Oregon Medical Board

BOARD ACTION REPORT

December 15, 2020

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between November 16, 2020, and December 15, 2020.

Scanned copies of Interim Stipulated Orders, Orders of Emergency Suspension, Stipulated Orders, Final Orders, Termination Orders, Modification Orders, Voluntary Limitations, and non-disciplinary Corrective Action Agreements 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 the following actions are **not** included in this report:

- Consent Agreements and their modifications/terminations (non-disciplinary, do not impose practice limitations)
- Terminations of non-disciplinary Corrective Action Agreements
- Complaint and Notices of Proposed Disciplinary Action (not final actions by the Board)

These documents, however, are public and are available upon request.

Printed copies of documents not provided with this report are available to the public. To obtain a printed copy of a document 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. You may submit the form by fax to (971) 673-2670, by email to info@omb.oregon.gov, or by 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 self-reported that he/she has privileges.

Costello, Mae Cecile, AC; AC00936; Portland, OR
On December 3, 2020, the Board issued an Order Terminating Consent Agreement for Re-Entry to Practice. This Order terminates Licensee's May 4, 2020, Consent Agreement for Re-Entry to Practice.

***Johnson, Cory Todd, MD; MD24075; Klamath Falls, OR**
On November 23, 2020, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all examinations of or procedures on female patients in the presence of a medically trained chaperone; have no intentional personal contact with any patient outside of the clinical setting; refrain from any form of personal social media contact or electronic communication with any patient, former patient, or patient family member; and withdraw from practice and place his license in Inactive status on December 31, 2020, pending the completion of the Board's investigation.

*__Johnson, Cory Todd, MD; MD24075; Klamath Falls, OR__
On December 3, 2020, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's November 23, 2020, Interim Stipulated Order.

*__Johnson, Cory Todd, MD; MD24075; Klamath Falls, OR__
On December 3, 2020, 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.

*__LaTulippe, Steven Arthur, MD; MD22341; Dallas, OR__
At 5:15 p.m., on December 3, 2020, the Board voted to issue 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.

__Lopez, Carl Emil, MD; MD13942; Hermiston, OR__
On December 2, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

__Madarang, Elizabeth, MD; MD184006; Beaverton, OR__
On November 30, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours, to include reports to the Board by the mentor.

*__Melvin, Kenneth Paul, MD; MD24232; Lake Oswego, OR__
On November 23, 2020, 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.

*__Rosen, Ronald Daniel, MD; MD17449; Bend, OR__
On November 25, 2020, Licensee entered into an Interim Stipulated Order in which he will voluntarily cease all clinical encounters on November 30, 2020, and withdraw from practice on December 14, 2020, and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

__Ruth, Amy, MD; MD21564; Portland, OR__
On November 23, 2020, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 1,000 hours, to include reports to the Board by the mentor.

__Stilp, Curt Carlton, PA; PA01431; Salem, OR__
On December 3, 2020, the Board issued an Order Terminating Consent Agreement for Re-Entry to Practice. This Order terminates Licensee's December 10, 2019, Consent Agreement for Re-Entry to Practice.

*__Thomas, Paul Norman, MD; MD15689; Portland, OR__
At 5:15 p.m., on December 3, 2020, the Board voted to issue 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.

The following Licensee was issued a Complaint and Notice of Proposed Disciplinary Action. *Note, in this instance the Board has not taken a final action.*

- **Tella, Mallik Nalluri, MD**; MD155385; Gresham, OR

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 CORY TODD JOHNSON, MD LICENSE NO. MD24075	)))))	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. Cory Todd Johnson, 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, and Licensee agrees to abide by, certain terms 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 must not conduct any examination or medical procedure on a female patient without a medically trained chaperone being present throughout the course of the examination or procedure. The presence of the chaperone must be immediately documented in the patient chart. The chaperone must be medically trained and not a friend or relative of the patient or physician.

3.2 Licensee must have no intentional personal contact with any patient outside of the clinical setting.

3.3 Licensee must not have any form of social media contact or electronic communication for personal purposes, in whole or in part, with any patient, former patient, or family members of patients.

3.4 Effective December 31, 2020, at 5:00 p.m., Licensee voluntarily withdraws from the practice of medicine and his license will be placed at Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

3.5 Licensee understands that violating any term of this Order may be grounds for disciplinary action under ORS 677.190(17), willfully violating Board order.

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

4.

At the conclusion of the Board's investigation, the limitation placed on Licensee will be reviewed in an expeditious manner. If the Board determines, following that review, that these limitations shall not be lifted, Licensee may request a hearing to contest that decision.

5.

This order is issued by the Board pursuant to ORS 677.265 while the Board conducts its investigation for the purpose of fully informing 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, nor shall they be admissible as evidence in any judicial proceeding. However, as a

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stipulation this Order is a public document, and is reportable to the National Practitioner Databank and the Federation of State Medical Boards.

IT IS SO STIPULATED THIS 23rd day of November, 2020.

[redacted]

CORY TODD JOHNSON, MD

IT IS SO ORDERED THIS 23rd day of November, 2020.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

NICOLE KRISHNASWAMI, JD
EXECUTIVE DIRECTOR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of	)	
	)	
CORY TODD JOHNSON, MD	)	ORDER TERMINATING INTERIM
LICENSE NO. MD24075	)	STIPULATED ORDER
	)	

1.

On November 23, 2020, Cory Todd Johnson, MD (Licensee) entered into an Interim Stipulated Order with the Oregon Medical Board (Board). This Order placed restrictions on his practice of medicine and placed Licensee's medical license at inactive status effective December 31, 2020. On December 3, 2020, Licensee entered into a new Interim Stipulated Order in which he voluntarily withdrew from the practice of medicine and placed his medical license at inactive status.

2.

At its meeting on December 3, 2020, the Board reviewed this matter. The Board terminates the November 23, 2020, Interim Stipulated Order, effective the date this Order is signed by the Board Chair.

IT IS SO ORDERED this 3rd day of December, 2020.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

KATHLEEN M. HARDER, MD
Board Chair

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of CORY TODD JOHNSON, MD LICENSE NO. MD24075	)))))	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. Cory Todd Johnson, 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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3.3 Licensee must notify the Oregon Medical Board within 10 days as to how patients may access or obtain their medical records.

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 Practitioner 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 3rd day of December, 2020.

CORY TODD JOHNSON, MD

IT IS SO ORDERED THIS 3rd day of December, 2020.

State of Oregon
OREGON MEDICAL BOARD

[redacted]

NICOLE KRISHNASWAMI, JD
EXECUTIVE DIRECTOR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of STEVEN ARTHUR LaTULIPPE, MD LICENSE NO. MD22341, Licensee	)))))))	ORDER OF EMERGENCY SUSPENSION OF LICENSE AND NOTICE OF OPPORTUNITY FOR HEARING

By order of the Oregon Medical Board, the license of Steven A. LaTulippe, MD to practice medicine is hereby suspended, effective December 3, 2020, at 5:15 p.m. Pacific Time. As of this date and time, Licensee must stop practicing medicine until further order of the Board.

1.

AUTHORITY

1.1 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. Under ORS chapter 677, the Board has the duty to protect the public and to exercise general supervision over the practice of medicine. Steven Arthur LaTulippe, MD (Licensee) is a licensed physician in the State of Oregon.

1.2 This order is made pursuant to 677.205(3), which authorizes the Board to temporarily suspend a license without a hearing when the Board has evidence that indicates that Licensee's continued practice constitutes an immediate danger to the public, as well as ORS 183.430(2), in that the Board has found that Licensee's continued practice of medicine by a physician presents a serious danger to the public health or safety.

2.

When making determinations about public health and safety, the Board relies upon sources that are well recognized in the medical community and are relied upon by physicians in

their delivery of care to patients. For this case, the Board relies upon basic principles of transmission of respiratory viruses and of respiratory physiology, as well as formal SARS-CoV-2 (COVID-19) guidelines published by the Oregon Health Authority (OHA), and the corresponding rules for workplace safety promulgated by the Oregon Safety and Health Administration (OSHA).

3.

3.1 The spread of COVID-19 is a global pandemic. While most people only experience mild symptoms from COVID-19, some become severely ill and die from the infection. COVID-19 is highly contagious. There are medications that help patients with severe illness but there is no effective treatment at this time.

3.2 COVID-19 is spread from symptomatic and asymptomatic people primarily through respiratory droplets expelled when an infected person talks, coughs, or sneezes. These droplets infect others through contact with moist surfaces in one's nose, mouth, throat, eyes or lungs. Infection most commonly happens when people are near each other – within six feet. COVID-19 can also be transmitted when one touches an object with virus present and then touches one's own mouth, eyes, or nose. Although masks vary in effectiveness, even the simplest mask can be expected to contain the largest, most infectious droplets. The effectiveness of masks has been scientifically shown to decrease disease transmission in the current pandemic.

3.3 When infected with COVID-19 patients can have a wide range of symptoms. Infected persons often experience no symptoms at all or have very mild symptoms resembling a cold or flu. Others experience severe symptoms that require hospitalization, medication and sometimes placement on a ventilator. Most of those who develop severe, life-threatening symptoms are older and have underlying health conditions. However, there have been cases of children and young, otherwise healthy, adults who have experienced severe disease and required hospitalization.

3.4 Every member of the public is at risk – this virus is easily transmitted from person to person. It has even been shown to be transmitted by individuals with few or no symptoms. The

elderly, those with chronic health conditions, those living in group care settings, and health care workers are particularly at risk for developing life threatening illness. Steps to protect oneself and others include: Covering the nose and mouth by wearing a mask when in public, washing or sanitizing hands frequently, remaining at least six feet away from people outside of one's household, avoiding crowds, staying home and away from others if sick, elderly, or have underlying medical conditions.

3.5 As OHA and OSHA have set forth, public health and safety requires health care practitioners to wear masks and require patients and staff to wear masks in the clinical setting. Health care providers must also adopt, enforce, and post COVID-19 transmission prevention policies and protocols.[1]

[1] OHA has promulgated guidance in health care settings. OSHA administrative rules OAR 437-001-0744 and Appendices require all employers to follow OHA guidance on COVID-19. OHA Guidance includes but is not limited to:
Effective July 20, 2020 – All health care clinics must: have and enforce policies that require all individuals who enter the health care office to wear a face mask, face covering or face shield while inside, including when in a private examination room, except as follows: If a patient cannot tolerate any form of face mask, face covering or face shield due to a medical condition, strict physical distancing must be observed until the patient can be placed or roomed in an area that minimizes risk to others. A face mask, face covering or face shield is not required to be worn during an examination or procedure in which access to parts of the face that are covered by a face mask, face covering or face shield is necessary. A face mask, face covering or face shield is required to be worn as soon as the examination or procedure in question has completed; have and enforce policies that require health care personnel to wear appropriate personal protective equipment (PPE) for the care of patients with suspected COVID-19, confirmed COVID-19, or a known exposure to COVID-19. All health care providers must: Wear a face mask or face covering that covers the nose and mouth at all times while in the health care office, except when in a private office by themselves; face masks should be prioritized over face coverings because they offer both source control and protection for the health care provider from potentially infectious droplets, splashes, or sprays; cloth face coverings may not be worn instead of a respirator or face mask if more than source control is needed; health care providers should avoid touching the outside (contaminated) surface of a face mask or face covering. If a health care provider must adjust the face mask or face covering, hand hygiene should be performed immediately after adjustment; face shields should be worn in addition to, but not in place of, face masks for the purposes of eye protection and additional layer of splash protection; face masks or face coverings are not required while eating or drinking, but strict physical distancing should be maintained while face masks, face shields, or face covering are not worn; health care providers must wear N95 masks or higher-level respiratory protection instead of a face covering or face masks for patient care that warrants a higher level of protection (See "PPE for Healthcare Personnel" Section); respirators with exhalation valves may not be worn. Patients and visitors: All patients and visitors when visiting a health care office are required to wear a face mask, face covering, or face shield unless the individual is under five (5) years of age, except as follows: Face masks, face shields or face coverings are not required while eating or drinking, but strict physical distancing (6 feet or more) should be maintained while face masks, face shields, or face covering are not worn; a face mask, face covering or face shield is not required to be worn during an examination or procedure where access to parts of the face that are covered by a face mask, face covering or face shield is necessary; a face mask, face covering or face shield is required to be worn as soon as the examination or procedure in question has completed; face masks, face shields or face coverings can be briefly removed in situations where identity needs to be confirmed by visual comparison; if possible, limit speaking while the cover is off as speaking generates aerosols and droplets that can contain viruses; it is not recommended that individuals wear a face shield instead of a face mask or face covering - face shields provide protection for the eyes and additional layer of splash or spray protection, but the

3.6 Under basic principles of respiratory physiology, the body reflexively maintains carbon dioxide content within narrow parameters, by adjusting the minute ventilation (the volume of gas inhaled and exhaled in 60 seconds). The amount of carbon dioxide re-breathed within a mask is trivial and would easily be expelled by an increase in minute ventilation so small it would not be noticed. Although patients with extremely advanced lung disease may not be able to increase their minute ventilation, their pre-existing metabolic compensation would readily address the trivial potential increase in carbon dioxide content.

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role of face shields as a method of source control has not been established; use of a face shield alone should be limited to situations when wearing a face mask or face covering is not feasible in the following situations: when a person has a medical condition that prevents them from wearing a face mask or face covering; when people need to see mouth and tongue motions in order to communicate (e.g., when communicating with people with hearing impairments).

Effective July 31, 2020: An office must implement strict infection controls in accordance with following OHA guidance: Symptoms of COVID-19 include fever, cough, shortness of breath, fatigue, myalgia, and headache. Less common symptoms include sore throat, diarrhea, and loss of smell and taste. Fever is likely during the clinical course, but some data indicate that fewer than half of hospitalized COVID-19 patients present with fever. Severity of illness may worsen in the second week of infection. Atypical presentations have been described in older adults and persons with comorbidities. CDC has provided details on the clinical presentation of COVID-19. RNA from the virus that causes COVID-19 (SARS-CoV-2) has been identified from patients who never develop symptoms (asymptomatic) and in patients before symptoms develop (presymptomatic). Transmission during both the asymptomatic and the pre-symptomatic period has been documented. The degree to which pre-symptomatic and asymptomatic transmission have contributed to the COVID-19 pandemic remains unclear. SARS-CoV-2 is believed to spread mainly between people in close contact or through respiratory droplets produced by coughs and sneezes. The virus can survive on surfaces for hours to days but can be rendered inactive by routine cleaning and disinfection procedures. (See "Environmental Infection Control in Healthcare Setting" Section.)

Effective 11/13/2020: Source control (i.e. universal masking) for patients and visitors. Healthcare facilities shall have policies in place requiring all individuals who enter the facility to don a face covering or face mask while in the building. If a face covering or face mask is not available or is not tolerated by a patient, face shields can also be utilized. If a patient cannot tolerate any form of face covering due to a medical condition, strict physical distancing must be observed until the patient can be placed or roomed in an area that minimizes risk to others. • Source control (i.e. universal masking) for health care personnel. Health care personnel shall wear a face covering or face mask at all times while they are in the healthcare facility. Medical-grade face masks should be prioritized for health care personnel, as they offer both source control and protection for the health care personnel from potentially infectious droplets, splashes, or sprays. Cloth face coverings should not be worn instead of a respirator or face mask if more than source control is needed. Health Care Personnel shall ensure that the mask covers their nose and mouth at all times. Health care personnel should avoid touching the outside (contaminated) surface of the mask. If Health Care Personnel must adjust the mask, hand hygiene should be performed immediately after adjustment. N95s or higher-level respiratory protection should replace face masks for patient care that warrants a higher level of protection. Respirators with exhalation valves are not recommended for source control. Universal eye protection for health care personnel. Wearing eye protection in addition to face mask or an N95 respirator ensures the eyes, nose, and mouth are all protected from exposure to respiratory secretions during encounters in healthcare settings. Due to the increased risk of spread in long-term care settings and the likelihood for close-contact exposures to residents and coworkers, long-term care facility staff should wear a face mask and eye protection (goggles or face shield) at all times within the facility (See "Extended Use of Personal Protective Equipment" Section). Health care personnel in other settings should consider the addition of eye protection to universal masking, particularly in scenarios where patients are unable to wear a face covering. Universal use of PPE does not eliminate the need for physical distancing among health care personnel in the workplace.

3.7 Licensee treats Oregon Health Plan (OHP) patients who have limited resources and limited or no ability to transfer their care to another provider.

4.

FINDINGS OF FACT

The Board finds Licensee engaged in unprofessional conduct or dishonorable conduct, as defined in ORS 677.188(4)(a), as conduct that is contrary to medical ethics and does or might constitute a danger to the health or safety of the public and committed multiple acts of negligence and gross negligence in the practice of medicine as follows:

4.1 On or about July 02, 2020, Patient A – a member of the OHP – contacted Licensee's medical clinic to request guidance on when and if to be tested for COVID-19. Patient A was told asymptomatic persons should not be tested, that wearing masks does not prevent transmission of COVID-19, and was directed not to self-isolate because being around other people would provide Patient A with immunity to COVID-19. On or about July 23, 2020, after Patient A had questioned the appropriateness of the COVID-19 advice provided, Patient A was terminated as a patient.

4.2 Licensee and the staff in his clinic refuse to wear masks in the clinic and urge persons who enter the clinic wearing masks to remove their masks.

4.3 Licensee regularly tells his patients that masks are ineffective in preventing the spread of COVID-19 and should not be worn. Licensee further asserts that, because virus particles are so small, they will pass through the recommended N95 masks and most other face coverings people are choosing to wear. Licensee directs patients to a YouTube video providing false information about mask wearing.

4.4 Licensee regularly advises, particularly for his elderly and pediatric patients, that it is "very dangerous" to wear masks because masks exacerbate COPD and asthma and cause or contribute to multiple serious health conditions, including but not limited to heart attacks, strokes, collapsed lungs, MRSA, pneumonia, and hypertension. Licensee asserts masks are likely

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to harm patients by increasing the body's carbon dioxide content through rebreathing of gas trapped behind a mask.

4.5 Licensee's COVID-19 protocols for his clinic call for patients to be masked only if they present with cough, fever, or "suspicious" viral illness and do not call for any of the health care providers to wear masks unless these conditions exist.

4.6 Signage posted in Licensee's clinic asserts the clinic is complying with (unspecified) COVID-19 protocols, but does not include any information on what those protocols are.

4.7 On December 2, 2020, a Board investigator visited Licensee's clinic and observed: neither patients nor health providers were wearing masks; no screening procedures were in place or being conducted (e.g., taking patient temperatures on or before entering the clinic); no hand sanitizer was available in the waiting area; a sign was posted in the public area of the clinic with "warning signs" of CO_2 toxicity; an article was posted in the public area of the clinic, with a portion of the article highlighted that claims 94% of the individuals who will experience serious effects of COVID-19 have co-morbidities.

5.

CONCLUSIONS OF LAW

The Board finds Licensee's continued practice constitutes an immediate danger to the public, and presents a serious danger to the public health and safety as follows:

5.1 During the pandemic, patients will inevitably present to Licensee's clinic with known, suspected, or occult infection with SARS-CoV-2; and

5.2 Such patients present a clear and present health risk to other patients and staff; and

5.3 Licensee's active discouragement of mask wearing by patients and elimination of mask wearing by staff and Licensee represent a failure to take appropriate steps to reduce the risk of transmission, thereby posing an unnecessary and preventable risk to patients, staff, and Licensee; and

5.4. Licensee's instruction and example to patients to shun masks actively promotes transmission of the virus within the extended community; and

5.5 Licensee's advice to patients regarding the failure of masks to prevent viral transmission and potential patient harm due to masks, are counter to basic principles of epidemiology and physiology and undermine acceptability among Licensee's patients and the general populace of one of the primary measures known to significantly diminish viral transmission; and

5.6 Licensee's OHP patients are assigned to physicians by OHP and, if assigned to Licensee, have limited ability to transfer their care to a different provider. These particularly vulnerable patients are, therefore, largely forced to endure Licensee's unsafe practices while his medical license remains active.

6.

NOTICE OF RIGHTS

Licensee has a right to a formal hearing to contest this suspension order. To have a hearing, Licensee must request one in writing. If requested, the hearing will be held pursuant to ORS chapter 183. Licensee has the right to demand the hearing be held as soon as practicable after the Board receives the written request. The written request for hearing must be received within 90 days from the date this order is served on Licensee personally or mailed by certified mail. Licensee will be notified of the time, place and date of hearing. Failure by Licensee to timely request a hearing, failure to appear at any hearing scheduled by the Board, withdrawal of the request for hearing, or failure to appear at any hearing scheduled by the Board on time will constitute waiver of the right to a contested case hearing. In that event, the record of proceeding to date, including Licensee's file with the Board and any information on the subject of the contested case, automatically becomes a part of the contested case record for the purpose of proving a prima facie case per 183.417(4) and this emergency suspension order.

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7.

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 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil. The Oregon Military Department does not have a toll-free telephone number.

IT IS SO ORDERED THIS 4th day of December, 2020.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

KATHLEEN M. HARDER, MD
BOARD CHAIR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of KENNETH PAUL MELVIN, MD LICENSE NO. MD24232	)))))	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. Kenneth Paul Melvin, 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 Practitioner 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 23rd day of November, 2020.

[redacted]

KENNETH PAUL MELVIN, MD

IT IS SO ORDERED THIS 23rd day of November, 2020.

State of Oregon
OREGON MEDICAL BOARD

[redacted]

NICOLE KRISHNASWAMI, JD
EXECUTIVE DIRECTOR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of	)	
	)	
RONALD DANIEL ROSEN, MD LICENSE NO. MD17449	)	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. Ronald Daniel Rosen, 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 agrees to cease all clinical encounters effective on November 30, 2020, at 4:30 pm. Licensee may communicate by phone or electronic media previously ordered lab results and authorize refill prescriptions for chronic conditions with patients until December 14, 2020.

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3.2 Effective December 14, 2020, 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.

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

3.4 Licensee must notify the Oregon Medical Board within 10 days as to how patients may access or obtain their medical records.

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 Practitioner Data Bank and the Federation of State Medical Boards.

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6.

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

IT IS SO STIPULATED THIS 25th day of November, 2020.

[redacted]

RONALD DANIEL ROSEN, MD

IT IS SO ORDERED THIS 25th day of November, 2020.

State of Oregon
OREGON MEDICAL BOARD

[redacted]

NICOLE KRISHNASWAMI, JD
EXECUTIVE DIRECTOR

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of PAUL NORMAN THOMAS, MD LICENSE NO. MD15689	)))))	ORDER OF EMERGENCY SUSPENSION

By order of the Oregon Medical Board, the license of Paul Norman Thomas, MD to practice medicine is hereby suspended, effective December 3, 2020, at 5:15 p.m. Pacific Time. As of this date and time, Licensee must stop practicing medicine until further order of the Board.

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. The Board has the statutory duty under ORS chapter 677 to protect the public and to exercise general supervision over the practice of medicine. Paul Norman Thomas, MD (Licensee) is a licensed physician in the State of Oregon.

This order is made pursuant to 677.205(3), which authorizes the Board to temporarily suspend a license without a hearing when the Board has evidence that indicates that Licensee's continued practice constitutes an immediate danger to the public, as well as ORS 183.430(2), in that the Board has found that Licensee's continued practice of medicine by a physician presents a serious danger to the public health or safety.

2.

When making determinations about unprofessional conduct, negligence and gross negligence in the practice of medicine, the Board relies upon sources that are well recognized in the medical community and are relied upon by physicians in their delivery of care to patients.

2.1 The Centers for Disease Control and Prevention's "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020" (CDC Recommendations) and its predecessors provides a series of vaccinations for children that start at birth and continue through the ages of childhood to provide immunizations for a number of diseases that are potentially debilitating or fatal, to include Hepatitis, Rotavirus, Diphtheria, Tetanus, Pertussis (whooping cough),[1] Polio, Influenza: Pneumococcal pneumonia, Measles, Mumps, Rubella, and a number of other preventable diseases. This schedule has been relied upon for many years, is updated periodically, and is widely accepted as authoritative in the medical community.

2.2 The standard of care in Oregon, as defined by ORS 677.265(1)(c), is "that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community."

3.

Licensee is board certified in pediatrics and addiction medicine and practices medicine in Portland, Oregon. The Board finds that Licensee's conduct has breached the standard of care and has placed the health and safety of many of his patients at serious risk of harm. It is therefore necessary to emergently suspend Licensee's license to practice medicine. The acts and conduct that support this Order for Emergency Suspension follow:

3.1 Licensee has published an alternative vaccination schedule that decreases the frequency of many recommended vaccines and omits others, including rotavirus. Licensee promotes his unique, "Dr. Paul approved" schedule as providing superior results to any other option, namely improved health on many measures, and fraudulently asserts that following his vaccine schedule will prevent or decrease the incidence of autism and other developmental disorders. Licensee uses this claim to solicit parental "refusal" of full vaccination for their children, thereby exposing them to multiple potentially debilitating and life-threatening illnesses, including tetanus, hepatitis, pertussis (whooping cough), rotavirus, measles, mumps, and rubella.

[1] DTaP.

Licensee's promotion of this alternative vaccination schedule exposes patients to the risk of harm in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a).

3.2 Licensee is insistent and direct in his communication with parents and guardians that they should accept his alternative vaccine schedule.

3.2.1 A patient's mother sought subsequent treatment by Provider X after having been "reduced to tears" by Licensee's "bullying" her into his personal vaccine schedule against her express wishes for full vaccination for her child.

3.2.2 Patient A's mother requested polio and rotavirus vaccinations for Patient A according to CDC Recommendations, but Licensee did not have those vaccines in the clinic, and Patient A would therefore not be able to get them. Patient A's mother reported that the Licensee questioned why she wanted Patient A to get the polio vaccine and asked whether they were traveling to Africa. During the appointment, Licensee continually connected vaccines (not specific) with autism. Licensee asked her how awful she would feel if Patient A got autism and she could have prevented it.

Licensee's false claims regarding the safety of the CDC Recommendations, his failure in following these Recommendations absent unsolicited parental refusal of vaccines, his failure to document any such refusal, and his failure to adequately vaccinate children is grossly negligent in violation of ORS 677.190(13) and exposed his patients to the risk of harm in violation of ORS 677.190(1)(a), as defined in ORS 677.188(4)(a).

3.3 The Board's review has identified the following cases where Licensee's conduct violated ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), unprofessional or dishonorable conduct which exposed his patients to the risk of harm, as well as gross or repeated acts of negligence in violation of ORS 677.190(13).

3.3.1 Patient B, an 11-year-old male, was immunized on a delayed schedule according to Licensee's recommendation and practice agreements. Patient B was subsequently diagnosed with pertussis on September 24, 2018, requiring office visits and antibiotics. Pertussis is a fully vaccine-preventable illness. Patient B's chart shows that

Patient B was not immunized, but there are no records of recommendations for immunization or parental refusal of vaccines.

3.3.2 Patient C is a now 7-year-old male. He was admitted to Randall Children's Hospital in August 2013 at approximately 10 weeks of life with fever and a diagnosis of Kawasaki's disease. Licensee saw Patient C in clinic for three days in clinic with fever. Though Dr. Thomas reevaluated Patient C daily and sent repeated labs, he made a clinical decision to treat a febrile child a less than 3 months old with intramuscular ceftriaxone on the basis of a "bagged" and not catharized urine sample and in the absence of blood cultures. Any child of this age is at higher risk for serious bacterial infection (late onset group B strep, pneumococcal bacteremia, urinary tract infection, pneumonia, meningitis) as well as inflammatory illnesses such as Kawasaki's disease. Licensee breached the standard of care by failing to refer Patient C to the Emergency Room or hospital for definitive lab testing (guided bladder tap, blood cultures done with bedside ultrasound, possible lumbar puncture) and observation. Licensee's management of Patient C's illness in clinic breached the standard of care. Patient C remained non immunized for pertussis and subsequently contracted pertussis when his older brother, Patient C, became ill with pertussis on September 24, 2018.

3.3.3 Patient D, a now 9-year-old male, was completely non-immunized. Patient D sustained a large, deep scalp laceration at home in a farm setting on August 8, 2017, and was treated with colloidal silver and with his parents suturing the wound independently. Patient D subsequently developed acute tetanus requiring intubation, tracheotomy, feeding tube placement and an almost two- month ICU stay at Doernbecher Children's Hospital. Patient D was then transferred to Legacy Rehabilitation. Licensee saw Patient D for follow-up in clinic on November 17, 2017. Licensee's notes documented a referral to a homeopath, recommendation of fish oil supplements, and "phosphatidyl seine." He did not document an informed consent discussion about the risk/benefit of immunization for a child who had just sustained and still had sequelae of,

and remained vulnerable despite prior infection, to tetanus, a life-threatening and disabling disease that is preventable by proper vaccination. Licensee's care placed Patient D at serious risk of harm and constitutes gross negligence.

3.3.4 Patient E is a 10-year-old female who received minimal immunization in Licensee's clinic. She required hospitalization for rotavirus gastroenteritis in April 2011. This was potentially a vaccine-preventable hospitalization. She also had a severe cough and was treated empirically for pertussis without testing by another physician who was working in Licensee's clinic. The care provided to Patient E in Licensee's clinic breached the standard of care and exposed the patient to the serious risk of harm.

3.3.5 Patient F is a 7-year-old female who Licensee followed in clinic for constipation, food allergies, mold allergies and possible "chronic Lyme disease. Review of her chart from Licensee's clinic reveals that she was nonimmunized. Licensee ordered repeated IgE allergy panels and recommended elimination diets, vitamin supplements and provided antibiotics for acute infections. Licensee failed to provide an appropriate referral to a pediatric gastroenterologist to exclude a diagnosis of malabsorption or celiac disease, a referral to pediatric allergy/immunology or to pediatric nutrition. Licensee's neglect to seek consultative support and oversight, and his failure to address Patient F's lack of immunizations, placed the health of this patient at serious risk and was grossly negligent.

3.3.6 Patient G and Patient H, twins, were born at 35 weeks gestation. They had no chronic medical conditions that would justify medical immunization exemptions. Both Patient G and Patient H became infected with rotavirus gastroenteritis when they were 10 months of age. They were suffering from severe dehydration and serum electrolyte abnormalities and required five days of hospitalization (April 25-30, 2019) at an area children's hospital. Rotavirus infection is fully vaccine-preventable. Licensee's clinic chart contains documentation of parental refusal of vaccines, but they are inconsistent regarding specific vaccines and their timing. In addition, Patient G and

Patient H's mother stated during hospitalization that she thought her children had received rotavirus vaccine. Failure to adequately document specific parental refusal and lack of providing parental clarity constitute acts of negligence.

3.4 Licensee provided a spreadsheet to the Board containing deidentified data describing a study of antibody responses to a single dose of MMR vaccines. Licensee obtained serum antibody levels ("titers") to measles, mumps, and rubella on 905 patients between February 17, 2002, and July 23, 2015. Except for rare cases of suspected immune deficiency, there is no clinical indication for assessment of antibody titers. The ordering of unnecessary testing is a violation of ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(c) willful and repeated ordering or performance of unnecessary laboratory tests.

3.5 In Licensee's data sheet, 122 patients are identified as having had an inadequate response to the mumps vaccine. Of these, 32 are identified as having received the appropriate second dose of mumps vaccine. The remaining 90 are identified as having received no additional vaccination. Regardless of antibody titers, the standard of care requires a second dose of the recommended MMR vaccination. Licensee failed to ensure these patients were given the required second dose of MMR as soon as he obtained the test results. Knowingly leaving these children inadequately protected against a preventable, potentially debilitating illness constitutes 90 acts of gross and repeated negligence in violation of ORS 677.190(13) and constitutes unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public.

4.

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. Therefore, it is necessary to immediately suspend his license to practice medicine. To do otherwise would subject Licensee's patients to the serious risk of harm while this case remains under investigation.

5.

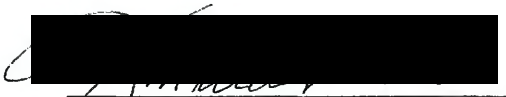
Licensee has a right to a formal hearing to contest this suspension order. To have a hearing, Licensee must request one in writing. If requested, the hearing will be held pursuant to ORS chapter 183. Licensee has the right to demand the hearing be held as soon as practicable after the Board receives the written request. The written request for hearing must be received within 90 days from the date this order is served on Licensee personally or mailed by certified mail. Licensee will be notified of the time, place and date of hearing. Failure by Licensee to timely request a hearing, failure to appear at any hearing scheduled by the Board, withdrawal of the request for hearing, or failure to appear at any hearing scheduled by the Board on time will constitute waiver of the right to a contested case hearing. In that event, the record of proceeding to date, including Licensee's file with the Board and any information on the subject of the contested case, automatically becomes a part of the contested case record for the purpose of proving a prima facie case per 183.417(4) and this emergency suspension order.

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 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil. The Oregon Military Department does not have a toll-free telephone number.

IT IS SO ORDERED THIS 4th day of December, 2020.

OREGON MEDICAL BOARD
State of Oregon



KATHLEEN HARDER, MD
BOARD CHAIR