



OREGON MEDICAL BOARD

# REPORT

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## Upcoming Meetings

November 7, 8 a.m.  
**Investigative Committee**

November 15, 9 a.m.  
**EMS Advisory Committee**

December 5, 8 a.m.  
**Investigative Committee**

December 6, 12 p.m.  
**Acupuncture Advisory Committee**

December 11, 5 p.m.  
**Administrative Affairs Committee**

Visit [omb.oregon.gov/meetings](https://omb.oregon.gov/meetings) for a  
complete list of upcoming meetings.

## OMB Adopts New Statement of Philosophy: Intravenous Hydration Therapy

IV Hydration Therapy is a rapidly expanding form of medical treatment in the state of Oregon and across the country. Typically, this treatment involves patients receiving a predetermined mixture of minerals, amino acids, vitamins, or prescription drugs such as Toradol, Pepcid, and Zofran. These mixtures are tailored to address dehydration, migraines, hangovers, nausea, athletic recovery, appetite regulation, inflammation, and more. Despite its growing popularity, there is a relative lack of regulation governing this treatment. The Oregon Medical Board acknowledges these gaps and, with the mission of protecting the health, safety, and well-being of Oregonians, desires to inform licensees of the appropriate practice of medical treatment in the context of IV Hydration Therapy.

IV Hydration Therapy is considered the practice of medicine, as defined by ORS 677.085. Therefore, OMB licensees must ensure that all IV Hydration Therapy treatments adhere to the same standards of care as any other medical treatments in the state of Oregon, as described in ORS 677.095. IV Hydration Therapy may fall within the scope of practice of other healthcare professions, so providers should consult all applicable regulatory boards for guidance.

Prescription drugs are often administered during IV Hydration Therapy. When prescribing medications, OMB licensees

must adhere to applicable laws, including OAR 847-015-0025 and OAR 847-050-0041.

OMB licensees must refrain from delegating any part of the diagnosing, obtaining informed consent, prescribing, treating, and documenting process to personnel who are not properly licensed, trained, or qualified to perform these tasks. Licensees functioning as medical directors over IV Hydration Therapy clinics must avoid issuing standing orders that allow untrained or unqualified personnel to practice medicine or operate outside of their scope of practice.

Additionally, licensees must ensure that any person or business engaged in the dispensing, delivery or distribution of compounded drugs in Oregon possesses the required Oregon Board of Pharmacy drug outlet registration(s) and complies with corresponding regulations, including those found in [OAR 855-45 Drug Compounding](#). Those that do not require registration with the Oregon Board of Pharmacy should be well educated in compounding practices and follow established guidelines and standards such as those found in USP <795> and/or USP <797>.

Above all, licensees must prioritize their patients, ensuring that treatments are safe, lawful, and effective. +

- Adopted October 3, 2024

*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.*

## National Rural Health Day is November 21!

The Oregon Medical Board is proud to join communities across America in celebration of National Rural Health Day (NRHD) on November 21, 2024. The National Organization of State Offices of Rural Health (NOSORH) and rural-focused organizations throughout the United States set aside the third Thursday of November to recognize NRHD. This annual event is an opportunity to celebrate the “Power of Rural” and honor the individuals and organizations dedicated to addressing the unique healthcare needs of nearly 61 million people living in rural America.

Approximately 35% of Oregonians live in rural and frontier communities and rely on the physicians, physician associates, and acupuncturists who provide care locally.

**The Oregon Office of Rural Health** (ORH) defines rural as any geographic area that is ten miles or more from a population center of 40,000 people or more. Frontier counties are those with six or fewer people per square mile. Of Oregon's 36 counties, 10 are designated by ORH as frontier.

Additional information about National Rural Health Day, including resources and tools, can be found at [PowerofRural.org](https://www.powerofrural.org). +



## OMB Acupuncture Advisory Committee Opening

The Oregon Medical Board and its Acupuncture Advisory Committee are seeking letters of interest and curricula vitae (CV) from licensed acupuncturists interested in serving on the Committee.

The Committee is composed of three acupuncturists, two physicians, and one member of the Board. The term of office is three years, and members may be reappointed to serve a second term. The Committee meets two times each year, with additional meetings or conference calls if necessary.

The Committee's purpose is to help ensure that safe, professional acupuncturists serve the people of Oregon. The Committee reviews materials and makes recommendations to the Board on the following issues:

- Applications submitted to the Board for a license to practice acupuncture,
- Education and training requirements for licensure,
- Standards of professional responsibility and practice,
- Standards for clinical supervisors and trainees, and
- Issues related to the practice of acupuncture in Oregon.

The Committee does not represent any acupuncture-related professional society, organization or educational institution, and the Committee has no role in setting curricula for training programs. While the Committee welcomes input from the public, Committee members themselves may not bring any political or personal agendas to their role. The Committee's recommendations are founded on the Medical Practice Act and the Oregon Administrative Rules on acupuncture.

Interested applicants may submit a CV and a letter of interest addressing the following areas:

- Educational/training/practice experience in acupuncture or Oriental Medicine,
- Any committee or team experience, and
- Interest in serving as a member on the Acupuncture Advisory Committee.

Application materials must be submitted to the Board at 1500 S.W. First Ave., Suite 620, Portland, OR 97201 or [shayne.nylund@omb.oregon.gov](mailto:shayne.nylund@omb.oregon.gov) by November 15, 2024. The Committee will interview interested acupuncturists via videoconference during its meeting on December 6, 2024. +

# Medicaid to Cover Traditional Health Practices for Tribal Communities in Oregon

The Nine Federally Recognized Tribes of Oregon, in partnership with OHA, have received approval for traditional health care practices to be covered through the Oregon Health Plan (OHP/Medicaid) and the Children's Health Insurance Program (CHIP), from the U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS).

American Indian and Alaska Natives experience higher health disparities and a lower life expectancy than most other populations. There is a direct correlation between historical trauma and negative health outcomes. Better understanding of where ongoing health disparities stem from, acknowledges the true history of the nation and state.

Honoring Tribal Traditional Healing Practices with the Tribes of Oregon demonstrates a commitment by the state and federal government to support Tribes for improving health in tribal communities utilizing their own Tribal Based Practices.

"It is long overdue that we recognize and provide true support for traditional health care practices and providers in Oregon's tribal communities," said Emma Sandoe, Oregon's Medicaid director. "This will help improve the quality of care, healthy outcomes and access to culturally appropriate health for tribal communities in the state."

Tribes in Oregon, tribal entities and other academic advisors have met regularly since 2003 to gather information about indigenous practices within tribal communities that improve life and health outcomes. OHA has recognized those as Oregon Tribal Based Practices and supported Tribes to utilize those practices, in many areas of health, with contracts and grant funding. It has been a long-standing goal to have some of those practices become Medicaid reimbursable. Because of those efforts, Oregon has become one of the first four states in the nation to receive a first-ever approval to cover traditional health care practices provided by Indian Health Service (IHS) facilities, Tribal facilities, and the Urban Indian Organization (UIO).

Julie Johnson, a member of the Ft. McDermitt Paiute-Shoshone Tribe, and OHA's Tribal Affairs Director

stated, "This is a great day for Tribal Health Programs! Our ancestors gave us the strength to endure survival for thousands and thousands of years, utilizing our traditional medicines, our cultural ways of life, our teachings of healing and wellness. We are grateful for our partnerships with the Nine Tribes in Oregon and our Urban Indian Health Program. They are the experts in our tribal communities, and we will continue to look to our elders, cultural keepers and tribal leaders to guide this work to improve health in Oregon."

OHA will work closely with tribal partners toward implementation. Other states among the first to be approved include Arizona, California and New Mexico. +

*Originally published by Oregon Health Authority on October 18, 2024.*

## Help the OMB Go Green!

The OMB currently mails nearly 10,000 print copies of the *OMB Report* each quarter. At 16 pages a copy, that is over half a million pieces of paper each year!

If you are a current OMB licensee who receives a print copy of the quarterly *OMB Report* but would like to help the Board become more environmentally conscious by receiving it electronically, please log in to your OMB account at [omb.oregon.gov/login](https://omb.oregon.gov/login) and modify your subscription preferences by clicking "change my address" > "change mailing or home address" > "Sign me up to receive the OMB Report by email." You may also make this update during the license renewal process.

Current OMB Licensees cannot opt out of receiving the *OMB Report* altogether.

Those who receive a print version of the *OMB Report* but are not current OMB licensees may email [gretchen.kingham@omb.oregon.gov](mailto:gretchen.kingham@omb.oregon.gov) to be manually removed from the mailing list. You may then subscribe to the electronic *OMB Report* at [omb.oregon.gov/subscribe](https://omb.oregon.gov/subscribe). +



## Diversity, Equity, and Inclusion in Medical Practice

The Oregon Medical Board's mission 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. To further the mission, the OMB's [Diversity, Equity, and Inclusion Action Plan](#) takes active measures against harassment, discrimination, racism, xenophobia, stigmatization, violence, and hate crimes within the practice of medicine and acupuncture.

### Recent Rulemaking

One action item in the Plan is to define discrimination in the practice of medicine and acupuncture as unprofessional conduct, which the Board implemented by proposing an amendment to [OAR 847-010-0073\(3\)\(b\)](#). A draft rule was first reviewed by members of the Board in March-April 2024 and a public comment period was opened until May 22, 2024. No comments were received. After the comment period closed, the Board received comments and a request from an association to extend the comment period. In response, the Board updated the draft rule, extended the comment period until August 26, 2024, and held a public hearing on the updated draft of the rule on August 26, 2024. During the extended comment period there was overall support for the intent of the proposal to promote health equity; however, there were differing opinions as to which rule language would achieve that intent (original v. updated).

On October 3, 2024, the full Board reviewed the rule and voted to approve the updated draft:

*Unprofessional conduct includes the behavior described in ORS 677.188(4), defined as conduct which is unbecoming to a person licensed by the Board or detrimental to the best interest of the public, and which includes:.... **Discrimination in the practice of medicine, podiatry, or acupuncture resulting in differences in the quality of healthcare delivered that is not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.** [OAR 847-010-0073\(3\)\(b\)\(J\)](#).*

The Board does not expect this rule to change the way physicians, physician associates, or acupuncturists

practice because discrimination in the practice of medicine/acupuncture is already considered unethical and prohibited by federal laws and facility bylaws. Additionally, the Medical Practice Act (ORS 677) already allowed the Board to take disciplinary action for discrimination within the practice of medicine or acupuncture as "unprofessional or dishonorable conduct" defined as conduct or practice contrary to recognized standards of ethics of the medical professional.



### Continuing Education

In 2019, the legislature passed HB 2011, requiring all licensed health care providers to complete Cultural Competency Continuing Education. Proponents of the legislation asserted that requiring cultural competency continuing education would educate licensees, thereby assisting them in providing more effective service to the unique needs of the various population groups and improving health outcomes in Oregon. All OMB licensees are required to complete at least one hour Cultural Competency Continuing Education each year, requirements can be found on the Board's [Continuing Education webpage](#).

To further support licensees, the OMB's [Diversity, Equity, and Inclusion in Medical Practice](#) Statement of Philosophy offers licensees recommendations as a basis for inspiring positive change for the benefit of all patients.

The OMB is committed to addressing inequities in access to care, ensuring equitable licensure and disciplinary processes for all applicants and licensees, and confronting systemic disparities in health outcomes. +

## Suicide Risk and Prevention

As healthcare providers, you play a crucial role in identifying and supporting patients at risk of suicide. [Recent studies](#) indicate that up to 45% of individuals who die by suicide had contact with their primary care physician within the month preceding their death.

This sobering statistic underscores the importance of remaining vigilant and proactive in assessing suicide risk during patient interactions. Recognizing the signs of mental illness, mental health problems, and substance use can potentially save lives and connect vulnerable patients with the support they desperately need.

The Centers for Disease Control and Prevention released finalized data for 2022, and the numbers show Oregon's suicide rate remains above the national average with more than 850 suicides, 109 of which were Oregon youth. The Oregon Health Authority released the [Suicide Prevention Training for Medical and Behavioral Data Report](#) to the Legislature in 2023, which recommends adding a requirement for healthcare professionals to take suicide prevention training for re-licensure.



The OMB encourages your participation in continuing education on this important public health issue. Please visit the [Oregon Health Authority's Suicide Prevention Training webpage](#) for training curricula.

Dealing with suicidal patients can be emotionally taxing, and your health and wellness is a critical component in providing quality care. Please visit the Board's [Wellness webpage](#) to access resources to support your mental wellbeing. +

## OMB Guideline Workgroup

The Oregon Secretary of State's January 2024 audit report recommended the Oregon Medical Board implement sanctioning guidelines to help reduce the risk of inconsistent and inequitable case decisions. To implement this recommendation, OMB staff drafted a sanctioning guideline based on prior case outcomes and agency practices, and then convened a Guideline Workgroup to review and make recommendations on the draft.

The Workgroup is composed of two members of the Oregon Medical Board, two professional association representatives, three attorneys who often represent OMB licensees, one patient safety representative, and one public member. The first Workgroup meeting was held August 19, 2024. Meeting materials, recordings, and minutes can be found on the Board's [Public Meetings webpage](#).

The draft guideline is posted online, and the OMB welcomes comments from licensees, attorneys, patients, and the public. Please submit comments via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov). Comments will be reviewed at the next Workgroup meeting.

The Workgroup meetings are open to the public and will be held on November 18, 2024, and January 13, 2025. Information about attending is posted online at the beginning of each month.

Workgroup recommendations will be reviewed by the Administrative Affairs Committee, and the full Oregon Medical Board throughout the process. The Oregon Medical Board will make the final determinations on the guideline prior to implementation on or before July 1, 2025. +

## From the Desk of the Medical Director

Jordana Gaumond, MD | OMB Medical Director



This is my first writing as the Medical Director for the *Oregon Medical Board Report*. At the time of this writing, I will have been in my role as Medical Director here at the Oregon Medical Board for an amount of time to be measured on the order of weeks. I have known since the interview, that if chosen, I'd be asked to pick up this column started by my witty

predecessor, and I thought and thought about what potential topics could be. Turns out, finding a topic wasn't difficult since there is something special here that stands out and inspires me to write about it.

What is that thing? It's the mission. Everyone here lives the mission. Together. It's a positive culture of helpfulness and caring for those in the community, patients, and the practitioners we license: Acupuncturists, Medical Doctors (MD and DO), Physician Associates, and Doctors Podiatric Medicine.

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.

For those of you who have tried to create a mission statement, you know how difficult it is just to write it, even more so to have the organizational culture to support it, or rarer yet, as we have here at the OMB, embody it. The 42 staff members and 14 Board members make this statement reality. I am not just saying this to pat ourselves on the back (though, let's be honest, everyone could use a pat on the back now and again). I am saying this because our culture embraces supporting those we serve. Every purpose, every function is to provide better service, faster if possible, and always with you, our readers, in mind.

For perspective, looking at the most recent available data from 2023, there are over 25,000 total licensees holding 22,878 active licenses with 2,252 new licenses and 22,250 renewal licenses issued last

year. It took an average number of 73 days for a new license applicant, and 56 days for a rural applicant, to complete the application process and become licensed. "We do like to point out that once an application is complete, it takes an average of one business day to become approved," states Netia N. Miles, OMB Licensing Manager. Renewals occur every odd-numbered year for most licensees, and in 2023 it took an average of 2.5 days for a renewal application to be approved (less than half the time it took the preceding two grand renewal years).

Unless it is your time to renew, most people forget about the licensing, and focus on the discipline part of the Board's responsibilities. I'm not sure if that's because it's what we are most afraid of or oddly interested in?! We recognize that each investigation represents a challenging time in a practitioner's life, and we take this responsibility seriously. "Compassion and empathy are fundamental to our investigation process," notes Walter Frazier, OMB Investigations Manager. Last year, the OMB received 804 complaints, 491 complaints were investigated beyond initial investigative review, 78 were issued public orders, and of those, 53 were reportable to the National Practitioner Data Bank. Each of these statistics represent real people facing real challenges.

Our licensees' feedback confirms what we know to be true: an investigation takes a significant emotional toll on those involved for the duration of the investigation. For those who have been brave enough to circle back and discuss completed investigations, Thank You! We hear you. We take this impact seriously and are dedicated to making this process as supportive as possible. We plan to renew our commitment to improving and streamlining our investigation timelines, providing clear information throughout the process, and ensuring access to confidential wellness support services. Every interaction is an opportunity to support our licensees during what may be one of their most challenging professional moments.

Our guiding principle remains: "How can we help?" If you haven't thought of the Board in this light, try looking again. I think you'll be pleasantly surprised. +



## Updated Statement of Philosophy: Medical Use of Lasers

During the October Board meeting, the Oregon Medical Board adopted a new Statement of Philosophy on Intravenous Hydration Therapy (see p.1) and amended its Statement of Philosophy on Medical Use of Lasers. All of the OMB's Statements of Philosophy can be found [here](#). +

*This Statement of Philosophy is offered as guidance for medical, osteopathic, and podiatric physicians and physician associates.*

Laser Surgery, including the revision, destruction, incision, or other structural alteration of human tissue using laser technology, is surgery and included within the practice of medicine, as defined by ORS 677.085. Laser surgery may be performed by a licensee working within their scope of practice, with appropriate education, training and experience, and within the standard of care described in ORS 677.095.

Licensees should use only devices approved by the U.S. Food and Drug Administration (FDA) unless functioning under protocols approved by institutional review boards.

In performing these procedures, licensees should examine each patient prior to any initial treatment or prior to authorizing treatment. The patient should also be examined for any significant new problems.

Technological advances have made it possible to perform cosmetic surgical procedures of the skin using a variety of devices and techniques. Lasers, pulsed light, and radiofrequency devices are often used for ablative and non-ablative treatments. Ablative treatments are those that are intended or expected to excise, burn, or vaporize the skin below the dermo-epidermal junction. Non-ablative treatments are those that are not expected or intended to excise, burn, or vaporize the epidermal surface of the skin. Surgery using these techniques, or other similar means, is included within the practice of medicine, as defined by ORS 677.085, regardless of site of service. Licensees may delegate the performance of non-ablative treatments to other individuals when permitted by state law.

Laser Surgery may fall within the scope of practice of other health care providers. These providers should consult their regulatory board for guidance. +

- Adopted January 2002; Amended October 3, 2024

## Work with the Board: Become a Medical Consultant

The Oregon Medical Board (OMB) uses qualified medical consultants who work as independent contractors. These consultants provide medical consulting services such as case review, licensee evaluations, written reports, testimony at hearings, and investigative interviews. Though not required, it is preferred that consultants have an active, unrestricted Oregon license (MD, DO, DPM, PA, LAc) and are involved in an active clinical practice from which they derive their income.

Consultants are selected based on their medical specialty. The development of a consultant pool (comprised of a large cross-section of specialties) enables the Board to protect the public by ensuring

that medical professionals under investigation are being evaluated by those best trained to judge the facts of the case in a timely manner.

The OMB issues personal services contracts for medical consultants that last up to four years. There is no guaranteed amount of work; a consultant may be used multiple times or not at all.

Licensees interested in becoming medical consultants can contact the Board's Medical Director at [info@omb.oregon.gov](mailto:info@omb.oregon.gov) or **971-673-2700**. +

## Healthy Oregon Workforce Training Opportunity Grant Program Seeking Proposals

**The Healthy Oregon Workforce Training Opportunity (HOWTO) Grant Program** is seeking grant proposals for a new round of funding. **The Request for Grant Proposal (RFGP) has a deadline in OregonBuys of 3 p.m. Pacific Time on Thursday, December 16, 2024. Registration is required in the OregonBuys System to submit a Proposal for this RFGP. Access the grant application here: [OregonBuys Number S-44300-00008989](#).**

The HOWTO Grant Program is intended to expand health professional training within the state to address health care workforce shortages for people in culturally and linguistically diverse groups, groups that have been economically and socially marginalized, Tribal communities, rural communities, and communities experiencing inequities throughout Oregon. HOWTO is designed to support innovative, transformative, and community-based training initiatives that will address health care workforce shortages and expand the diversity of the health professional workforce.

This Request for Grant Proposal (RFGP) invites applications from across all disciplines of the health care system. Eligibility to apply is not dependent on organization type/business designation and is open to educational institutions, consortia, health care service organizations, community-based organizations, and other entities seeking funding.

HOWTO is administered under the direction of the Oregon Health Policy Board and in partnership with the Oregon Health Authority and Oregon Health & Science University. Up to \$9 million will be awarded in this round, with up to \$1 million of that amount designated to support organizations applying for projects requesting under \$300,000. No single award will be made in excess of \$1 million.

Additional details on how to submit a proposal are outlined in the RFGP on [OregonBuys](#). You may view this opportunity without registering in OregonBuys. However, registration is required in the OregonBuys System to submit a Proposal for this RFGP: OregonBuys [S-44300-00008989](#). The Registration Quick Step Guide is available [here](#). +

## Medical Library Resources Available to All Oregon Licensees

Did you know all Oregon-licensed health providers have access to the Access Medicine Database through the OHSU Library, even if they are not affiliated with OHSU? This database provides information on basic sciences and medicine, including the Lange Current Diagnosis and Treatment Series, Harrison's, and Goodman and Gilman's. The Lange Self-Assessment Tool for the USMLEasy is also included.

To create an OHSU Library account, visit the [OHSU Library Account Application page](#).

OHSU BICC Library Access: If you visit the OHSU Library during regular business hours, you can check out library books and scan or download journal articles free of charge (visit [ohsu.edu/library](#) for hours). From the computer stations, you can access nearly all of the resources available at the OHSU Library. This includes thousands of journals and key databases such as CINAHL and ClinicalKey for Nursing, Cochrane Library, OVID MEDLINE, Pediatric Care Online, PsycINFO, and Scopus.

Additionally, through a partnership with the Oregon Medical Board, the OHSU Library offers Oregon licensed MDs and DOs access to an article delivery service. Using PubMed enabled with Reprints Desk, this service provides a quick and easy way to obtain articles from nearly any journal title.

To register for this service, visit [OHSU's Resources for Oregon-Licensed Health Providers website](#).

Contact the [OHSU Library](#) with any questions or to learn more about eligibility to use this service. +





# Join Provider Bridge to Support Emergency Response

The incidence of emergencies and disasters has increased steadily in the U.S. since the 1980's. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida. By registering for Provider Bridge, you will join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

## ***Provider Bridge Supports States' Emergency Preparedness and Response***

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies or public health crises.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site or provide telehealth services. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.



## ***Register Now!***

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered in the platform. Registration is free and takes only a few minutes at the following link: [provider.providerbridge.org](https://provider.providerbridge.org).

## ***What to Expect After Registering***

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to [providerbridge.org](https://providerbridge.org) or contact Anne K. Lawler, JD, RN, Provider Bridge Program Officer, at [alawler@fsmb.org](mailto:alawler@fsmb.org) or 208-867-7532. +

## Oregon Medical Association Celebrates 150 Years of Healthcare Excellence

On September 1, 2024, the Oregon Medical Association (OMA) commemorated its 150th anniversary, marking a century and a half of dedication to advancing healthcare in Oregon. This historic occasion not only celebrates the organization's long-standing commitment to advancing healthcare in Oregon, but also honors the enduring legacy of one of its founding members, Dr. Alfred C. Kinney.



Dr. Alfred C. Kinney

Born in 1850, Dr. Kinney helped pioneer Oregon's transformation from a frontier land to a state with an organized and professionalized medical community. After graduating from Bellevue Medical School in New York City in 1874, Dr. Kinney returned to Oregon, where he quickly became known as one of the state's top surgeons. At just 24 years

old, he was elected the first President of the newly formed Oregon State Medical Society, which would later become the OMA.

Reflecting on the OMA's journey, current OMA President, Amy Hinrichs, MD, remarked "As we celebrate this milestone, we reflect on the humble beginnings of our association and the tremendous progress we've made in 150 years. It started with Dr. Kinney's pioneering efforts to promote standardized and evidence-based practice and continues with our current efforts to position Oregon as the best place to provide and receive high quality care. The OMA has been at the epicenter of policy and advocacy efforts to this end.

More recently, our organization has seen significant acceleration in the diversity of our leadership and our membership. Our advocacy work has become increasingly vital as the healthcare landscape has shifted. We need the OMA more than ever as we look toward the next 150 years."

Dr. Kinney's legacy is deeply woven into Oregon's medical history. His tireless dedication to public health and advancing medical standards in Oregon was instrumental in the founding of St. Vincent Hospital in Portland and advocating for the establishment of the Oregon State Hospital in Salem. His decades-long effort to create a state Board of Health was a vision that came to fruition in 1903.

As the OMA reflects on the past 150 years, it honors the commitment and perseverance of its founding members and the generations of physicians who have followed in their footsteps. The OMA's mission to support and advocate for the medical community in Oregon remains as strong as ever, continuing to inspire and guide the physicians of today and tomorrow.

For more information about the history of the Oregon Medical Association, please click [here](#) or contact Jayme Barnes at [jayme@theoma.org](mailto:jayme@theoma.org). +



**OREGON  
MEDICAL  
ASSOCIATION**

Originally published August 26, 2024, by the [Oregon Medical Association](#).

# Oregon Administrative Rules

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at [omb.oregon.gov/rules](https://omb.oregon.gov/rules).

## PROPOSED RULES

Questions may be submitted before 5 p.m. on November 25, 2024, via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov). Additional information can be found at [omb.oregon.gov/rules](https://omb.oregon.gov/rules).

### **847-017-0010: Adds office-based surgery accrediting agency criteria and ACHC as a Board-recognized accreditation agency.**

The proposed rule amendment adds the Accreditation Commission for Health Care, Inc. (ACHC) as a Board-recognized accreditation agency for facilities where Level II or Level III office-based surgeries are performed. The proposed rule amendment also adds criteria to review future accrediting agency requests.

### **847-017-0003: Updates office-based surgery requirements for lipoplasty procedures.**

The proposed rule amendment updates the requirements for lipoplasty procedures involving more than 500 cc volume of supernatant fat to add, "whether temporarily or permanently removed, or surgeries involving prone, semi-prone, or any positioning which would compromise the patient's airway must be performed as a Level II or Level III surgical procedure." Already by rule lipoplasty procedures may not result in the removal of more than 5% of total body weight or 4500 cc or more volume of supernatant fat, whichever is less. The proposed rule amendment clarifies this includes temporary or permanent removal.

### **847-001-0024: Delegates authority to the Executive Director or Medical Director to issue Orders for Evaluation.**

The proposed rule amendment puts into rule the delegation of authority to the Executive Director or Medical Director to issue Orders for Evaluation, which was authorized by the Oregon Medical Board at its meeting on July 6, 2023.

## PERMANENT RULES

### **847-010-0073; 847-010-0070: Clarifies a reporting timeframe, updates NCCAOM code of ethics, and amends definition of unprofessional conduct.**

The rule amendment: (1) Clarifies that a licensee and health care facility must report a voluntary withdrawal from practice, resignation, or limitation of privileges while the licensee is under investigation

within 30 calendar days. The 30-day requirement aligns with the ORS 677.172(1) requirement that all licensees notify the Board of any practice address changes within 30 days. (2) Updates the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) code of ethics to the 2023 version. (3) Updates the definition of "unprofessional conduct" to include within the practice of acupuncture the failure to meet the standard of care. (4) Updates the definition of "unprofessional conduct" to include discrimination in the practice of medicine, podiatry, and acupuncture, which would make discrimination a ground for discipline. The amendment is an action item in the Board's Diversity, Equity, and Inclusion Action Plan. (5) Updates an outdated "Board of Medical Examiners" reference in OAR 847-010-0070.

### **847-010-0051: Increasing maximum registration period for postgraduate Limited License.**

The rule amendments increase the maximum registration period for a postgraduate limited license from one year to up to five years, not to exceed a postgraduate trainee's enrollment in the postgraduate program. Most GME programs in Oregon are 3-4 years. If a postgraduate physician needed additional years, they could reapply. The current postgraduate limited license fee of \$185 per year remains the same; however, the annual registration fee will be paid up front when the license is issued rather than annually with each reapplication. For postgraduate physicians who wish to continue utilizing the current annual application for a one-year limited license, nothing in the rule would prevent them from doing so.

**847-005-0005, 847-008-0005, 847-008-0010, 847-008-0068, 847-008-0070, 847-010-0066, 847-010-0068, 847-010-0110, 847-010-0200, 847-015-0050, 847-017-0005, 847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0050, 847-028-0020, 847-035-0030, 847-050-0010, 847-050-0015, 847-050-0020, 847-050-0021, 847-050-0022, 847-050-0023, 847-050-0029, 847-050-0035, 847-050-0041, 847-050-0043, 847-050-0046, 847-050-0060, 847-050-0080, 847-050-0082, 847-065-0010, 847-065-0015: Implementing HB 4010 (2024)**

### **to update physician assistant title to physician associate.**

HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendments implement the PA title change throughout Oregon Medical Board rules.

### **847-035-0001, 847-035-0020: Updating Qualifications for EMS Supervising Physicians and Agents.**

The rule amendments update the EMS supervising physician application process to align with current practice. The rule also updates EMS supervising physician and agent qualifications by removing the requirement they be a resident or actively practicing in the EMS area, but adds they hold an Active or Emeritus status MD/DO license with the Oregon Medical Board. A license status qualification can easily be determined on OMB's License Verification webpage. Active status licensees must actively practice in Oregon, with a current Oregon practice address. It can also be granted within certain Oregon bordering regions in California, Idaho, Nevada, or Washington. Emeritus status licensees practice in Oregon for no pay or any other type of compensation; these licensees volunteer their medical skills only. +



## Board Actions: July 16, 2024 – October 15, 2024

Many licensees have similar names. Please review Board Action details carefully to ensure that it is the intended licensee.

### NON-DISCIPLINARY BOARD ACTIONS

#### CORRECTIVE ACTION AGREEMENTS

*These agreements are not disciplinary orders and are not reportable to the national data banks\* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating identified concerns.*

#### WOODWORTH, Christopher S., MD; MD126154 | Anderson, SC

On October 3, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete pre-approved courses regarding prescribing, documentation, toxicology, and evidence-based medicine and to enter into a mentorship with a pre-approved physician prior to providing care to any Oregon patient for the prevention and treatment of COVID-19.

#### CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

*These actions are not disciplinary and are not reportable to the national data banks.\* They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

#### BIAGIOLI, Frances E., MD; MD20469 | Bend, OR

On August 22, 2024, 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 board-certified physician mentor(s) for six months.

#### CAGLE, Leslie A., MD; MD21122 | Portland, OR

On August 26, 2024, 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 board-certified physician mentor(s) for six months.

#### GILMAN, Rachel M., LAc; AC165242 | Hood River, OR

On September 17, 2024, 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 acupuncturist mentor for 80 hours.

#### GORDON, Janeene M., MD; MD195320 | Portland, OR

On August 28, 2024, 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 1,500 hours.

#### HAGGENJOS, Shawna L., PA; PA222080 | Washougal, WA

On September 17, 2024, 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 800 hours.

#### LEE, Seung H., LAc; AC213507 | Portland, OR

On July 16, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 120 hours.

#### PETERSON, Carolyn M., MD; MD179720 | Oregon City, OR

On July 30, 2024, 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 750 hours.

#### SUFENTES, Saron T., PA; PA207819 | Beaverton, OR

On October 3, 2024, 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 2,000 hours.

## INTERIM STIPULATED ORDERS

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.\**

### **AROUH, Mark H., LAc; AC174770 | Hillsboro, OR**

On July 25, 2024, 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 acupuncture. This is a preliminary action by the Board.

## DISCIPLINARY ACTIONS

*These actions are reportable to the national data banks.\**

### **AROUH, Mark H., LAc; AC174770 | Hillsboro, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, specifically sexual misconduct; failure to report an adverse action taken against the licensee by another licensing jurisdiction or governmental agency for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under ORS 677.190; and willfully violating ORS 677.415(4) which requires licensees to self-report within 10 working days any official action taken against the license. With this Order, Licensee surrenders his Oregon acupuncture license while under investigation and agrees to never reapply for an Oregon acupuncture license; is reprimanded; and is assessed a \$5,000 civil penalty, held in abeyance pending compliance with the Order.

### **ATKINSON, Michael A., MD; Applicant | Parkville, MD**

On October 3, 2024, Applicant entered into a Stipulated Order with the Board for failing to establish good moral character and unprofessional or dishonorable conduct. With this Order, Applicant withdraws his application for licensure and agrees not to reapply for a minimum of two years.

### **BRETT, Darrell C., MD; MD13550 | Lake Oswego, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for repeated acts of negligence in the practice of medicine; making a fraudulent claim; obtaining any fee by fraud or misrepresentation;

willful violation of any Board rule and Board Order; and unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation; is prohibited from reapplying for an Oregon medical license for at least two years; and is assessed a \$20,000 civil penalty.

### **GONZALES, David J., DO; DO196273 | Ontario, CA**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for disciplinary action by another state of a license to practice; willful violation of a Board statute; and willful violation of a Board rule. This Order assesses a \$2,000 civil penalty; places Licensee on probation; requires Licensee to complete an annual pre-approved course regarding elevating civility and communication in health care; requires Licensee to complete a pre-approved course regarding professional boundaries and ethics; and restricts Licensee from acting as an administrative supervisor for residents or other providers.

### **HARTER, Jeffrey D., MD; MD18679 | Portland, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee retires his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

### **HEDMANN, Shaun A., MD; MD14981 | Portland, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; repeated acts of negligence in the practice of medicine; gross negligence in the practice of medicine; and providing written documentation for the Oregon Medical Marijuana Program without having legitimately diagnosed a debilitating medical condition, or without having followed accepted procedures for the examination of patients or for record keeping. With this Order, Licensee surrenders his Oregon medical license while under investigation and agrees to never reapply for an Oregon medical license; is reprimanded; and is assessed a \$10,000 civil penalty.

**JOHNSON, Scott H., MD; MD18824 | Eugene, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; repeated negligence in the practice of medicine; and gross negligence in the practice of medicine. This Order assesses a \$5,000 civil penalty with \$2,000 held in abeyance; requires Licensee to complete a pre-approved course regarding prescribing; requires Licensee to adhere to the current Center for Disease Control and Prevention Clinical Practice Guidelines for the Prescribing of Opioids for Pain; requires Licensee to enter into a mentorship with a pre-approved physician if Licensee's practice includes prescribing opiates; requires Licensee to have in-person visits with each patient above 90 MED within 90 days of the Order effective date; requires Licensee to have treatment of all patients to whom he prescribes long-term opiates in line with the CDC guidance within one year of the Order effective date; and subjects Licensee to no notice audits and office visits by Board designees.

**JONES, Craig R., DO; DO189420 | Ivins, UT**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willful violation of a Board order. This Order revokes Licensee's Oregon medical license; assesses a \$10,000 civil penalty with \$5,000 held in abeyance; and prohibits Licensee from reapplying for an Oregon medical license for at least two years, with demonstration of clinical competency required if Licensee ever reapplies for Oregon medical licensure.

**JUNGWIRTH-LARGE, Lance B., MD; MD23110 | Lebanon, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for violation of a Board order and practice of medicine in Oregon without a license. This Order reprimands Licensee and assesses a \$500 civil penalty.

**KREBS, Richard M., MD; MD170913 | Portland, OR**

On October 3, 2024, the Board issued a Final Order Upon Default for failure to establish qualifications for licensure; failure to establish good moral character; and fraud, misrepresentation, omission, or concealment of facts in the application process. With this Order, Applicant's application for Oregon medical licensure is denied.

**LIPKIN, John O., MD; MD08201 | Eugene, OR**

On September 5, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross and repeated negligence in the practice of medicine; and prescribing controlled substances without a legitimate medical purpose or prescribing controlled substances without following accepted procedures for examination of patients or prescribing controlled substances without following accepted procedures for record keeping. With this Order, Licensee retires his Oregon medical license while under investigation and ceases the practice of medicine no later than August 30, 2024.

**MARTIN, Richard J., DO; DO27031 | Hood River, OR**

On August 1, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; and failing to comply with a board request. This Order reprimands Licensee; assesses Licensee a \$5,000 civil penalty; and requires Licensee to complete 30 hours of pre-approved CME regarding frenotomies and a pre-approved documentation course.

**MORALES-UTRILLA, Alfonso, MD; MD206939 | Portland, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for disciplinary action by another state licensing authority. This Order reprimands Licensee and requires Licensee to complete all terms of the Stipulation and Order issued by the Minnesota Board of Medical Practice on November 18, 2023.

**NOBLE, Aisha C., MD; MD212769 | Prosper, TX**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for fraud or misrepresentation in applying for or procuring a license to practice in this state; disciplinary action by another state licensing authority; and failing to report an official action within 10 business days. With this Order, Licensee is reprimanded, and Licensee surrenders her Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.



**POWELL, Steven W., MD; MD194600 | San Francisco, CA**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for conviction of any offense punishable by incarceration in a federal prison; disciplinary action by another state against a licensee to practice medicine; and failure to notify the Board of any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court. This Order revokes Licensee's Oregon license with agreement that Licensee will never reapply for Oregon medical licensure.

**SOLDEVILLA, Francisco X., MD; MD14348 | Portland, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross and repeated negligence in the practice of medicine. With this Order, Licensee permanently retires his Oregon license while under investigation.

**STEVENS, Ryan R., MD; MD22325 | Albany, OR**

On October 3, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional conduct. This Order reprimands Licensee; assesses a \$5,000 civil penalty; requires Licensee to complete a pre-approved course on health equity; requires Licensee to submit a written report on his behavior and language; and requires Licensee to submit an apology to those directly impacted.

## ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

**BODDIE, Nathan K., MD; MD28592 | Bend, OR**

On August 1, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's June 16, 2023, Interim Stipulated Order.

**BRAY, Thomas H., MD; MD26593 | Umatilla, OR**

On October 3, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's March 29, 2011, Interim Stipulated Order.

**FERGUSON, James W., MD; MD13192 | Portland, OR**

On October 3, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order

terminates Licensee's February 6, 2003, Interim Stipulated Order.

**MUMFORD, Dwight C., Jr., MD; MD08485 | Portland, OR**

On October 3, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's April 26, 2005, Interim Stipulated Order.

**SPRANGEL, Kellie M., MD; MD20607 | Jackson, OR**

On October 3, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's July 9, 2009, Interim Stipulated Order.

**TSEN, Andrew C., MD; MD20029 | Portland, OR**

On October 3, 2024, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 1, 2021, Stipulated Order. +

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Current and past public Board Orders are available on the [OMB's website](#).

\*National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.



## Oregon Medical Board

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### Office Hours

Monday - Friday, 8 a.m. - 5 p.m.  
(closed 12 p.m. - 1 p.m.)

Board staff are also available by  
phone (971-673-2700) or email  
([info@omb.oregon.gov](mailto:info@omb.oregon.gov)).

### Office Closures

**November 11** - Veterans Day

**November 28 & 29** - Thanksgiving

**December 25** - Christmas

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- Administrative Rules
- Board Action Report
- EMS Interested Parties
- *OMB Report* Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

### Applicant/Licensee Services

For new license applications, renewals,  
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[omb.oregon.gov/login](http://omb.oregon.gov/login)

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Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)  
Phone: **971-673-2700**  
Email: [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

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## Statement of Purpose

The *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.