the January 6, 2026, FDA Clinical Decision Support Guidance and May 2025 ACA Section 1557 rules by causing systemic medical abandonment of disabled patients.

As the OMB and OHA expand registration and workforce database fee structures, the state must certify that no state-administered database or PDMP software utilizes objective MME thresholds that violate the unanimous U.S. Supreme Court ruling in Ruan v. United States (2022). Under the newly enacted House Bill 4114, Oregon law explicitly prohibits coordination with out-of-state federal agencies that target sensitive healthcare locations or vulnerable individuals.

By allowing the DEA to use arbitrary 2016 CDC metrics to dictate pharmacy supply cutbacks via Aggregate Production Quotas inside Oregon borders, the OHA and state boards are actively participating in federal encroachment that disrupts medical facilities.

HB 4114 creates a direct civil cause of action for damages. If state health administrators continue to look the other way while federal quotas force the abandonment of legacy pain patients, they open the state up to massive financial liability and direct litigation under this new statutory framework.

Sincerely, Christopher Pratt Terrebonne, Oregon

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Parrish

Final Review: 847-005-0008
Subject: Public Record Fees

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 005 – OREGON MEDICAL BOARD

Final Review – July 2026

The rulemaking first removes references to reports the Oregon Medical Board no longer produces. The Board discontinued its monthly malpractice report due to minimal demand (2 requestors) relative to the time required to compile it. The rulemaking also removes a separate disciplinary report that the Board does not offer. Disciplinary information is instead available through a Verification of Licensure, which includes all Board actions.

Second, the rulemaking updates terminology to align with the Oregon Department of Administrative Services' statewide policy on Public Records Requests and Fees and Charges.

No public comments received for this rulemaking.

847-005-0008

Public Record Fees

Many public records are available on the Oregon Medical Board's website without charge; convenience copies of these records are available upon request for a set charge. Pursuant to ORS 192.324, public records fees reflect no more than the actual cost of producing and processing the public records request.

(1) Licensee Information Request Charges:

- (a) Verification of Licensure — Individual Requests (1-4 licenses) — \$10 per license.
- (b) Verification of Licensure — Multiple (5 or more licenses) — \$7.50 per license.
- (c) Malpractice Report — Individual Requests — \$10 per license.

~~(d) Malpractice Report — Multiple (monthly report) — \$15 per report.~~

~~(e) Disciplinary — Individual Requests — \$10 per license.~~

(2) Record Search Charges: If a request for records can be fulfilled using less than 30 minutes of staff time, there will be no charge for the service.

- (a) Clerical Staff — \$25 per hour.
- (b) ~~Administrative and~~ Managerial Staff — \$40 per hour.
- (c) Professional Staff and Medical Director — \$75 per hour.

(d) The actual cost to the Board of time spent by the Board's attorney in reviewing the public records, redacting material from the public records, and segregating the public records into exempt and nonexempt records.

(3) Data Order Charges:

(a) Standard Licensee Data Order — \$75 each.

(b) Custom Licensee Data Order — \$75 + \$40.00 per hour Administrative time.

(c) Address Label Data — \$50 each.

(d) Malpractice Information Data — \$75 each.

(4) All Board fees are non-refundable and non-transferable.

(5) The Board may waive or reduce fees for public records upon written request if the Board determines that making the record available primarily benefits the general public.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265 & 192.324

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Rule Review

Member Assigned: Esquivel

Final Review: 847-008-0010; 847-020-0110; 847-028-0030; 847-050-0015;
847-070-0015; 847-080-0002

Subject: Initial Registration, Application for Licensure, Application,
Application, Application, Application For Licensure

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 8, 20, 28, 50, 70, 80 – OREGON MEDICAL BOARD

Final Review – July 2026

The rulemaking would shorten the timeframe for Oregon Medical Board license applications to expire from 12 to 6 months. The current 12-month window was established before online applications and electronic document submission were available. Now that applicants can submit materials electronically, the extended timeframe is no longer necessary and creates additional workload for licensing staff, who must monitor aging applications, follow up with applicants, and reverify outdated information such as employment history. As of 11/25/25, OMB had 1,081 open applications, of which 276 (26%) were submitted more than 6 months ago.

No public comments received for this rulemaking.

847-008-0010

Initial Registration

- (1) An applicant for licensure as a physician, physician associate, or acupuncturist, whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a license by the Board.
- (2) A person applying for licensure must ensure the license application is complete and accurate throughout the application process. A person applying for licensure must update the Board within 10 business days regarding any changes in information previously provided or any new information that becomes available during the application process.
- (3) An application expires if not completed within a **126**-month consecutive period.
- (4) Once an application expires and per OAR 847-020-0110(3), a person applying for licensure must file a new application, documents, letters and pay a full filing fee as if filing for the first time.
- (5) The application is not subject to section (3) once the application is reviewed by the Board or a Committee of the Board.
- (6)(a) An individual who initially becomes licensed, certified or registered by the Board at any time during the first 12 months of a biennial registration period must pay the entire biennial registration fee for that period, except as provided in OAR 847-008-0015 and 847-008-0025.
- (b) An individual who initially becomes licensed, certified, or registered by the Board at any time during the second 12 months of the biennial registration period must pay the registration fee for one year.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.172, ORS 677.190, ORS 677.205 & ORS 677.415

847-020-0110

Application for Licensure (MD/DO)

- (1) Any person who wishes to practice medicine in this state beyond the first post-graduate training year must apply for an Oregon license to practice medicine.
- (2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.
- (3) A person applying for licensure under these rules who has not completed the licensure process within a **126** month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.
- (4) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.100 & 677.190

847-028-0030

Application (Volunteer Camp Physicians)

- (1) When applying for a license to volunteer medical services at a camp operated by a nonprofit organization, the physician shall submit to the Board the completed application, fees, documents, letters, and any other information required by the Board for physician (MD/DO) licensure as stated in OAR 847, division 020.
- (2) A physician applying for a license to volunteer medical services at a camp operated by a nonprofit organization who has not completed the process within a **126** month consecutive period shall file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.100 & 677.265

847-050-0015

Application (PA)

- (1) Each application for the licensure of a physician associate must meet the licensing requirements as set forth in ORS 677.512.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(3) No applicant is entitled to licensure who:

(a) Has failed an examination for licensure in the State of Oregon;

(b) Has had a license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(c) Has been refused a license or certificate in any other state on any grounds other than failure in a medical licensure examination; or

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

(4) A person applying for licensure under these rules who has not completed the licensure process within a **126** month consecutive period from date of receipt of the application must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265 & 677.512

847-070-0015

Application (Acupuncture)

(1) Every applicant must satisfactorily complete an application and document evidence of qualifications listed in OAR 847-070-0016 to the satisfaction of the Board. Such application and documentation must be complete before an applicant may be considered eligible for licensure.

(2) When applying for licensure, the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(3) False documentation is grounds for denial of licensure or disciplinary action by the Board.

(4) An applicant applying for licensure under these rules who has not completed the licensure process within a **126** month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(5) No applicant is entitled to licensure who:

(a) Has had his/her license or certificate revoked or suspended in this or any other state unless the said license or certificate has been restored or reinstated and the applicant's license or certificate is in good standing in the state which had revoked the same;

(b) Has been refused a license or certificate in any other state on any grounds other than failure in an acupuncture licensure examination; or

(c) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

Statutory/Other Authority: ORS 677.265 & 677.759

Statutes/Other Implemented: ORS 677.759

847-080-0002

Application for Licensure (DPM)

(1) When applying for licensure the applicant must submit to the Board the completed application, fees, documents, letters, and any civil penalties or hearing costs that may be due.

(2) A person applying for licensure under these rules who has not completed the licensure process within a ~~12~~26 month consecutive period must file a new application, documents, letters and pay a full filing fee as if filing for the first time.

(3) The applicant may be required to appear before the Board for a personal interview regarding information received during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.100, 677.190, 677.265, 677.810 & 677.840

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Public Session

Discussion Item

Member Assigned: Blasi

Subject: Public Comment

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Taksali

Subject: Request to Recognize the National Board of Physicians and Surgeons (NBPAS) Certification from Vincent Gimino, MD

March 3, 2026

Dear Members of the Oregon Medical Board,

I am writing to respectfully request that the Oregon Medical Board consider adding the National Board of Physicians and Surgeons (NBPAS) as a recognized board certification at the state licensure level and as an appropriate equivalent for Continuing Medical Education (CME) and audit verification as required by 847-008-0070 [Continuing Medical Competency (Education)].

The Oregon Medical Board (“the Board”) has clearly stated its commitment to ensuring the continuing competence of its licensees in order to protect the safety and well-being of the public, while fostering a culture of continuous quality improvement and lifelong learning. Recognition of NBPAS is well aligned with this mission and supports a structured, evidence-based approach to ongoing professional development.

As you know, the Board currently permits participation in American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) to substitute for state CME audit requirements. While Maintenance of Certification was developed with quality improvement goals in mind, it has not been shown to meaningfully improve physician performance or clinical outcomes, but it has been associated with significant physician burnout, administrative burden, and early departure from clinical practice—a loss Oregon’s healthcare system cannot afford amid ongoing workforce shortages pathways.

NBPAS offers a rigorously defined education and certification pathway that maintains high professional standards while reducing unnecessary administrative burden. NBPAS certification requires prior ABMS or AOA board certification, an active and unrestricted medical license, and 50 hours of specialty-specific AMA PRA Category 1 CME every two years, with direct verification. NBPAS’ CME requirement exceeds Oregon’s AMA PRA Category 1 CME requirement for license renewal and reflects a focused commitment to clinically relevant, practice-based learning, making it an excellent and meaningful substitute for the Board’s CME audit and could be accomplished by a straightforward addition to the Board’s rules as follows:

(a) Ongoing participation in a program of recertification or maintenance of certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association’s Bureau of Osteopathic Specialists (AOA-BOS), the National Board of Physicians and Surgeons (NBPAS), the American Board of Podiatric Medicine (ABPM), the American Board of Foot and Ankle Surgery (ABFAS), the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM); or

Allowing NBPAS certification to substitute for CME audit verification would reduce duplicative reporting requirements for physicians while preserving the Board's oversight objectives. This approach may also support physician recruitment and retention in Oregon by recognizing nationally accepted certification pathways that emphasize lifelong learning without redundant or costly processes. In addition, NBPAS does not permit lifetime certification (i.e., the ABMS/AOA exemption that does not require recertification or maintenance of certification), ensuring that the Board can be confident that any NBPAS-certified physician is meeting or exceeding its CME requirements.

NBPAS also does not charge for physician verification services, which may result in cost savings for both the Board and the State of Oregon. NBPAS currently certifies over 15,000 physicians nationwide, is currently recognized by hundreds of hospitals, health systems, dialysis organizations, and major national payers nationwide.

Physicians across Oregon are increasingly working alongside hospitals and payors to address the administrative burden associated with traditional Maintenance of Certification pathways. Recognizing NBPAS would position Oregon as a leader in supporting a more inclusive, physician-driven approach to continuing professional development—one that reinforces continuous quality improvement, professional accountability, and meaningful lifelong learning. The pursuit of excellence in medicine should not be monopolized by profit-driven private interests. Supporting independent, evidence-based certification pathways reaffirms Oregon's commitment to innovation, integrity, and high standards of patient care.

Finally, as the number of Oregon physicians obtaining NBPAS certification is expected to grow, we respectfully request that the Board add NBPAS to its credential reporting dropdown to ensure accurate public representation of physician qualifications.

Thank you for your consideration and for your continued commitment to evidence-based medical regulation in service of the people of Oregon.

Respectfully,

Vincent J. Gimino, MD, D-ABSM, FACCP

Santiam Hospital and Clinics

NBPAS Board Certified Internal Medicine, Pediatrics, Pulmonary Medicine, Critical Care Medicine, and Sleep Medicine



May 21, 2026

Dear Members and Staff of the Oregon Medical Board,

On behalf of the National Board of Physicians and Surgeons (NBPAS), we appreciate the opportunity to comment on Oregon's Continuing Medical Competency requirements under OAR 847-008-0070 and the Board's recognition of qualifying continuing certification pathways.

NBPAS respectfully requests that the Oregon Medical Board formally add NBPAS certification as an acceptable pathway for Continuing Medical Education (CME) audit verification and continuing competency compliance at the state licensure level.

This issue is particularly important in Oregon, where physician shortages continue to grow across both rural and urban communities. Nearly all Oregon counties are now designated Health Professional Shortage Areas (HPSAs), underscoring the urgent need to retain experienced physicians and reduce avoidable barriers to practice. Policies that recognize nationally accepted certification pathways can help Oregon remain competitive in physician recruitment and retention while preserving high standards of patient care and physician accountability.

There is growing national recognition that flexible, evidence-based recertification pathways such as NBPAS support physician workforce stability, particularly in states facing significant shortages. Recent economic and workforce data demonstrate that states supporting diverse recertification pathways outside exclusive ABMS/AOA structures are more successful in retaining board certified physicians, especially mid-career and late-career clinicians, physicians that provide critical mentorship, expertise, continuity of care, and improved access. By contrast, burdensome or duplicative certification requirements have increasingly been identified as contributors to reduced clinical hours, early retirement, and physician workforce attrition.

From both a clinical quality and workforce perspective, recognizing NBPAS would provide Oregon physicians with a meaningful and accountable pathway for demonstrating continued competency without unnecessary administrative burdens that contribute to physician dissatisfaction and burnout. Such recognition would support the Board's commitment to public protection through meaningful continuing professional development while also strengthening physician workforce sustainability across Oregon. NBPAS currently certifies 90 physicians in Oregon and adds approximately 100 new physicians nationally each month.

Founded by nationally recognized physician leaders, NBPAS promotes lifelong learning through a rigorous, evidence-based, and clinically relevant recertification model. Eligibility requires prior primary certification through an American Board of Medical Specialties (ABMS) member board or the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS), an active and unrestricted medical license, and completion of 50 hours of specialty-specific AMA PRA Category 1 CME every two years with direct verification. This exceeds Oregon's CME requirements for licensure renewal and reflects NBPAS' strong commitment to helping physicians demonstrate ongoing clinical competency.



NBPAS is also widely recognized throughout the U.S. healthcare system as meeting national accreditation standards required by the Centers for Medicare and Medicaid Services and used by hospitals, health systems, and health plans. Hundreds of hospitals, major health systems, national dialysis organizations, and commercial payers nationwide accept NBPAS certification for credentialing and privileging purposes. Recognition by the Oregon Medical Board would therefore align with the modernization of healthcare industry practice and position Oregon as a leader in physician recruitment and retention.

NBPAS also offers administrative advantages. The organization does not permit lifetime certification exemptions, ensuring all diplomates remain engaged in ongoing CME and recertification activities. NBPAS provides physician verification services at no cost to state medical boards, potentially reducing administrative expenses for both the Board and the State of Oregon. In addition, NBPAS would welcome the opportunity to work collaboratively with the Oregon Medical Board to explore expedited physician verification pathways that could streamline confirmation of CME compliance while maintaining appropriate regulatory oversight.

NBPAS respectfully suggests that the Board amend OAR 847-008-0070 to include NBPAS among the recognized continuing certification organizations, as follows:

(a) Ongoing participation in a program of recertification or maintenance of certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the National Board of Physicians and Surgeons (NBPAS), the American Board of Podiatric Medicine (ABPM), the American Board of Foot and Ankle Surgery (ABFAS), the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM);

As increasing numbers of Oregon physicians obtain NBPAS certification, we also respectfully request that NBPAS be added to the Board's credential reporting and public-facing certification designation systems, as appropriate, to ensure accurate representation of physician professional credentials.

Thank you for your consideration and for your continued commitment to evidence-based medical regulation, physician accountability, and the health of Oregon communities. We welcome the opportunity to provide any additional information that may assist the Board in its review.

Sincerely,

Karen Schatten, NBPAS Associate Director, Policy and External Relations

From: Jennifer Moore <[REDACTED]>
Sent: Thursday, May 21, 2026 8:39 AM
To: ROSS Elizabeth * OMB
Subject: Retaining physicians in Oregon

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Oregon Medical Board Members,

I am writing as a resident of Corvallis to express my support for the Oregon Medical Board's efforts to recruit and retain qualified physicians across our state. Access to medical care in many parts of Oregon, including here in Corvallis and surrounding communities, has become increasingly difficult if not impossible. My family and I directly experience waiting longer for appointments, struggling to find primary care doctors, and facing growing shortages in specialty care. It is clear that Oregon needs to do everything possible to support and retain experienced, board-certified physicians.

I recently learned about the National Board of Physicians and Surgeons (NBPAS) through conversations with physicians in our community, and I strongly encourage the Board to support adding NBPAS as an accepted certification pathway for CME and continuing competency requirements.

From what I understand, NBPAS maintains high standards for physicians while offering a more practical and less burdensome recertification process. At the same time, NBPAS helps reduce some of the administrative burden and frustration that so many physicians experience with traditional maintenance of certification programs. Adding NBPAS sounds like an important opportunity and win-win that Oregon can benefit from.

As a patient and Oregon resident, I want our state to keep experienced doctors practicing and caring for patients, especially in communities already facing physician shortages. I have heard from physicians that overly burdensome certification requirements contribute to burnout, early retirement, or decisions to leave clinical practice altogether. That is the opposite direction Oregon needs to move in right now.

I appreciate the Board's commitment to maintaining high standards for physician competency and patient safety. Supporting pathways like NBPAS, along with any other reasonable efforts to recruit and retain qualified physicians, seems like a practical and responsible step that could help strengthen Oregon's healthcare workforce without lowering standards.

Thank you for your time, your service, and your continued work on behalf of Oregon patients and communities.

Sincerely,

Jen Moore
Corvallis, Oregon

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Esquivel

Subject: Statement of Philosophy Review: Scope of Practice

MEMORANDUM

TO: Administrative Affairs Committee, Oregon Medical Board
SUBJECT: Scope of Practice Statement of Philosophy Review
DATE: May 12, 2026

The Board's Statement of Philosophy on Scope of Practice, provided below, was adopted over 25 years ago. Rather than expressing the Board's intentions regarding the practice of medicine, this Statement appears to function more as policy or guidance for responding to scope of practice inquiries. The Board already maintains a [License Definitions \(Scope of Practice\)](#) webpage that provides a basic scope of practice overview for OMB licensees.

Does the Administrative Affairs Committee recommend:

- **Gathering additional information? *If so, please provide direction to Board staff regarding additional research.***
- **Taking no further action and retaining the current Statement?**
- **Amending the Statement? *If so, please provide direction to Board staff.***
- **Repealing the Statement and replacing it with a policy regarding scope of practice inquiries?**

OREGON MEDICAL BOARD

Statement of Philosophy

Scope of Practice

The Oregon Legislature has given the Oregon Medical Board the power to exercise general supervision over the practice of medicine and podiatry within the state. Increasingly health professionals, some licensed by this Board and some by other agencies, are seeking to extend the scope of their practice and authority.

While the ultimate decision on scope of practice issues generally rests with the Legislature, the Board assists lawmakers by providing complete and accurate information upon which to base decisions. The following factors are considered when the Board reviews scope of practice questions:

- Public safety must be the primary focus;

- The patient should receive the same level of care and informed consent regardless of who provides the care;
- Fully qualified providers must perform procedures, whether those providers are physicians or other health care professionals. With extensive years of medical training, physicians have broad authority and considerable latitude in the scope of their medical practice. Health care providers with less formal education need a clearly defined scope of practice in keeping with Oregon statutes.

When considering scope of practice changes for professions or individuals under its own jurisdiction, the Board considers the following:

- Education: Has the provider received education from an approved institution with national standards and what is the core education in terms of residency, post-graduate education and continuing education courses?
- Experience: What experience has the practitioner had recently relative to the proposed expansion in scope of practice?
- Level of Supervision: When health care professionals work under supervision, the Board expects the supervisor to be identified in advance and to be skilled in the procedure he/she is supervising. The supervisor must also assume responsibility for delegation of duties.
- Back-up Assistance Available: Before undertaking a scope of practice change, a functional back-up system must be identified in advance, with the availability of review similar to hospital peer review.
- Demonstration of Skill Level: In assessing ability, the Board looks for proficiency demonstrated under supervision, documented by an unbiased third party. There needs to be verified outcomes following an appropriate number of procedures over a given period of time.

Prior to the addition of a diagnostic or therapeutic technique to a health practitioner's scope of practice under any jurisdiction, the Board believes that the following questions should be answered in addition to the above outlined standards:

- What is the current standard of practice and is the skill being added appropriate to the professional background?
- What background is sufficient to prepare the professional to perform a given procedure safely?
- Does the individual have adequate experience to understand appropriate indications and handling of complications?

The citizens of Oregon expect and deserve the same high quality care for the same medical service rendered irrespective of the background, training, skill and knowledge of the health care provider. It is on this basis that the Oregon Medical Board carefully reviews questions of expanded scope of practice for health care providers.

- Adopted July 1999

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Daoud

Subject: Statement of Philosophy Review: Pain Management

MEMORANDUM

TO: Administrative Affairs Committee, Oregon Medical Board
SUBJECT: Pain Management Statement of Philosophy Review
DATE: May 12, 2026

The Board's Pain Management Statement of Philosophy was updated in January 2024 following the Centers for Disease Control and Prevention's (CDC) revised guidelines for pain management.

Recently, a Board member raised two concerns:

- (1) The final paragraph vaguely references additional resources and experts without providing specific, easily accessible information; and
- (2) The use of the term 'unintended consequence' in the first two paragraphs warrants review for clarity and tone.

Additionally, the CDC no longer posts the linked *Factsheet: CDC Guideline for Prescribing Opioids for Chronic Pain*. Rather the link is redirected to a [CDC webpage on Overdose Prevention](#). Sample edits are provided on the following page.

Does the Administrative Affairs Committee recommend:

- *Gathering additional information? If so, please provide direction to Board staff regarding additional research*
- *Taking no further action and retaining the current Statement?*
- *Amending the Statement? If so, please provide direction to Board staff.*
- **Providing additional resources on the [Board's Prescribing webpage](#)?**
 - [Centers for Disease Control and Prevention's \(CDC\) Overdose Prevention](#)
 - [American Academy of Family Physicians \(AAFP\) Chronic Pain Management Toolkit](#)
 - American Medical Association (AMA):
 - [Pain Management Series \(Module 1-12\)](#)
 - [Pain-management guidance emphasizes individualized patient care](#)

OREGON MEDICAL BOARD

Statement of Philosophy

Pain Management

Decades ago, pain became the fifth vital sign. Clinicians prescribed opiates liberally, aiming to alleviate all pain. But an unintended consequence occurred. Some patients developed dependence and addiction, and people died of overdoses and sedative symbiosis.

As a result, prescribing controlled substances became tightly constrained. ~~As an unintended consequence of this shift away from liberal prescribing, some~~ **In some cases, overcorrected,** **with** patients ~~have been~~ indiscriminately terminated from well-tolerated medical treatments.

On November 3, 2022, the Centers for Disease Control and Prevention (CDC) revised its guidelines for pain management. See: [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) and [Factsheet: CDC Guideline for Prescribing Opioids for Chronic Pain](#).

Oregon Medical Board licensees are advised to read the guidelines and familiarize themselves with the standard of care, specifically the expectation for individualized, shared decision making. Prescribers should conduct a patient-centered evaluation when determining appropriate Morphine Equivalent Dose (MED) limitations for each unique patient. Prescription Drug Monitoring Program (PDMP) checks and detailed counseling conversations with patients – and documentation of these – are still critically important. The risks versus benefits of opioid treatment for chronic pain and frequency of drug screens are to be considered on a case-specific basis. The new guidance makes clear the ongoing assessment and documentation of the benefits of opiates and all controlled substances versus the risks and side effects is still of paramount importance.

Finally, additional resources are available to assist licensees in providing the best patient care available, particularly as it relates to prescribing for chronic pain **(see OMB's Prescribing webpage)**. Experts in the field are readily willing to support and advise other Oregon physicians and physician associates in working to meet the needs of patients in our communities.

- Adopted January 1993

- Amended April 1999; July 2004; April 2011; January 2013; April 2016; July 2021; January 4, 2024

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned:

**Subject: Annual Disciplinary and Correction Action Case Consistency
Review**

MEMORANDUM

TO: Oregon Medical Board, Administrative Affairs Committee
SUBJECT: Analyzing Board Actions for Consistency
DATE: June 3, 2026

The Oregon Secretary of State's audit recommended the Oregon Medical Board use complaint data to conduct regular, systematic case reviews to monitor and ensure consistency. The attached report represents a draft of the first review Analyzing Board Actions for Consistency.

During the 2024–2025 Disciplinary Guidelines Workgroup meetings, members expressed interest in reconvening to review this data and analysis.

Does the Administrative Affairs Committee recommend:

- **Any revisions to the report?**

- **Reconvening the Workgroup to review the data and analysis?**



Oregon Medical Board Analyzing Board Actions for Consistency

DRAFT June 3, 2026

Executive Summary

The Oregon Medical Board is committed to fair and consistent case outcomes. Discipline must be proportionate to the severity of each violation, considering aggravating and mitigating factors. Similar violations under similar circumstances should produce similar outcomes, and any departure from established patterns must be justified.

The Board adopted [OMB Disciplinary Guidelines](#) in April 2025 and will conduct an annual review of case resolutions to evaluate whether the outcomes are within the guidelines. Consistent outcomes and a transparent review process uphold the trust of licensees and the public.

This is the first annual analysis of Board Actions. A review of the 24 Board actions issued between July 2025 and April 2026 (4 Corrective Action Agreements, 20 Stipulated Orders, and no Final Orders) found case outcomes to be consistent with the OMB Disciplinary Guidelines. Every case was resolved with the correct action type based on the facts and aggravating and mitigating factors. Outcomes that include license relinquishment are not limited to Board-ordered revocations; they include voluntary retirements, surrenders, and application withdrawals made while under investigation.

This first annual review identified two needed clarifications to the Disciplinary Guidelines regarding prior Corrective Action Agreements and impairment while practicing medicine.

Background

In April 2023, the Oregon Secretary of State opened an audit of the Board's [disciplinary process](#) to assess the consistency of its decisions. The findings were released in January 2024 in, [To Protect Patients and Maintain Public Trust, the Oregon Medical Board Should Further its Efforts to Address the Risk of Inequitable Disciplinary Decisions](#). The report set out recommendations to implement sanctioning guidelines, categorize cases, develop a written procedure, and conduct reviews of past cases to establish ongoing analysis of consistency in Board actions.

Implement Sanctioning Guidelines. OMB staff reviewed investigative guidance from peer state medical boards and other organizations. The Board also hired a graduate intern in biostatistics to conduct a five-year retrospective review of investigative case outcomes. Drawing on this work, staff drafted an initial guidelines document. In August 2024, the Board convened a workgroup that included licensee attorneys, patient-safety advocates, professional associations, members of the public, and Board members. The workgroup held public meetings to refine the draft, and its recommendations were reviewed by the Administrative Affairs Committee and the full Board throughout the process. The [OMB Disciplinary Guidelines](#) were adopted on April 3, 2025.

Categorize Cases. Staff created a statutory violation field in the agency's database that is populated by the Executive Director, in consultation with the Assistant Attorney General and the Investigations Manager, and allows designation of a primary and secondary statutory violation. Data collection began with Board actions taken at the meeting on July 10, 2025.

Develop Written Procedure. Board staff developed a [written procedure](#) for analyzing disciplinary decisions for equity and consistency, effective January 1, 2026.

Conduct Review of Past Cases. Applying the written procedure, the analysis below covers Board action decisions over a one-year period from Board meetings held between July 2025 and April 2026.

Prior Case Analysis

Categorization of Actions and Violations

Between July 2025 and April 2026 and the Board issued 24 actions: 4 Corrective Action Agreements, 20 Stipulated Orders, and 0 Final Orders.

The following Primary and Secondary violations gave rise to the 24 actions:

Statutory Violation	#1	#2
677.190(13)(b): Repeated Negligence	7	4
677.190(17)(c): Violation of Board Order	4	1
677.190(13)(a): Gross Negligence	2	2
677.190(24): Prescribing Controlled Substances w/o Accepted Medical Purpose	2	0
677.190(7): Impairment	2	1
677.190(1)(a), 677.188(4)(a)(i): Unethical Conduct	1	2
677.190(1)(a), 677.188(4)(a)(ii): Conduct Danger to the Health or Safety of Public	1	2
677.190(1)(a), 677.188(4)(a)(iii): Impairing Condition	1	0
677.190(1)(a), 847-010-0073(3)(b)(F)(ii): Sexual Misconduct/Impropriety	1	1
677.190(17)(a): Violation of Statute	1	0
677.190(6): Conviction of an Offense Punishable by Incarceration	1	0
677.190(8): Fraud or Misrepresentation in Procuring Licensure	1	1
677.190(17)(b): Violation of Board Rule	0	1
677.100(1)(c): Failure to Meet the Qualifications for a License	0	1

Consistency of Outcomes – Type of Action

The four Corrective Action Agreements mostly met the Disciplinary Guidelines' eight criteria for non-disciplinary, remedial agreements. One outlier was a Corrective Action Agreement issued to a licensee who had a prior Corrective Action Agreement for a similar violation more than seventeen years ago. The Disciplinary Guidelines do not specify a time limit on prior Board actions for the same/similar concerns.

All of the 20 Stipulated Orders were appropriately resolved with disciplinary action. None of the Stipulated Orders met the eight criteria for resolution by a Corrective Action Agreement. In addition, eight of the cases reviewed included violations of sexual misconduct, criminal activity, non-compliance (with Board orders, investigations, or interviews), or failure to qualify for licensure; all eight were resolved with a Stipulated Order in keeping with the Disciplinary

Guidelines which state that these violations may only be resolved with disciplinary action (not remediation).

Consistency of Outcomes – Terms

The terms of each Agreement or Order were consistent with the terms outlined in the Disciplinary Guidelines.

The four Corrective Action Agreements all required educational coursework; three also required the licensee to engage in formal mentorship or general collegial support. If the facts of the case involved prescribing, the Corrective Action Agreement also required adherence to the Centers for Disease Control and Prevention (CDC) Guidelines or no-notice chart audits by the Board.

Of the 20 Stipulated Orders, 15 (75%) resulted in the licensee relinquishing their license or an applicant not being granted a license. Under the OMB Disciplinary Guidelines, many of these cases could have been resolved with less severe outcomes, such as suspension, probation, practice limitations, or civil penalties. In each instance, however, the licensee or applicant chose to end the investigation by indicating they preferred to retire or surrender their license while under investigation. Conversely, no case appeared to receive a less severe outcome than the facts warranted.

The remaining five Stipulated Orders, in which the licensee continued to practice, all fell within the OMB Disciplinary Guidelines for appropriate discipline.

- Two Orders required participation in the Health Professionals' Services Program (HPSP), a monitoring program designed to ensure safe practice for those with impairing substance use or mental health conditions, based on a finding of impairment while practicing medicine.
- Two Orders imposed \$10,000 civil penalties and a structured educational plan for findings of repeated acts of negligence in the practice of medicine
- One Order imposed a \$5,000 civil penalty and reprimand for violating the statutory prohibition on contacting the complainant in an investigation.

Analysis of Deviations

Across the 24 cases, the Board did not deviate from the outcomes provided by the OMB Disciplinary Guidelines. As noted above, in 15 Stipulated Orders where the licensee no longer practices or, in the case of an applicant, was not granted a license, the outcome may have been more severe than the Guidelines alone would have indicated. In each of these cases, the file includes documentation that the licensee chose to retire or surrender their license, or to withdraw an application, while under investigation. These outcomes therefore reflect the licensee's own decision to exit practice rather than a Board-imposed sanction beyond what the Guidelines provide.

Consistency of Applying Aggravating and Mitigating Factors

To assess consistency, each of the 24 case files was reviewed against the aggravating and mitigating factors described in the Disciplinary Guidelines. For every case, staff identified which factors were documented in the order or in the supporting record and compared their application across cases with similar underlying violations. Across all cases, the aggravating and mitigating factors were applied consistently, and no instance was identified in which a comparable fact pattern produced a materially different outcome.

Recommended Revisions to the Disciplinary Guidelines

Two clarifications to the Disciplinary Guidelines are recommended:

1. **Prior Corrective Action Agreements.** Clarify if there is a time limit for prior Corrective Action Agreements to disqualify a licensee from resolving a new matter through a Corrective Action Agreement.
2. **Impairment While Practicing.** Clarify that when a licensee was impaired while practicing medicine, the matter must be resolved through a Stipulated Order rather than a Corrective Action Agreement, because disciplinary action is required.
3. **Unlicensed Practice of Medicine.** Although not at issue in the current set of cases reviewed, the Guidelines do not include a reference to the unlicensed practice of medicine.

Prior Case Data

Corrective Action Agreements	Agreement Outcome	Corrective Action Agreement Criteria							
		Minor Violation	Not Long-term Pattern of Substandard Practice	No Prior Board Actions	Can be Corrected through Remediation	Not Malicious	Resolution does not Restrict Licensee's Practice	No Reprimand or Fine for Unethical or Inappropriate Conduct	Not Sexual Misconduct
1. Prescribing controlled substances/Repeated Negligence	Educational Courses, Mentor, Adopt CDC Guidelines	✓	✓	Prior CAA Closed in 2008	✓	✓	✓	✓	✓
2. Prescribing controlled substances/Repeated Negligence.	Educational Courses, Mentor, No Notice Adults	✓	✓	✓	✓	✓	✓	✓	✓
3. Repeated Negligence	Educational Courses	✓	✓	✓	✓	✓	✓	✓	✓
4. Gross/Repeated Negligence	Educational Courses, Collegial Supports	✓	✓	✓	✓	✓	✓	✓	✓

Stipulated Orders Primary & Secondary Violations	Order Terms	Not CAA Reason	Aggravating/Mitigating Factors
5. 677.190(13) Repeated Negligence	\$10,000 fine, CPEP education, Preceptor	Consistent pattern of substandard practice	Mental health provider whose documentation practices consistently lacked information on medical decision making or treatment plans; conduct posed potential danger to the health and safety of patients including the prescribing or psychiatric medications that may be contraindicated; vulnerable patients. No prior history of discipline; no indication of malice.
6. 677.190(13) Repeated Negligence, 677.190(13) Gross Negligence	\$10,000 fine, CPEP education	Prior Board Action	Prior Stipulated Order; actual or potential harm to patients; disregard for patient wellbeing; practicing outside the scope of training and specialty; pattern of negligent medical decision making and inadequate follow-up care for complications.
7. 677.190(13) Repeated Negligence, 677.190(1)(a) Conduct which does or might pose a Danger to Health or Safety of Patients and Public	Surrender, never reapply	Consistent pattern of substandard practice	Vulnerable patient population; disregard for patient wellbeing, including inability to justify the care provided or psychiatric medications prescribed via telemedicine; indifference to Oregon medical regulation; failure to take accountability; failure to demonstrate competency to practice medicine. Licensee requested to surrender as quickly as possible.
8. 677.190(13) Repeated Negligence, 677.190(17) Violation of statute (informed consent)	Retire under investigation	Prior Board Action	Licensee has extensive experience in the practice of medicine; requested to retire; already retired and has no intention of returning to practice. No evidence of malice; Licensee demonstrated accountability.

Stipulated Orders Primary & Secondary Violations	Order Terms	Not CAA Reason	Aggravating/Mitigating Factors
9. 677.190(13) Repeated Negligence, 677.190(17) Violation of Board Order	Surrender under investigation	Non-Compliance with Board Order	Violation of current CAA; Licensee requested to surrender under investigation; no intention of returning to practice in Oregon.
10. 677.190(13) Repeated Negligence	Retire under investigation	Licensee request to retire in lieu of the investigation	Licensee has extensive experience in the practice of medicine; requested to retire; did not attempt to renew his OMB license. No evidence of malice; Licensee self-reported to the OMB.
11. 677.190(17) Violation of Board Order	Revocation; never reapply	Non-Compliance with Board Order	Licensee had extensive experience in the practice of medicine; placed in a position of power and authority over other physicians; exploited the power differential over trainees; failed to cooperate with the investigation and refused to participate in a Board-ordered evaluation.
12. 677.190(17) Violation of Board Order	Surrender under investigation; demonstrate competency, monitoring program, and re-entry plan to reapply	Non-Compliance with Board Order	Noncompliance with prior Board Order; Licensee request to surrender under investigation.
13. 677.190(17) Violation of Board Order, 677.190(1)(a) Conduct or Practice which does or might pose a Danger to Health or Safety of Patients or Public	Retire under investigation, agree to never reapply	Non-Compliance w/ Board Order	Noncompliance with prior Board Order; pattern of behavior; Licensee request to retire under investigation.
14. 677.190(17) Violation of Board Order	Retire under investigation	Non-Compliance w/ Board Order	Prior Board Order (2016); Licensee's personal factors include a possible medical condition.
15. 677.190(13) Gross Negligence, 677.190(1)(a) Conduct Contrary to Recognized Standards of Ethics	Retire under investigation, agree to never reapply, reprimand	Sexual Misconduct Vulnerable patient	Repeated acts of gross negligence, sexually coded communications, inappropriate boundaries, vulnerable patient, pattern of similar conduct.
16. 677.190(7) Impairment, 677.190(1)(a) Conduct Which Does/Might Impair Practice	HPSP Enrollment	Impairment in practice	No prior history of discipline; evidence of remorse and accountability.

Stipulated Orders Primary & Secondary Violations	Order Terms	Not CAA Reason	Aggravating/Mitigating Factors
17. 677.190(7) Impairment, 677.190(1)(a) Conduct Which Does/Might Impair Practice	HPSP Enrollment, reprimand	Impairment in practice	No prior history of discipline; evidence of resistance or defensiveness.
18. 677.190(1)(a) Conduct Contrary to Recognized Standards of Ethics, 677.190(13) Repeated Negligence	Revocation, \$10,000 fine	Prior Board Action Sexual Misconduct	Prior Board action for similar conduct; multiple investigations resolved with one order; Licensee's personal factors include fitness to practice.
19. 677.190(1)(a) Conduct Dangerous to Health or Safety	Agree to not renew or reapply	Prior Board Action	Prior discipline; request to never practice in Oregon again.
20. 677.190(1)(a) Conduct which Does or Might Impair Practice, 677.190(24) Inappropriate Prescribing	Surrender under investigation	Request to surrender	No prior history of discipline.
21. 677.190(1)(a) Sexual Misconduct	Retire under investigation	Sexual Misconduct	No prior history of discipline.
22. 677.190(17) Violation of ORS 677.320, 677.190(17) Violation of OAR 847-001-0024	Reprimand, \$5,000 fine	Prior Board Action	Prior discipline; willfulness of actions.
23. 677.190(6) Conviction of an Offense Punishable by Incarceration, 677.190(24) Inappropriate Prescribing	Surrender under investigation	Criminal Activity	Multiple felony convictions with a nexus to the practice of medicine; failure to self-report under ORS 676.150(3). No prior history of discipline.
24. 677.190(8) Fraud or Misrepresentation in Procuring Licensure, 677.100(1)(c) Failure to Qualify for Licensure	Withdraw in Lieu of Denial	Failure to Qualify for Licensure	Failed to disclose a malpractice claim on application; declined the offer to withdraw the application; denied accountability. Agreed to withdraw under investigation without requesting a contested case hearing.

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Discussion Item

Member Assigned: Blasi

Subject: Agency Strategic Plan

Review Item Will Come Under Separate Cover

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Informational Item

Member Assigned: Blasi

Subject: Inaugural Oregon-Washington Summit 2026

MEMORANDUM

TO: Members of the Oregon Medical Board
FROM: Nicole Krishnaswami, JD, Executive Director
DATE: May 14, 2026
RE: FSMB Annual Meeting 2026 (April 29 – May 2, 2026)

The Federation of State Medical Boards (FSMB) Annual Meeting 2026 convened in Baltimore from April 29 through May 2 under the theme **“Building Trust, Advancing Regulation”** with approximately 540 attendees. Themes across the program included artificial intelligence (AI), disciplinary transparency, physician wellness and moral injury, and the practice-environment shift toward corporate employment.

OMB Participation

The Oregon Medical Board (OMB) delegation included Chair Sudeep Taksali, Vice Chair Dave Cook, immediate past Chair Jill Shaw, former Chair Erin Cramer, and Executive Director Nicole Krishnaswami.

Award of Merit — Dr. Jill Shaw

Immediate past Chair **Dr. Jill Shaw** received the FSMB *Award of Merit*, presented annually in recognition of an activity or contribution that has positively impacted and strengthened medical regulation and helped enhance public protection.



Election Results — Oregon

- **Erin Cramer, PA-C**, was elected to the FSMB Board of Directors. *Mr. Cramer is the first Oregon Board Member to serve on the FSMB Board of Directors in approximately 37 years.*
- **Jill Shaw, DO**, was elected to the FSMB Nominating Committee.



Poster Presentation: Countertransference Management

Dr. Shaw presented a poster showcasing OMB’s Board Development training topic of *Countertransference Management*, highlighting key points from her Winter 2026 OMB Report article.



Panel Session: “Beyond the Black Box: Transparent Disciplinary Decision-Making”

Ms. Krishnaswami, along with executive directors from Ohio, North Dakota, and Arizona Osteopathic boards, examined how properly crafted disciplinary guidelines can promote consistency, predictability, and defensibility while preserving board discretion and professional judgment in case determinations. Presenters shared experience from four diverse jurisdictions, including development, implementation, and measurable outcomes achieved through standardized approaches. The

session was an opportunity to highlight the incredible work done by the Oregon Medical Board in 2025.

Keynote: “Striking the Right Balance in Right Touch Regulation”

Ms. Krishnaswami moderated the keynote address by **Douglas Bilton** of the UK’s Professional Standards Authority for Health and Social Care (PSA). Mr. Bilton presented the PSA’s “*Right-touch Regulation*” framework (3rd edition), which challenges regulators to adopt laws that are proportionate, consistent, targeted, transparent, accountable, and agile. Regulation should mitigate risk, not stifle progress.

Other Highlights

Keynote: “Regulating Through Change: Leading Medicine Through a Rapidly Evolving Health Care Landscape”

Troyen Brennan, MD, MPH, is Adjunct Professor at the Harvard T.H. Chan School of Public Health and longtime voice on healthcare quality, patient safety, and the corporatization of medicine. He described state medical boards as being asked to regulate medicine through an unusually rapid stretch of change, specifically consolidation and corporate employment of physicians, the integration of AI into clinical workflows, evolving public expectations of transparency and accountability, and a workforce navigating both burnout and shifting practice models.

Keynote: “Sequencing a Life in Science: A Conversation with Francis Collins, MD, PhD”

Francis Collins, MD, PhD, is former Director of the National Institutes of Health and former leader of the Human Genome Project. His career has spanned foundational genomics research, more than a decade of NIH leadership through the COVID-19 pandemic, and sustained advocacy for science, public trust, and ethical practice. He invited regulators to consider their role in upholding public trust in an era of accelerating science in a way that ensures evidence-based standards and models integrity, humility, and clear communication. He also discussed the intersection of spirituality and science.

State Medical Board of Ohio Quality Assurance Program

The Ohio board presented a “second look” process for quality assurance of complaint closure decisions.

Early Findings: Required Sexual Misconduct CME

The Alabama and Georgia medical boards presented early data showing patterns in sexual-misconduct case counts before, during, and after mandating that all licensees obtain training in sexual misconduct.

Trauma-Informed Interviewing

The presenter explained the neurobiology of trauma and trauma-informed interviewing techniques to improve evidence gathering and reduce re-traumatization of survivors during board investigations.

Board Members & Executive Directors: Crisis Communications

Presenters provided a damage-control playbook – tell the truth, tell it first, tell it all, tell it fast, tell it to the people who matter most –to manage public outrage in cases with high media interest.

FSMB & FSPHP Joint Session — Strengthening Physician Health Programs

Dr. Michael Baron (President, FSPHP) opened with a story of recovery framing the long arc of the physician health movement since the 1973 “Sick Physician” paper. The companion materials included (1) Dr. Edwin Kim’s 50-state review of PHP confidentiality, emphasizing PHPs’ unique authorization to accept referrals in lieu of board reporting, and (2) results from a 94% response-rate national PHP survey (48/51 voting members) showing PHPs consistently monitor SUDs (100%) and DSM psychiatric disorders (96%), with variable coverage of behavioral concerns (73%), neurocognitive disorders (63%), sexual boundary violations (52%), and burnout (48%).

FSMB Foundation Luncheon — Keeping the Calling: Medicine, Moral Injury and Cultural Change

Lisa Rosenbaum (The New England Journal of Medicine) reframed physician distress as moral injury and challenged regulators and institutions to take on responsibility for cultural change.

Rapid Growth, Real Risks: Medical Spas and Psychedelic Therapies

Georgia Medical Board representatives detailed how IV hydration, GLP-1 prescribing, ketamine, and psychedelic-assisted therapy blur the lines between medical practice, wellness, and consumer services, outpacing existing frameworks. The FSMB Workgroup on Trends in Prescribing & Dispensing (formed May 2025) is evaluating each of these areas.

The Changing Medical Practice Environment (CPOM)

The FSMB Ethics and Professionalism Committee’s report on physician collective bargaining and unionization includes the OMB’s 2025 experience. The report proposes three principles: maintain licensing standards, avoid intervening in negotiations, and focus on patient access and safety.

Algorithms in the Exam Room: Medical Regulation in the Age of AI

Panelists discussed Utah’s new law allowing AI to independently diagnose, treat, and prescribe without human oversight or involvement.

2027 FSMB Annual Meeting – Oklahoma City, Oklahoma

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Informational Item

Member Assigned: Blasi

Subject: Inaugural Oregon-Washington Summit 2026

MEMORANDUM

TO: Members of the Oregon Medical Board
FROM: Nicole Krishnaswami, JD, Executive Director
DATE: May 14, 2026
RE: Inaugural Oregon-Washington Summit (April 3, 2026)

On April 3, 2026, the Oregon Medical Board (OMB), the Washington Medical Commission (WMC), and the Washington Board of Osteopathic Medicine and Surgery (WBOMS) met in Portland, with support from the Federation of State Medical Boards (FSMB). Roughly forty board members, commissioners, and key staff spent the day building relationships and learning how each board approaches its core regulatory work.

[Pictured left-to-right: James Chaney, WBOMS ED; Nicole Krishnaswami, OMB ED; Sudeep Taksali, MD, OMB Chair; Terry Murphy, MD, WMC Chair; Yuri Tsirulnikov, DO, WBOMS Chair; Kyle Karinen, WMC ED]



Key outcomes

The summit met its core objective of building collegial relationships across state lines while developing a shared understanding of each board’s regulatory framework. Post-summit survey results were strong: 80% of respondents rated the meeting “excellent,” 100% reported a better understanding of how the three boards compare, and 83% said they made new professional connections or strengthened existing ones. Participants endorsed the case-based, discussion-heavy format and expressed clear interest in continuing to meet and collaborate.

Cross-state themes

Several differences sparked rich discussion: how each board handles out-of-state discipline (Washington tends to mirror the originating state’s order; Oregon typically conducts an independent review), differences between HPSP and the Washington wellness programs, and varying approaches to sexual misconduct cases. Shared challenges also surfaced, including the isolation that confidentiality imposes on board members, the emotional weight of sanction decisions, and a desire for more consistent tracking of disciplinary outcomes.

Notable discussions

Attendees worked through sample case scenarios – initial licensure with prior multistate discipline, telehealth and standard-of-care, and physician-patient boundary cases – which gave participants a tangible look at how each jurisdiction would move a case forward. The midday Resilience in Regulation session drew mixed feedback but prompted candid conversation about the personal toll of board service.



Next steps

Participants identified concrete follow-up actions, including:

- Collaborating on priority topics (ketamine prescribing, telehealth and online prescribing platforms, sexual misconduct sanctions, and physician health programs);
- Sharing written summaries of summit content with members who were unable to attend;
- Maintaining executive director-level coordination among OMB, WMC, and WBOMS; and
- Planning a second summit. Most respondents favored an annual or biennial cadence, with Washington as a likely next host.

OMB staff will keep the Board updated as we prioritize next steps in collaboration with our Washington colleagues. Sincere thanks to the members and staff who made this inaugural summit a success.

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Informational Item

Member Assigned: Parrish

Subject: Secretary of State Audit Recommendations Update

MEMORANDUM

TO: Oregon Medical Board, Administrative Affairs Committee
SUBJECT: OMB Audit Recommendations Update
DATE: May 20, 2026

In January 2024, the Oregon Secretary of State published an audit of the Oregon Medical Board with four recommendations. Below is a summary of OMB’s ongoing work.

Recommendation 1 Implement sanctioning guidelines and/or a sanction matrix to help reduce the risk of inconsistent and inequitable case decisions.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Implemented April 3, 2025	Nicole Krishnaswami 971-673-2700

OMB staff reviewed investigative guidance from fellow state boards and organizations. Additionally, the Board hired an intern studying for a masters in biostatistics to conduct a five-year retrospective review of the OMB's investigative case outcomes. Through these efforts, Board staff drafted an initial guidelines document.

In August 2024, the Board convened a workgroup of licensee-representing attorneys, advocates for patient safety, professional associations, members of the public, and OMB members. The workgroup held public meetings to refine the guidelines. The Workgroup's recommendations were reviewed by the OMB's Administrative Affairs Committee, as well as all members of the Board, throughout the process. The [OMB Disciplinary Guidelines](#) were adopted by the Board on April 3, 2025, and are posted online and provide below.

Recommendation 2 Add the ability to categorize cases by primary or most serious complaint type, or another effective categorization system, to the agency’s forthcoming new data system.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Implemented July 1, 2025	Nicole Krishnaswami 971-673-2700

Upon review, the OMB’s current database captures “complaint category” when a complaint is *received*. This is not adequate for analyzing the equity and consistency of disciplinary *outcomes*. Staff reworked an existing statutory violation field to meet this need. The field will be populated by the Executive Director in consultation with the Assistant Attorney General and Investigations Manager during the order drafting process. The field will allow designation of a primary and secondary statutory violation for the order. OMB started collecting data for Board Actions taken at the July 10, 2025, Board meeting.

Recommendation 3		
Use complaint data to conduct regular, systematic reviews of past cases to help monitor for and ensure equity and consistency.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Implemented July 1, 2026	Nicole Krishnaswami 971-673-2700

Board staff drafted the first analysis reviewing Board Actions for consistency. Staff will share the draft report with the Board's Administrative Affairs Committee on June 10, 2026, and with the full Oregon Medical Board on July 2, 2026.

The Board may seek public comments and reconvene the Disciplinary Guidelines Workgroup to consider feedback and make recommendations. An updated draft will be reviewed by the Administrative Affairs Committee on September 9, 2026, and the Board on October 1, 2026, for consideration and possible approval.

Recommendation 4		
Develop and implement written policies and procedures for analyzing board disciplinary decisions for equity and consistency.		
Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	Implemented January 1, 2026	Nicole Krishnaswami 971-673-2700

Board staff developed a written procedure to analyzing Board disciplinary decisions for equity and consistency.

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**



Informational Item

Member Assigned: Daoud

Subject: 2025 Legislative Implementation Update

MEMORANDUM






TO: Oregon Medical Board, Administrative Affairs Committee
SUBJECT: 2025 Legislative Session Update & Implementation Plans
DATE: May 20, 2026

Below are bills impacting the Board. Each bill includes a link to the bill (click the bill number), a summary, and implementation plan with a progress status:  Work started or  Complete

HB 5022: OMB Budget Bill

The OMB 2025-27 budget of \$20,743,151 Other Funds with 43 positions. The budget includes a 20% increase to license registration fees on July 1, 2026, and adds a \$25 per year passthrough fee to support the Health Professionals’ Services Program on July 2, 2025. After further review of updated projections, the Board determined the fee increase is not needed until at least March 1, 2028. The rulemaking implements, but delays, this legislatively approved fee increase.

Implementation Plan

Modify IT systems for HPSP fee and train staff	May 2025-June 2025	
HPSP fee rulemaking Board meeting review	Final Review July 10, 2025	
HPSP fee effective	July 10, 2025	
OMB 25-27 Budget	starting July 1, 2025	
License registration fee rulemaking, AAC & Board review	First Review Dec.10, 2025 + Jan. 8, 2026 Final Review June 10 + July 2, 2026	
New registration fees effective	On or after March 1, 2028	

HB 2143: Creating five-needle protocol (5NP) for non-Acupuncturists

Creates a new regulated profession, under the jurisdiction of the OMB, allowing an individual with required training to provide 5NP treatment without a license to practice acupuncture starting March 1, 2026. Allows the Oregon Medical Board to establish by rule:

- Qualifications for 5NP registration, including education and training
- A registry of individuals qualified to provide 5NP
- Sanitation and best practice standards
- A schedule of violations and disciplinary actions
- Any other requirements or standards the board determines necessary

The OMB estimates about 200 technicians would register in the first year with an additional 60 per biennium. The OMB would need to charge a \$148 initial registration fee (including criminal background check) and \$100 renewal fee.

Implementation Plan

Create 5NP webpage	June 2025, omb.oregon.gov/5NP	
OMB staff research and create a draft structure for the program	July 2025	
OMB staff solicit/form workgroup	July 2025	
Newsletter article	Summer 2025 edition	

5NP workgroup reviews and develops recommendations	August 2025	✓
5NP rulemaking Acupuncture Committee & Board meeting reviews	First Review Sept. 12* + Oct. 2, 2025 Final Review Dec. 5, 2025 + Jan. 8, 2026 *Extra Acupuncture Committee meeting	✓
Letter to Oregon Tribes	January 29, 2026	✓
Fee adoption process	Through rulemaking and utilize DAS process	✍
Create database/IT systems, develop internal procedures, materials/forms, and train staff	October 2025-February 2026	✓
Start accepting applications	March 2, 2026 (first business day of March)	✓
Newsletter article	Summer 2026 edition, ongoing	✍
Add 5NP to Annual Report	Winter 2027	
Collect data and report on 5NP	Ongoing, Annual Reports	

SB 476: Internationally Educated Limited License and Workforce Grant

Requires licensing board staff who interact with internationally educated individuals to receive culturally responsive training. By July 1, 2026, licensing boards must develop and post guidance regarding pathways to licensure for internationally educated individuals. The bill also makes updates for Canadian Medical School accreditation effective January 1, 2026. Lastly, the bill creates a provisional license for internationally educated physicians starting January 1, 2027, and every odd-numbered year the OMB must report to the Legislature on the program.

Implementation Plan for Staff Training & Website




Board staff receive culturally responsive training	Once trainings are approved by the Office of Immigrant and Refugee Advancement	
Update website on pathways to licensure for internationally educated individuals.	Prior to July 1, 2026	✓

Implementation Plan for Updates to Canadian Medical School Accreditation

847-020-0120 rulemaking AAC & Board meeting reviews	First Review Sept. 10 + Oct, 2, 2025 Final Review Dec. 10, 2025 + Jan. 8, 2026	✓
Update website and materials	January 8, 2026	✓

Implementation Plan for Internationally Trained Physicians Provisional Licensure


Create Internationally Trained Physicians Webpage	Summer 2025, updates ongoing, omb.oregon.gov/ITP	✓
Newsletter article	Fall 2025	✓
OMB staff research and create a draft structure for the program	Fall 2025	✓
OMB staff solicit and form ITP workgroup	December 2025	✓
ITP workgroup reviews and develops recommendations	January-May 2026	✓
Newsletter article	Winter 2026	✓

ITP rulemaking AAC & Board reviews	First Review June + July 2026 Final Review September + October 2026	
Fee adoption process	Through rulemaking and utilize DAS process	
Create database/IT systems, develop internal procedures, materials/forms, train staff	August-December 2026	
Newsletter article	Fall 2026, and ongoing as needed	
Start accepting applications	January 1, 2027	
Report to Legislature on program	By February 1, 2027, and every odd year	

HB 3211: Nonopioid Directive Form

Requires the Oregon Health Authority to develop and make available a nonopioid directive form indicating to health care providers and emergency medical services personnel that a person should not be administered or offered an opioid effective January 1, 2026.

Implementation Plan



Update OMB website	January 2026	
Newsletter Article	Once OHA Develops Form	

Bills with OMB Implementation Complete

SB 873: Repealing Unused Volunteer Emeritus License

Repeals ORS 677.120 to remove unneeded regulations because no out-of-state physicians held a Volunteer Emeritus license. Instead, HB 4096 (2022) created an authorization for out-of-state physicians to practice in Oregon for up to 30 days each calendar year. Effective January 1, 2026.


Implementation Plan

Division 23 Repeal Rulemaking AAC & Board meeting reviews	First Review Sept. 10 + Oct. 2, 2025 Final Review Dec. 10, 2025 + Jan. 8, 2026	
Update OMB website	January 2026	

SB 874: Defining Traditional Eastern medicine within the Medical Practice Act

Adds a definition for “Traditional Eastern medicine” to provide cohesion and clarify the OMB’s authority to regulate acupuncturists. Replaces the term “Oriental” with “Traditional Eastern medicine” throughout ORS chapter 677. The bill also clarifies the definition of "acupuncture" and updates the Oregon Association of Acupuncturists name. SB 874 does not change the scope of practice for acupuncturists in Oregon. Effective January 1, 2026.

Implementation Plan

Division 70 & 847-010-0073 rulemaking, Acupuncture Committee & Board meetings	First Review Sept. 12* + Oct. 2, 2025 Final Review Dec. 5, 2025 + Jan. 8, 2026 *Extra Acupuncture Committee meeting	
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Update materials, forms, and website	January 2026	✓
Newsletter article	Winter 2026 Edition	✓
Communications to partner organizations	March 2026	✓

HB 3043: Health Professionals’ Services Updates

Adds criteria to the initial evaluation process, updates definitions for direct supervisor and diversion agreements, and authorizes boards to define substantial noncompliance with the program. The bill allows boards to impose an additional \$25/year fee on licensees as a passthrough-fee rather than a board paying for this program from registration fees. Effective January 1, 2026.

Implementation Plan

HPSP updates Rulemaking AAC & Board meeting reviews	First Review Sept. 10 + Oct. 2, 2025 Final Review Dec. 10 + Jan. 8, 2026	✓
Update OMB website	January 2026	✓

HB 3727: Out-of-State Telemedicine Practice

Specifies an Oregon-licensed physician or PA may use telemedicine to engage in the practice of medicine when a patient is temporarily located out of state if they have an established patient-provider relationship. The physician and PA would also be subject to the laws regulating the practice of medicine in the jurisdiction where the patient is located at the time the patient receives health care services. Effective January 1, 2026.

Implementation Plan

Update OMB website	January 2026	✓
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HB 3127: Report of Death

Requires medical certifiers to submit reports of death through the state electronic reporting system (Oregon Vital Events Registration System) by January 1, 2026. Non-electronic submission would no longer be accepted.

Implementation Plan

Update OMB website	October 2026	✓
Newsletter Article	Fall 2025	✓

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Informational Item

Member Assigned: Esquivel

Subject: 2027 Legislative Concept Development Update

MEMORANDUM

TO: Oregon Medical Board
SUBJECT: Potential 2027 Legislative Concepts Update
DATE: May 22, 2026

The Oregon Medical Board staff requested two 2027 legislative concepts. Please see timeline below and note the Governor's Office must approve any initiative before the Board may proceed.

1. Authority Over the Unlicensed Practice of Medicine

Currently, the Oregon Medical Board's jurisdiction is limited to applicants and current or former licensees. This leaves the Board without authority to act on complaints regarding the unlicensed practice of medicine or acupuncture in Oregon. When unlicensed practice is identified, the Board's only recourse is to refer cases to local law enforcement or seek a civil court injunction. Both options are resource-intensive, slow-moving, and rarely produce timely or definitive outcomes.

Although unlicensed practice is a Class C felony, local law enforcement agencies frequently lack capacity and expertise to pursue these cases effectively. The practical result is that unlicensed individuals often continue practicing and continue putting underinformed Oregonians at risk of harm. Authorizing the Board to sanction unlicensed practice in Oregon would help to close this enforcement gap.

The concept would amend ORS 677.190, 677.205, and ORS 677.990 to authorize the Oregon Medical Board to sanction/fine individuals who practice medicine or acupuncture without a license. This amendment would align the Board's enforcement tools with those of other health regulatory boards and provide the Board with a faster, more effective tool to protect the public. The Board does not expect many cases and anticipates the additional workload can be absorbed within existing resources.

This concept will likely be approved with conditions. Specifically, the OMB must further explain to the Chief Financial Office that we do not anticipate this to be a revenue source because:

- Civil penalty authority is \$10,000,
- Only a small number of unlicensed practice cases are investigated each year, and
- Civil penalties are often uncollectable.

2. Retaining Account Interest

Currently, interest earned on OMB's revenue is transferred to the General Fund because OMB's statute lacks the language necessary for OMB to retain its earned interest. **This concept will not move forward** but may start future conversations to stave off fee increases and could potentially fund programs such as the Oregon Wellness Program.

Legislative Concept Development Schedule – 2027 Session

March 2026	2027-2029 Kick Off Meeting
February-April 2026	Agencies develop concepts
April 2026	Agencies submit concepts to Department of Administrative (DAS) Services via BillTracker
April-May 2026	CFO analysts, Governor’s Office Advisors review concepts for policy and fiscal issues
May 2026	DAS submit approved concepts to Legislative Counsel for drafting
June 2026	Governor’s Office recommends whether or not to move forward on placeholders as well as continue to make approval decisions on active Legislative Concepts
July-October 2026	Legislative Counsel drafts bills October 2026
October 2026	Legislative Counsel stops drafting on agency concepts
October 2026	Final concepts, with fiscal impact statements (FIS) and one pagers, due to DAS via BillTracker
November 2026	Governor’s Office does final Legislative Concept review
December 2026	LAST DAY to pre-session file bills for 2027 Legislative Session. DAS will pre-session file all agency concepts on behalf of Governor’s Office

**ADMINISTRATIVE AFFAIRS COMMITTEE
JUNE 10, 2026
VIDEOCONFERENCE**

Informational Item

Member Assigned: Blasi

Subject: New Licensure Count

Initial Licensure Count

February 20 - May 26

