Oregon Medical Board

BOARD ACTION REPORT

June 15, 2018

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between May 16, 2018, and June 15, 2018.

Scanned copies of Interim Stipulated Orders, Orders of Emergency Suspension, Stipulated Orders, Final Orders, Termination Orders, Modification Orders and Voluntary Limitations are included at the end of this report in the order that they appear in the report. These orders are marked with an * asterisk. **Scanned copies of Consent Agreements are not posted, as they are not disciplinary action and impose no practice limitations**. Complaint and Notices of Proposed Disciplinary Action are not listed in this report, as they are not final actions by the Board. Both Orders, however, are public and are available upon request.

Printed copies of the Board Orders not provided with this report are available to the public. To obtain a printed copy of a Board Order not provided in this report, please complete the License Verification and Malpractice Report Request (http://www.oregon.gov/OMB/ombforms1/request-licensee-info-verification.pdf) found under the Forms link on the Board's web site. Submit it with the $10.00 fee *per licensee* and mail to:

Oregon Medical Board
1500 SW 1st Ave, Ste 620
Portland, OR 97201

Copies of the Orders listed below are mailed to Oregon hospitals where the Licensee had self-reported that he/she has privileges.

***Brett, Darrell Cameron, MD; MD13550; Portland, OR**
On June 1, 2018, Licensee entered into an Interim Stipulated Order to voluntarily limit his prescribing for acute pre-operative or post-operative pain; refrain from concomitantly prescribing opioids with benzodiazepines, scheduled sleeping medications or muscle relaxants; and access a patient's PDMP record prior to prescribing DEA scheduled medications, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

***Davis, William Edward, DO; DO07432; Klamath Falls, OR**
On June 7, 2018, the Board issued an Order of Emergency Suspension to immediately suspend Licensee's medical license due to the Board's concern for the safety and welfare of Licensee's current and future patients. This Order is in effect until otherwise ordered by the Board.

***Harmon, Elizebeth Rose, MD; MD15582; Salem, OR**
On June 7, 2018, the Board issued an Order of Emergency Suspension to suspend Licensee's medical license effective June 13, 2018, due to the Board's concern for the safety and welfare of Licensee's current and future patients. This Order is in effect until otherwise ordered by the Board.

Ogrizovich, Sarah Elizabeth, LAc; AC185467; Bend, OR
On June 7, 2018, the Board issued an Order Terminating Consent Agreement for Re-Entry to Practice. This Order terminates Licensee's April 2, 2018, Consent Agreement for Re-Entry to Practice.

***Sherer, Kevin Earl, MD; MD156626; Bend, OR**
On June 15, 2018, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

If you have any questions regarding this service, please call the Board at (971) 673-2700 or toll-free within Oregon at (877) 254-6263.

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of DARRELL CAMERON BRETT, MD LICENSE NO. MD13550	)))))	INTERIM STIPULATED ORDER

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Darrell Cameron Brett, MD (Licensee) is a licensed physician in the state of Oregon and holds an active medical license.

2.

The Board received credible information regarding Licensee that resulted in the Board initiating an investigation. The results of the Board's investigation to date have raised concerns to the extent that the Board believes it necessary that Licensee agree to certain terms until the investigation is completed.

3.

In order to address the Board's concerns, Licensee and the Board agree to the entry of this Interim Stipulated Order, which is not an admission of any wrongdoing on the part of the Licensee, and will remain in effect while this matter is under investigation, and provides that Licensee shall comply with the following conditions:

3.1 Licensee must limit his prescribing for acute pre-operative or post-operative pain to a total of no more than 30 days, and with a maximum morphine equivalent dose (MED) of 50.

3.2 Licensee must not concomitantly prescribe opioids with benzodiazepines, DEA scheduled sleeping medications, or muscle relaxants.

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3.3 Licensee must access the PDMP record for any patient prior to prescribing DEA scheduled medications. The PDMP check must be documented in the patient chart.

3.4 Licensee understands that violating any term of this Order will be grounds for disciplinary action under ORS 677.190(17).

3.5 Licensee understands this Order becomes effective the date he signs it.

4.

At the conclusion of the Board's investigation, the Board will decide whether to close the case or to proceed to some form of disciplinary action. If the Board determines, following that review, not to lift the requirements of this Order, Licensee may request a hearing to contest that decision.

5.

This order is issued by the Board pursuant to ORS 677.410, which grants the Board the authority to attach conditions to the license of Licensee to practice medicine. These conditions will remain in effect while the Board conducts a complete investigation in order to fully inform itself with respect to the conduct of Licensee. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure, nor shall they be admissible as evidence in any judicial proceeding. However, as a stipulation this Order is a public document and is reportable to the National Databank and the Federation of State Medical Boards.

IT IS SO STIPULATED THIS 1 day of June, 2018.

[redacted]

DARRELL CAMERON BRETT, MD

IT IS SO ORDERED THIS 4th day of June, 2018.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

KATHLEEN HALEY, JD
EXECUTIVE DIRECTOR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of	)	
	)	
WILLIAM EDWARD DAVIS, DO	)	ORDER OF EMERGENCY
LICENSE NO. DO07432	)	SUSPENSION
	)	

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including osteopathic physicians, in the State of Oregon. William Edward Davis, DO (Licensee) is a licensed osteopathic physician in the State of Oregon.

2.

The acts and conduct that support this Order for Emergency Suspension follow:

2.1 Licensee is a psychiatrist practicing medicine in Klamath Falls, Oregon. Licensee prescribed alprazolam (Xanax, Schedule IV) 1mg, #120 tablets every 30 days for Patient A, a 57-year-old female, over the course of several years, for depression and anger. Patient A became addicted, requiring inpatient treatment. Although Licensee informed Patient A that he had fears that she may be dependent on the medication, he continued to prescribe Xanax for her and did not refer her for treatment or consultation. Licensee's treatment of Patient A with a high dosage of Xanax exposed Patient A to the risk of harm and he failed to address her symptoms of drug dependence, which adversely affected her health and the well-being of her immediate family. Licensee's conduct violated ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), unprofessional or dishonorable conduct and ORS 677.190(24), prescribing a controlled substance without a legitimate medical purpose, or without following accepted procedures for examination of patients or without following accepted procedures for record keeping.

2.2 A review of Licensee's prescribing practices for the calendar year 2017 revealed that Licensee was prescribing high doses of benzodiazepines to multiple patients, exposing them to the risk of harm.

2.3 The Board has attempted to contact Licensee on multiple occasions by letter, email, and phone, however Licensee has failed to respond to any of these attempts. Between December 13, 2017, and May 14, 2018, seven separate notices of investigation with requests for a response were mailed to Licensee at his home and practice addresses of record. Correspondences sent on February 22, 2018, and May 14, 2018, were sent by certified mail; delivery confirmations were received for each of these mailings. The May 14, 2018, request stated in part, "An additional copy of the referenced notice of investigation has been enclosed with this letter, which has a response deadline of May 28, 2018. If you fail to respond by this date, the Oregon Medical Board will suspend your license to practice medicine in the state of Oregon." Licensee signed a delivery confirmation for this letter, but failed to respond to the Board. Several phone messages were left with a female who stated she was Licensee's wife, requesting that Licensee call the Board as soon as possible; Licensee never returned the calls. Several email communications were also met with no response. Licensee is required to cooperate with a Board investigation. His repeated failure to do so violates ORS 677.190(17) and OAR 847-001-0024.

3.

The Board has determined from the evidence available at this time that Licensee's continued practice of medicine would pose an immediate danger to the public and to his patients. The Board has attempted to contact Licensee at the address he provided to the Board. Licensee has failed to respond to the Board's investigative letters. Therefore, it is necessary to immediately suspend his license to practice medicine. To do otherwise would subject Licensee's patients to the risk of harm while this case remains under investigation.

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4.

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee may be represented by legal counsel at a hearing. If Licensee desires a hearing, the Board must receive Licensee's written request for hearing within ninety (90) days from the date the mailing of this Notice to Licensee, pursuant to ORS 183.430(2). Upon receipt of a request for a hearing, the Board will notify Licensee of the time and place of the hearing and will hold a hearing as soon as practical.

5.

Pursuant to ORS 677.205(3) and by a majority vote of the Board on June 7, 2018, the Board suspends the license of William Edward Davis, DO, on an emergency basis, effective June 7, 2018, at 5:00 p.m. Pacific Time, at which time Licensee must immediately cease the practice of medicine until otherwise ordered by the Board.

6.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

IT IS SO ORDERED THIS 12th day of June, 2018.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

K. DEAN GUBLER, DO
BOARD CHAIR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of	)	
	)	
ELIZEBETH ROSE HARMON, MD	)	ORDER OF EMERGENCY
LICENSE NO. MD15582	)	SUSPENSION
	)	

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. Elizebeth Rose Harmon, MD (Licensee) is a licensed physician in the State of Oregon.

2.

The acts and conduct that support this Order for Emergency Suspension follow:

2.1 Licensee entered into a Stipulated Order with the Board in July 2017, which imposed terms of discipline and conditions of probation. Licensee subsequently entered into an Interim Stipulated Order (ISO) with the Board in January 2018, providing that Licensee must not perform lipoplasty on any patient.

2.2 Licensee is board certified in obstetrics and gynecology (OBGYN) practicing in Salem, Oregon, where Licensee owns and operates the Bella Rose Medispa, which is co-located with the Salem Women's Clinic. Board investigators went to Licensee's clinic for a site visit in December 2017, where Licensee informed the investigators that she performed minor surgeries, to include lipoplasty, at her clinic. A review of patient medical charts provided by Licensee revealed that at least five patients underwent a lipoplasty procedure in which more than 500 cc of supernatant fat was removed. The Board's Division 017 regulations for Office Based Surgical Facilities require that lipoplasty involving the removal of more than 500 cc of supernatant fat must be performed as a Level II or III surgical procedure. Licensee's clinic was not accredited as a Level II or III office based surgical facility when the surgeries took place, which placed her

patients at serious risk of harm. Licensee's conduct displayed a disregard for board rules that are designed to protect patient safety, and violated ORS 677.190(17) and the Board's Division 017 administrative rules, Office-Based Surgery or Procedures.

2.3 During the site visit in December 2017, Licensee informed the Board investigators that she often performs procedures to insert BioTE testosterone[1] pellets into adult male and female patients to treat certain symptoms, such as "mind fog," fatigue, hot flashes and sexual dysfunction. The Board conducted a review of patient charts (Patients A – J), in which Licensee treated adult male and female patients with BioTe testosterone pellets,[2] and for some patients, treatment with estrogen pellets as well as oral thyroid medication. The Board's review revealed that Licensee is treating pre- and post-menopausal women with testosterone to address non-specific symptoms such as fatigue, "mind fog" and low libido. Licensee also inserts testosterone pellets into men whose testosterone levels tested within the normal range. Licensee's work-up of her patients for this treatment was consistently incomplete. Prior to initiating treatment in male patients, Licensee does not confirm a diagnosis of hypogonadism with lab studies reflecting a consistently low serum testosterone level or perform a prostate or testicular examination. Licensee also failed to consistently conduct follow-up examinations or studies after initiating treatment with high doses of testosterone to check for complications. In some cases, patients had pellets that extruded from the incision site, requiring removal.

2.4 The U. S. Food and Drug Administration (FDA) issued a caution on March 3, 2015, that prescription testosterone products are approved only for men who have low testosterone caused by certain medical conditions.[3] On May 22, 2017, the FDA issued a warning letter to the principal owner and chairman of BioTE Medical, LLC for making false and misleading claims about their products. The Endocrine Society's Clinical Practice Guideline

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[1] Testosterone is a Schedule III controlled substance.

[2] BioTE testosterone pellets are not FDA approved. The pellets are inserted using a small incision, typically in the upper buttocks/hip area under local anesthesia.

[3] The Clinical Practice Guideline published by the Endocrine Society in March 2018 addressing testosterone therapy in men with hypogonadism recommends "...making a diagnosis of hypogonadism only in men with symptoms and signs consistent with testosterone (T) deficiency and unequivocally and consistently low serum T concentrations."

(August 20, 2014) recommends against the general use of testosterone to treat women for infertility, sexual dysfunction (other than hypoactive sexual desire disorder) and other health conditions. Peer reviewed medical literature does not support Licensee's contention that bioidentical hormone therapies are efficacious and safe in the manner that Licensee is using them. In her informed consent form, Licensee lists some side effects associated with female testosterone and/or estradiol insertion, and claims many benefits, to include increased libido, energy and sense of well-being, decreased frequency and severity of migraine headaches, mood swings, anxiety, as well as decreased risk or severity of diabetes, risk of heart disease, and risk of Alzheimer's and dementia. These claims of benefits for a wide spectrum of patients are not supported by peer reviewed controlled studies or a consensus of the medical community. Licensee failed to inform her patients in her consent form of the FDA caution or that BioTE testosterone pellets have not been approved by the FDA. Licensee also failed to inform her patients of the possible increased risk of heart disease, stroke, thrombosis, weight gain; the possibility of long term unknown risks; or for her male patients—that testosterone replacement induces temporary or semi-permanent suppression of spermatogenesis.

2.5 By extolling the benefits of and proceeding with testosterone, estradiol and thyroid treatment without clinical justification, Licensee exposed her patients to the risk of harm without clinical justification, and failed to conform her practice to the fundamental medical principle "to first, do no harm." Licensee's conduct, as revealed in paragraphs 2.3 and 2.4, and in the more detailed descriptions that follow, subjected Patients A – J to the risk of serious harm, and constituted unprofessional or dishonorable conduct, in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), (b), and (c); violated ORS 677.190(9) making statements that Licensee knew, or with the exercise of reasonable care should know, are false and misleading, regarding skill or efficacy or value of the medicine, treatment or remedy prescribed or administered by Licensee; constituted gross or repeated acts of negligence, in violation of ORS 677.190(13); and also violated ORS 677.190(24) prescribing controlled substances without a legitimate medical purpose or prescribing without following accepted procedures for

examination of patients or procedures for record keeping. Specific concerns regarding Licensee's treatment of patients with BioTE testosterone pellets as well as estradiol and thyroid oral medications are set forth below:

a. Patient A, a 34-year-old female, who had a history of a post bilateral tubal ligation, presented to Licensee in March of 2017 with complaints of fatigue, menorrhagia, weight gain and diminished libido. On March 21, 2017, Patient A's thyroid functions were normal; her testosterone level was 17ng/dl and estradiol[4] level 83 pg/ml (within the normal range). On April 10, 2017, Licensee noted no contraindications for testosterone, and Licensee treated Patient A with thyroid, 1 gram per day and testosterone, 175 mg, in 2 pellets. On June 30, 2017, Licensee noted Patient A's estradiol level to be 92.33, her testosterone level 276.4, her FSH[5] to be 1.96 and TSH[6] of 1.76. Licensee increased the thyroid medication from 1 gram to 1.5 grams. Patient A underwent an evaluation for a hysterectomy for continued menorrhagia in January 2018 and received an additional 175 mg of testosterone in 2 pellets. Treatment of this patient with testosterone and thyroid was not medically indicated and exposed Patient A to the risk of harm.

b. Patient D is a 79-year-old female with a history of hypertension, stroke with a retinal artery occlusion, and two stents for coronary atherosclerotic heart disease (CASHD). The patient was taken off estrogen because of her CASHD. She complained of fatigue and hot flashes. Licensee noted fatigue and severe menopause symptoms. Lab studies revealed a normal thyroid function and estrogen levels in the normal range. Nevertheless, on May 25, 2017, Licensee treated Patient D with pellets containing 87.5 mg of testosterone and 10 mg of estrogen. Patient D's estradiol level rose from about 25 to 46 and her testosterone level was 146. Without further lab studies, Licensee gave Patient D a booster dose of 37.5 mg of testosterone and 10 mg of estrogen on July 27, 2017, and an additional dose of 137.5 mg of testosterone and 18.5 mg of estradiol on October 3, 2017. Licensee treated Patient D with another 137.5 mg of testosterone and 10 mg of estradiol on January 2, 2018. Licensee's treatment was not medically indicated

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[4] A form of estrogen.
[5] Follicle-stimulating hormone.
[6] Thyroid stimulating hormone.

and exposed Patient D to the risk of harm, to include the possible increased risk of heart disease, stroke and thrombosis, particularly in view of her advanced age and health history.

c. Patient F, a 40-year-old male with a history of ADHD, Bipolar Disorder, and morbid obesity (BMI 44), presented to Licensee on May 19, 2017, with complaints of fatigue and low libido. Patient F was taking Adderall (Schedule II, amphetamine/dexamphetamine) 80 mg, Latuda (Lurasidone) 120 mg, Lamictal (Lamotrigine) 200 mg, and Propecia (Finasteride) 1 mg. Laboratory studies obtained in January 2017 revealed a normal thyroid function, estradiol 56, a testosterone level of 300 (within normal range), and Prostate Specific Antigen (PSA) 0.19. Licensee did not conduct a genital or prostate examination or order a repeat testosterone test. His blood pressure was 158/98. Licensee treated Patient F with 2400 mg of testosterone in twelve 200 mg BioTE pellets. In August 2017, Patient F's testosterone level was 1080 and estradiol 114. Licensee prescribed an oral BioTE DIM (diindolylmethane) supplement that was said to improve estrogen metabolism. In November 2017, Patient F received a second treatment with 2400 mg of testosterone pellets, with no physical examination or repeat PSA check. Patient F's blood pressure was 140/76 and a BMI of 45.2. Licensee's treatment was not medically indicated and exposed Patient F to the risk of harm.

d. Patient H, a 43-year-old male with a history of sleep apnea, was seen by Licensee on February 13, 2017, complaining of fatigue, mental fog and decreased libido. His testosterone level was tested once, revealing a subnormal level of 144, with a normal PSA level of 1.08 and normal thyroid level. Patient H's hematocrit[7] and pituitary function were not checked. Without ordering a second test, Licensee treated Patient H with 2,000 mg of testosterone in ten pellets. On May 30, 2017, Patient H's testosterone level was 943 with an estradiol level of 46. He received another 2,000 mg of testosterone in pellets. On September 19, 2017, it was necessary to remove an extruding pellet and Patient H's testosterone level was noted to be 594. He was treated with 2,400 mg of testosterone pellets. On December 17, 2017, Patient H received a 600

[7] Testosterone can increase the red cell count. A patient with a co-morbidity such as lung disease could have an adverse reaction if the hematocrit level rises too high.

mg boost of testosterone pellets to replace three pellets which had previously been extruded. On January 15, 2018, Patient H's estradiol level was 45, and his testosterone level was 623. Patient H received another 1,200 mg of testosterone. During the course of treatment, Licensee did not test Patient H's PSA level or conduct testicular or prostate examinations. Licensee's treatment for Patient H was not medically indicated and exposed him to the risk of harm.

e. Patient I, a 74-year-old male, had a family history of prostate cancer and a personal history of hypertension, lung cancer, stroke, and atrial fibrillation, and was maintained on a course of warfarin (Coumadin). Despite this health history, Patient I underwent a lipoplasty procedure in December 2013, in which Licensee removed 2,200 cc of fat. On April 9, 2017, Patient I presented to Licensee with complaints of diminished libido and low energy. Patient I's testosterone level was 282, PSA 2.28 and normal thyroid functions. Licensee did not perform a genital or prostate examination, and treated Patient I with testosterone pellets, 1,500 mg. On June 30, 2017, Patient I's estradiol level was 48 and testosterone level 1447. On August 2, 2017 and December 12, 2017, Licensee treated Patient I with testosterone 1,500 mg with no follow-up PSA or hematocrit tests. Licensee also prescribed a supplement (ADK-10) containing vitamin K, which could reverse Patient I's anticoagulant medication, warfarin. Licensee's treatment for Patient I was not medically indicated and exposed Patient I to the risk of harm, particularly the possible increased risk of heart disease, stroke and prostate cancer.

f. Patient J, a 75-year-old male, with a history of a mildly enlarged prostate and hyperlipidemia, presented to Licensee on August 23, 2017, with complaints of diminished energy. A lab study revealed a testosterone level of 688, PSA of 2.2 and a normal thyroid function. Despite these results that were in the normal range, Licensee treated Patient J with a dose of 1,200 mg of testosterone and thyroid (1 gram daily). Licensee did not conduct a genital or prostrate examination. On September 21, 2017, Patient J's testosterone level rose to 2,468 and an estradiol level of 55. On January 23, 2018, Patient J's testosterone level was 810 and a PSA level was 3.67. On February 14, 2018, Patient J's PSA level was 3.74 and he was referred to an urologist. Licensee's treatment for Patient E was not medically indicated and exposed him

to the risk of harm, including the possible increased risk of heart disease, stroke and prostate cancer.

3.

The Board has determined from the evidence available at this time that Licensee's continued practice of medicine would pose an immediate danger to the public and to her patients. Licensee was offered the opportunity to enter in an Interim Stipulated Order with the Board to voluntarily agree that she would not treat any premenopausal women with testosterone; follow Endocrine Society Clinical Guidelines for treating postmenopausal women; comply with the Endocrine Society Clinical Practice Guidelines for treatment with estrogen, testosterone, or thyroid hormones; refrain from treating male patients with testosterone whose testosterone levels test within the normal range; and refrain from treating patients whose thyroid-stimulating hormone level is within the normal range as recognized by the Endocrine Society. Licensee declined to do so. Therefore, it is necessary to immediately suspend her license to practice medicine. To do otherwise would subject Licensee's patients to the risk of harm while this case remains under investigation.

4.

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee may be represented by legal counsel at a hearing. If Licensee desires a hearing, the Board must receive Licensee's written request for hearing within ninety (90) days from the date the mailing of this Notice to Licensee, pursuant to ORS 183.430(2). Upon receipt of a request for a hearing, the Board will notify Licensee of the time and place of the hearing and will hold a hearing as soon as practical.

5.

Pursuant to ORS 677.205(3) and by a majority vote of the Board on June 7, 2018, the Board suspends the license Elizabeth Rose Harmon, MD, on an emergency basis, effective June 13, 2018, at 5:00 p.m. Pacific Time, at which time Licensee must cease the practice of medicine until otherwise ordered by the Board.

6.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

IT IS SO ORDERED THIS 12th day of June, 2018.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

K. DEAN GUBLER, DO
BOARD CHAIR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of KEVIN EARL SHERER, MD LICENSE NO. MD156626	)))))	INTERIM STIPULATED ORDER

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain healthcare providers, including physicians, in the State of Oregon. Kevin Earl Sherer, MD (Licensee) is a licensed physician in the State of Oregon.

2.

The Board received credible information regarding Licensee that resulted in the Board initiating an investigation. The results of the Board's investigation to date have raised concerns to the extent that the Board believes it necessary that Licensee agree to cease the practice of medicine until the investigation is completed.

3.

In order to address the concerns of the Board, Licensee and the Board agree to enter into this Interim Stipulated Order, which is not an admission of any wrongdoing on the part of the Licensee, and provides that Licensee shall comply with the following conditions effective the date this Order is signed by Licensee:

3.1 Licensee voluntarily withdraws from the practice of medicine and his license is placed in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

3.2 Licensee understands that violating any term of this Order will be grounds for disciplinary action under ORS 677.190(17).

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4.

At the conclusion of the Board's investigation, Licensee's status will be reviewed in an expeditious manner. Following that review, if the Board determines that Licensee shall not be permitted to return to the practice of medicine, Licensee may request a hearing to contest that decision.

5.

This Order is issued by the Board pursuant to ORS 677.265(1) and (2) for the purpose of protecting the public, and making a complete investigation in order to fully inform itself with respect to the performance or conduct of the Licensee and Licensee's ability to safely and competently practice medicine. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure. However, as a stipulation this Order is a public document and is reportable to the National Data Bank and the Federation of State Medical Boards.

6.

This Order becomes effective the date it is signed by the Licensee.

IT IS SO STIPULATED THIS 15th day of June, 2018.

[redacted]

KEVIN EARL SHERER, MD

IT IS SO ORDERED THIS 18 day of June, 2018.

State of Oregon
OREGON MEDICAL BOARD

[redacted]

KATHLEEN HALEY, JD
EXECUTIVE DIRECTOR