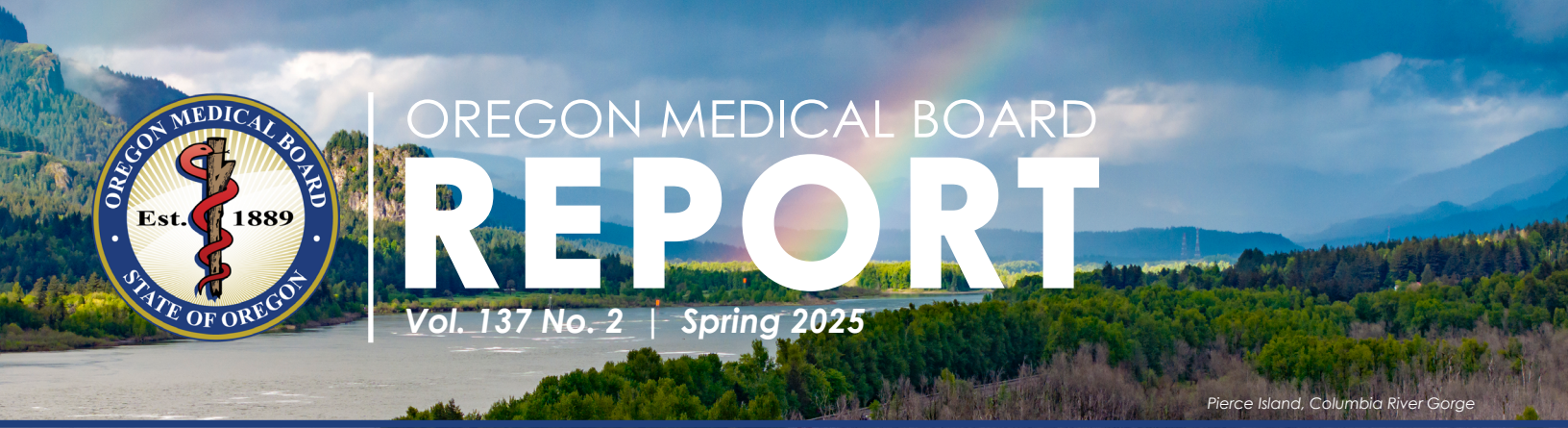
OREGON MEDICAL BOARD
REPORT
Vol. 137 No. 2 | Spring 2025


Pierce Island, Columbia River Gorge

Inside This Issue

Upcoming Meetings

June 5, 8 a.m.
Investigative Committee

June 6, Noon
Acupuncture Advisory Committee

June 11, 5 p.m.
Administrative Affairs Committee

July 10, 8 a.m.
Board Meeting

August 7, 8 a.m.
Investigative Committee

August 15, 9 a.m.
EMS Advisory Committee

Visit omb.oregon.gov/meetings for a complete list of upcoming

OMB Welcomes DO, PA Board Members

The Oregon Medical Board welcomed two new members at its April meeting: Seth Gunderson, DO, of Eugene and Melonie Parrish, PA-C, of Klamath Falls.

Dr. Gunderson is a board-certified anesthesiologist, specializing in anesthesiology and critical care medicine.

He spent most of his youth in Salt Lake City, UT, where he earned his bachelor's degree. Dr. Gunderson obtained his Doctor of Osteopathic Medicine degree at the Kirksville College of Osteopathic Medicine, completed his residency at Heart of Lancaster Regional Medical Center in Pennsylvania, and completed a fellowship in critical care medicine at the University of Virginia Medical Center.

Dr. Gunderson and his family moved to Oregon in 2019 to pursue a practice opportunity and to return to the western U.S. with its incredible outdoor activities. He has loved living in Oregon and looks forward to continuing to provide medical care to the people of Lane County and all of Oregon.

Mrs. Parrish has dedicated her 16-year career to serving Oregonians in Klamath Falls, developing a strong sense of community and a profound dedication to rural primary care. She currently practices internal medicine at Cofas, Inc., caring for high-complexity geriatric patients, as well as those with urgent care needs and chronic internal medicine conditions. She is dedicated to improving medical outcomes through longitudinal continuity of care, patient advocacy, and eliminating barriers to medical care for rural Oregonians.

Mrs. Parrish attended UC Berkeley for her bachelor's degree in public health. She earned her Master of Medical Science in Physician Assistant Studies from Emory University in December 2008.

She has been actively involved in the promotion and progress of medicine in Klamath County through the Klamath County Medical Society and the Sky Lakes Medical Center Ethics Committee. She also serves in community leadership roles on all her children's school Booster Clubs as well as the Klamath County School District Budget Committee.

In her spare time, she, her husband, and three children enjoy local events, civic activities, and environmental stewardship. ✚

OMB Audit and Follow-up Actions

In January 2024, the Oregon Secretary of State issued an audit report, *To Protect Patients and Maintain Public Trust, the Oregon Medical Board Should Further its Efforts to Address the Risk of Inequitable Disciplinary Decisions*. The OMB quickly began work to implement the audit's recommended follow-up actions. ✚

Audit Recommendation 1:
Implement sanctioning guidelines and/or a sanction matrix to help reduce the risk of inconsistent and inequitable case decisions.

Status: Implemented April 3, 2025

Summary: OMB staff reviewed disciplinary guidance from other professional regulatory agencies. Additionally, the Board hired an intern studying for a masters in biostatistics to conduct a five-year retrospective review of the OMB's investigative case outcomes. Through these efforts, Board staff drafted an initial guidelines document.

In August 2024, the Board convened a workgroup of licensee-representing attorneys, advocates for patient safety, professional associations, members of the public, and Board members. The workgroup held public meetings to refine the guidelines. The Workgroup's recommendations were reviewed by the OMB's Administrative Affairs Committee, as well as all members of the Board, throughout the process.

Workgroup meetings: August 19, 2024; November 18, 2024; January 13, 2025

The Board adopted the proposed Disciplinary Guidelines on April 3, 2025. More information available on the Board's website.

Audit Recommendation 2:
Add the ability to categorize cases by primary or most serious complaint type, or another effective categorization system, to its forthcoming new data system.

Status: Partially Implemented - Target Date July 1, 2025

Summary: The OMB's existing database captures 'complaint category' when a complaint is received. This is not adequate for analyzing the equity and consistency of disciplinary outcomes.

The OMB will add a data field to designate the primary and secondary statutory violations alleged when the Board issues a Notice of Proposed Disciplinary Action.

Board staff are working to implement these changes to data collection by July 1, 2025. Data collection will start with Board Actions from the July 10, 2025, Board meeting.

Audit Recommendation 3:
Use complaint data to conduct regular, systematic reviews of past cases to help monitor for and ensure equity and consistency.

Status: Not Yet Implemented - Target Date July 1, 2026

Summary: A full year's data will be necessary for meaningful analysis. OMB staff plan to determine the key data collection points, perform quality assurance on the data, and develop a framework for analysis in mid-2025 as the work on recommendations 1 and 2 is formalized.

OMB staff will reconvene the Workgroup to review the complaint data that will have been gathered and analyzed. The Workgroup will consider whether the Disciplinary Guidelines need to be further refined.

Audit Recommendation 4:
Develop and implement written policies and procedures for analyzing board disciplinary decisions for equity and consistency.

Status: Not Yet Implemented - Target Date July 1, 2026

Summary: The OMB will develop and implement policies and procedures for analyzing disciplinary decisions once the data fields are in use and data is available for initial review.

Oregon Receives 2025 National "Best of Boards" Award

On April 23, 2025, the Oregon Medical Board received the Administrators in Medicine's "2025 Best of Boards Award" for the development and adoption of its Disciplinary Guidelines, which provide the relevant aggravating and mitigating factors that the Board considers in its deliberations. The Guidelines were refined through a series of public meetings with representatives from professional associations, attorneys who frequently represent licensees under investigation, and patient advocates.

The poster below outlines the development process and was presented at the Federation of State Medical Board's Annual Meeting in April. ✚

Reminder: Continuing Education Requirements for License Renewal

The OMB is committed to ensuring the ongoing competence of its licensees for the protection, safety, and wellbeing of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

To renew a license, OMB licensees must satisfy the continuing education requirements in three areas:

- General Education (see chart below)
- Pain Management (1 hour every two years by taking the "**Transforming Pain Management: A Journey to Better Care**" course)
- Cultural Competency (1 hour every year)

General Continuing Education

Licensees must participate in board recognized maintenance of board certification or continuing medical education. If audited, OMB staff will verify participation in recertification directly with the certifying specialty boards. Lifetime certification alone does not fulfill the Board's requirements of ongoing specialty board maintenance of certification. Instead, these licensees must complete CME hours. See the chart below for more details.

License Type	Hours Required
Physician (MD, DO, DPM)	
Status: Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, Teleradiology Active (MD/DO only)	30 hours/year
Status: Emeritus	15 hours/year
Physician Associate	
Status: Active, Locum Tenens, or Telemedicine Active	30 hours/year
Status: Emeritus	15 hours/year
Acupuncurist	
Status: Active or Locum Tenens	15 hours/year
Status: Emeritus	8 hours/year

Pain Management Continuing Education

Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, licensees must complete the Oregon Pain Management Commission's (OPMC) free one-hour course every two years. "**Transforming Pain Management: A Journey to Better Care**" will allow a licensee to:

- Improve knowledge of best practices in caring for patients experiencing pain.
- Promote coordinated team-based care.
- Understand how individuals experience pain.
- Give providers strategies for patient support.

Cultural Competency Continuing Education

Licensees must complete one hour of Cultural Competency Continuing Education every year. The law was written broadly to allow a wide array of courses or experiences. The content must teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities. Courses or experiences may include:

- Courses delivered in-person or electronically (does not have to be CME)
- Experiential or service learning
- Cultural or linguistic immersion
- Volunteering in a rural clinic (OMB licensees are not able to apply compensated time for practicing in a rural clinic)
- Employer's cultural competency training
- Training on implicit bias
- Events with members of an underserved community
- Courses on the OHA Cultural Competence Continuing Education (CCCE) webpage
- Any experience helping OMB licensees to care effectively for patients in diverse cultures, groups, and communities

Licensees may track educational hours on an OMB record keeping form. During renewal, licensees attest to completing hours. Only audited licensees will be asked to produce documentation. OMB audits this requirement every other renewal and will not be auditing Cultural Competency Continuing Education during the 2025 renewal.

Visit **omb.oregon.gov/CE** for more information.

Although not required, the Oregon Medical Board encourages continuing education in Suicide Risk Assessment, Treatment, and Management and Alzheimer's Disease. If you take continuing education in Suicide Risk Assessment, Treatment, and Management, please make note of these hours when you renew your license.

Congenital Syphilis Awareness in Oregon

By Pete P. Singson, MD
HIV/STD/TB Medical Director, Public Health Division, Oregon Health Authority

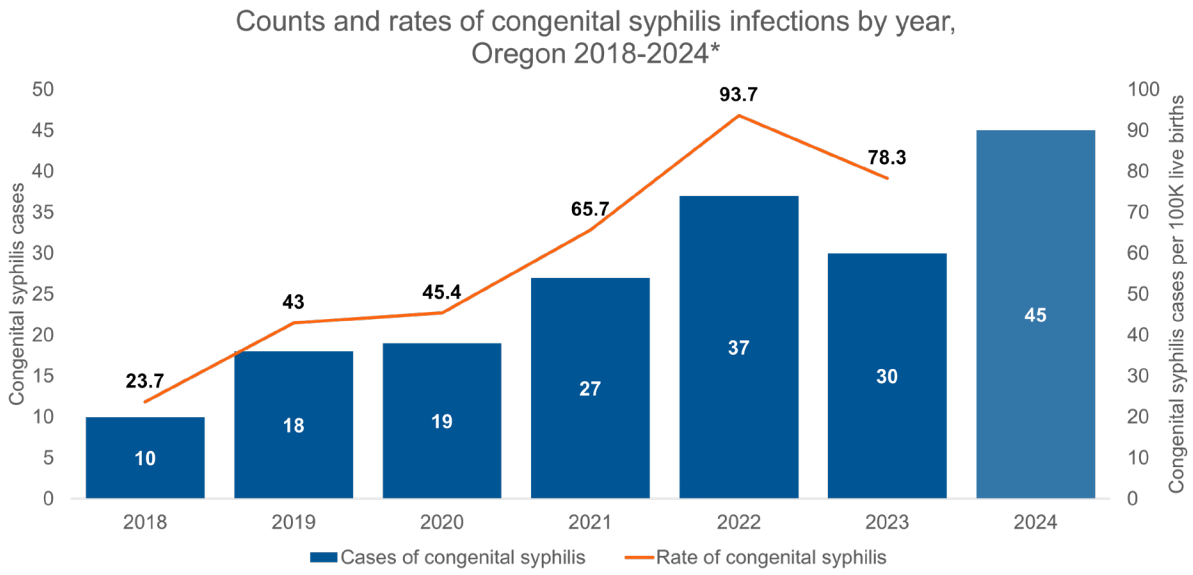
Although new syphilis infections in Oregon have stabilized in alignment with national trends, syphilis diagnosed during pregnancy is increasing with an attendant rise in congenital syphilis (CS) rates. In 2014, Oregon recorded two cases of CS. In 2024, that number surged to 45 — a staggering 2,150% increase.

Once predominantly an urban issue, CS cases are now affecting rural and frontier counties. Half of the 2024 cases occurred outside the Portland metro area. Pregnant individuals from historically underserved communities—including American Indian/Alaska Native, Native Hawaiian and Pacific Islander, Black/African American, and Hispanic/Latine populations—are disproportionately affected. The CS crisis is deeply embedded within a syndemic, the interaction of two or more health-related conditions that exacerbates the burden of disease. Poverty, houselessness, and substance use are frequently intertwined with CS cases, potentiating its morbidity, and complicating treatment efforts. Tackling the CS crisis therefore requires addressing not only the clinical infection but also the broader systemic and social factors that heighten the impact of disease in Oregon.

The consequences of untreated syphilis during pregnancy are myriad, and include miscarriage, growth restriction, preterm birth and fetal demise. In the newborn, nearly every organ system can be affected, and severe cases can result in neonatal death. CS is entirely preventable with timely diagnosis and treatment, but many barriers exist. Minimal or no prenatal care was associated with 75% of CS cases. Reinfection from untreated sexual partners is a constant concern. For many clinicians, diagnosing syphilis can be particularly challenging due to its nonspecific symptoms, earning it the moniker "the great imitator." Moreover, generations of providers have had limited exposure to syphilis in clinical practice due to historically low prevalence rates. Essential components to managing this epidemic involves expanding provider and community education, access to care, and disease intervention services.

The CS crisis in Oregon has been surging, but it is controllable. Providers have a unique opportunity to address not only the clinical aspects of CS but also advocate for equitable care and systemic changes that target the root causes of this syndemic. With coordinated action, increased awareness, and a commitment to accessible care, we can protect future generations of Oregonians from the devastating effects of this preventable disease.

Please see this **Health Alert Network message** for additional information on congenital syphilis in Oregon and provider resources. ✚



Congenital syphilis counts and incidence rates are confirmed and presumptive surveillance cases. Rates are new diagnoses per 100,000 live births.
** Data from 2024 are not final and subject to change. Provided by Oregon Health Authority.*

From the Desk of the Medical Director

Collaborative Approach to Patient Safety in Times of Staffing Challenges

Jordana Gaumond, MD
OMB Medical Director

Ensuring patient safety requires coordinated efforts from both healthcare practitioners and systems, particularly when facing high turnover rates and critical staffing shortages.

During staffing shortages, communication becomes especially vital. Practitioners are encouraged to model clear documentation and facilitate brief, yet effective, interdisciplinary huddles. Meanwhile, organizations should develop streamlined handoff procedures that create psychologically safe environments where even new or temporary team members feel comfortable raising concerns.

A safe environment nurtures a learning culture. Encouraging focused skills assessments and unbiased safety incident reporting—complemented by systems that efficiently share safety data and implement just culture frameworks—ensures valuable safety lessons aren't lost during staff transitions.

Institutions should also champion robust orientation for all staff, especially temporary personnel, while allocating adequate resources for efficient training without overburdening existing workforce. This partnership preserves institutional knowledge even as experienced staff depart.

No discussion on healthcare today would be complete without including technology. Technology optimization becomes critical when staffing is stretched thin. Practitioner engagement with electronic health record (EHR) systems and clinical decision support tools can reduce cognitive burden. Healthcare organizations which invest in intuitive systems that support, rather than complicate, workflows during understaffed periods are generally more practitioner friendly.

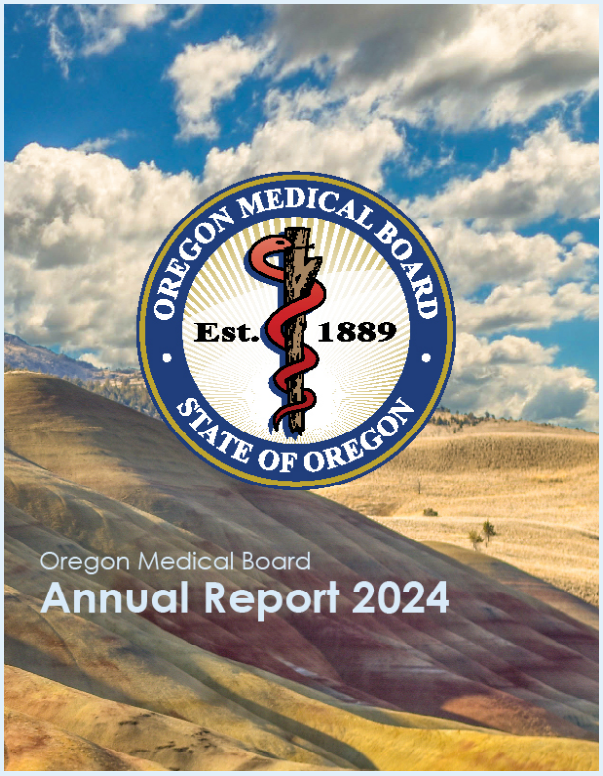
Most importantly, wellness requires heightened attention during staffing crises. Practitioners who advocate for sustainable schedules and collaborate effectively with organizations that monitor workforce burnout may be able to implement rapid interventions to prevent further turnover.

This practitioner-system partnership creates resilience amid staffing challenges, maintaining safety standards even when resources are constrained. ✚

OMB 2024 Annual Report Now Available

The Oregon Medical Board recently published its 2024 Annual Report, which provides a recap of the Board's accomplishments, strategic plan, key performance measures, and in-depth analysis of licensing, investigations, and financial statistics.

Visit **omb.oregon.gov/AnnualReport24** to read the report. ✚



Oregon's Medical Arbiter Program

What is the Medical Arbiter Program?
The Medical Arbiter Program consists of physicians who perform impartial examinations of injured workers. These evaluations help the division resolve disagreements over the impairment findings used at workers compensation claim closure. With its distinctive focus on impairment findings, the medical arbiter examination does not address compensability, treatment options, or other issues typically discussed in an independent medical examination report. The Workers' Compensation Division (WCD), part of the Department of Consumer and Business Services, administers the program.

What is the role of the arbiter physician?
Medical arbiters must maintain a role of impartiality, neither serving as an advocate for the injured worker nor promoting the interests of the insurer. A definitive assessment of impairment findings is established through the arbiter's written report that generally forms the basis for the division to determine a final rating of permanent disability. Physicians appreciate the neutrality associated with arbiter evaluations and many consider it a meaningful avenue of public service. Many physicians have also entered the Medical Arbiter Program as an opportunity to keep active in the medical profession.

How are arbiter fees established?
The Resolution Section of the WCD determines and preauthorizes fees based on three components:
1. The complexity of the examination and the number of body areas to be evaluated.
2. The extent of the medical record to be reviewed.
3. Preparation of the arbiter report.

Each component is assigned to one of three levels of difficulty. By law, the insurer pays the arbiter's fees.

Where are examinations performed?
Most participating physicians perform arbiter examinations at their own clinic or facility. Also, some arbiter physicians obtain office space in other communities to increase the potential for additional referrals. The division attempts to select an arbiter physician in close proximity to the injured worker to minimize travel.

Do arbiter physicians receive training?
Physicians new to the Medical Arbiter Program receive a short training from the division before their first arbiter evaluation. In addition, participating physicians receive feedback on their arbiter reports. The skills acquired in performing arbiter evaluations and assessing permanent impairment are invaluable for physicians who must interact as treating or consulting physicians within the workers' compensation system.

What kind of physician is the division seeking?
Arbiter physicians must be in good standing with the Oregon Medical Board as a doctor of medicine or osteopathy, or a podiatric physician. In creating the Medical Arbiter Program, the Oregon Legislature envisioned participation from a wide spectrum of Oregon physicians, including those who treat injured workers. To fulfill this objective, the division maintains an ongoing process to recruit new physicians into the program. Regardless of previous experience in the area of workers' compensation or in performing impairment-related examinations, the division is eager to hear from all interested physicians.

How do I become an arbiter physician?
Contact the Resolution Section at 503-947-7816. The WCD will send you a Medical Arbiter Statement of Interest form. This is a noncontractual document and is the only form you need to sign to enroll. Once the division verifies that you are licensed and in good standing with the Oregon Medical Board, you will be added to the Active List of Medical Arbiters. An Appellate Service Team member will contact you to arrange the brief training and schedule your first examination. Arbiter physicians are free to decline arbiter referrals or withdraw from the program at any time.

Visit the **Workers' Compensation Division website** for more information, or contact:

- **Christine.l.watson-husky@dcbs.oregon.gov**
  503-947-7290
- **Elizabeth.a.shackelford@dcbs.oregon.gov**
  503-947-7739
- **Francis.e.starling@dcbs.oregon.gov**
  503-947-0086

WCD | Workers' Compensation Division

Department of Consumer and Business Services

Does HIPAA Grant a Patient the Right to Change Their Medical Record?

By Christopher J. Tellner & Henry E. Norwood

Originally published April 11, 2025, by the American Health Law Association.

A patient's medical record often holds the patient's most sensitive information, including medical history, former and ongoing treatment, health conditions, and financial information. Of course, patients have a heavily vested interest in ensuring this information remains private, but also that the information is accurate. Accuracy of information in the medical record is typically a concern regarding providers' opinions and subjective impressions that are included in the patient's treatment notes. For example, a provider may indicate in their treatment notes that a patient presents as anxious or aggressive and the patient, likely reviewing the notes after the fact, may dispute this characterization. The dispute may also be more consequential, such as whether a patient refused treatment or whether a provider gave the patient warnings prior to rendering services. Can a patient demand a provider revise their medical record?

Federal law provides the answer to this question, including a detailed framework regarding the rights and responsibilities of patients and providers. Reviewing the legal requirements demonstrates the careful balance sought between a patient's right to control their health information and a provider's medical discretion and judgment in treating their patients.

HIPAA and a Patient's Right to Amend

The Health Insurance Portability and Accountability Act (HIPAA) provides for the privacy and security of protected health information (PHI). In the context of the health provider-patient relationship, PHI is typically held by the provider in the form of a medical record. The medical record often includes reports, test results, and provider notes. Patients are entitled to a copy of their medical record, and they may disagree with its contents. This raises the question whether a patient may request changes to their record?

HIPAA provides patients a right to amend their medical record, subject to four exceptions: (1) the record was not created by the provider (unless the provider who created the record is no longer able to amend the record); (2) the record is not part of the designated record set as defined under HIPAA regulations; (3) the record is not subject to inspection under HIPAA regulations (including psychotherapy notes and records created in anticipation of civil, criminal, or administrative legal proceedings); and (4) the record is accurate and complete in the reasonable opinion of the provider. The fourth exception is implicated when a provider's notes regarding a patient's diagnosis or some other matter is disputed by the patient, but the provider stands by their conclusions.

In accordance with HIPAA, if a provider receives a patient request to amend their record, the provider must act on the request within 60 days. If the provider agrees with the request, they must amend the patient's record accordingly and notify the patient, and any business associates or other providers identified by the patient, of the amendment. If the provider disagrees with the request, the provider must notify the patient of the disagreement, inform them of their rights to submit a statement of disagreement and to demand their amendment request and the provider's denial be included in all transmissions of the patient's record.

Statements of Disagreement and Rebuttals

If a provider denies a patient's request to amend their record, the provider must o er the patient the right to submit a statement of disagreement with the determination. The statement of disagreement provides the patient the opportunity to state their position on a disputed aspect of their medical record. While the provider is not required to make an amendment with which they disagree, the provider must include the patient's statement of disagreement with the patient record going forward. Similarly, once a patient submits a statement of disagreement, the provider has the right to submit a rebuttal statement, responding to the patient's disagreement. The statement of rebuttal must be provided to the patient and may be included with the record.

No Private Right of Action

If a patient believes a provider has violated the HIPAA right to amend provisions, the patient has no ability to bring their own lawsuit. HIPAA does not permit a patient to sue a provider for right to amend violations. This rule has been upheld in

several cases, including the 2024 case, Bondick v. Sanchez (D.Or. Mar. 13, 2024). A patient may, however, bring their complaint before the U.S. Department of Health and Human Services, which may initiate its own investigation into the provider's conduct and impose monetary and nonmonetary penalties for violations.

It should also be noted that nearly every state in the country has passed some form of health information privacy law at the state level. These laws generally follow the scope of HIPAA and are prohibited from applying less stringent privacy requirements, but may apply more stringent privacy requirements. Importantly, many states expressly provide for a private right of action for breaches of health information privacy. Thus, even though HIPAA does not afford patients a private right of action to sue for HIPAA right to amend violations, applicable state law may provide such a private right of action.

Counsel for patients may also be able to circumvent the lack of a private right of action under HIPAA by raising common law causes of action against providers. Patients may still sue providers for HIPAA violations under such causes of action as breach of privacy or negligent nondisclosure. While HIPAA is not itself the basis for the suit, patients may cite to their provider's breach of the right to amend rule as evidence of their breach of privacy or negligence. The lack of a private right of action is, therefore, often not a sweeping hinderance to any relief for HIPAA right to amend violations.

Conclusion

Medical records often include sensitive and potentially consequential patient information, resulting in a patient's understandable desire to know what it contains, and at times, present challenges when patients may disagree with a provider's documentation within it. This can result in a patient's desire to change the information in their record. Thanks to HIPAA, there are set guidelines in place for those who find themselves at odds regarding the contents of a medical record; therefore, it is imperative patients and providers both be informed of their rights and obligations under HIPAA. This ensures all parties are acting within legal bounds and properly maintaining the pivotal patient-provider relationship. ✚

FDA Issues Warning on Compounded Retatrutide Products

The U.S. Food and Drug Administration (FDA) has issued an important notice to the Federation of State Medical Boards regarding compounded drug products containing retatrutide, which are sometimes marketed for chronic weight management, diabetes, and related conditions.

In a letter dated March 31, 2025, the FDA clarified that compounded retatrutide products currently do not qualify for exemptions under sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act. The agency outlined that retatrutide fails to meet the necessary conditions because it:

- Is not the subject of an applicable United State Pharmacopeia (USP) or National Formulary (NF) monograph
- Is not a component of an FDA-approved drug product
- Does not appear on the "503A Bulks List" or "503B Bulks List"
- Is not listed on FDA's drug shortage list

The FDA has also warned about companies illegally selling unapproved retatrutide products falsely labeled "for research purposes" or "not for human consumption" directly to consumers with dosing instructions. These products may be of unknown quality and potentially harmful to consumer health.

Health care providers are encouraged to discuss these concerns with their patients, and consumers are advised to avoid purchasing such unapproved products.

The FDA has shared this information with the National Association of Boards of Pharmacy and National Council of State Boards of Nursing to facilitate communication among associations with shared regulatory goals regarding drug compounding.

For questions regarding drug compounding, contact the Office of Compounding Quality and Compliance at **compounding@fda.hhs.gov**. ✚

Acupuncture Emeritus License Renewals Happening Now

Online acupuncture emeritus license renewal is now available. Current licenses expire on June 30, 2025. An $80 late fee will be assessed for any renewals not submitted and paid for prior to this date.

A renewal notification is not required for you to renew your license. Use our online system to renew your license and, if necessary, update your home, mailing, and practice addresses in our records.

A license not renewed by 11:59 p.m. on June 30 will lapse, and the licensee may not practice. Practicing acupuncture with a lapsed license is considered practicing acupuncture without a license, a felony offense and grounds for disciplinary action.

Please complete your renewal by **June 1** to ensure Board staff have time to review and process the renewal application. Please note: Paper renewals are not offered. Staff are available to assist by phone. Staff will be available to assist walk-ins to renew their license during business hours only.

Self-service printing of Certificate of Registration
Once your license renewal has been approved, you will receive an email notification with instruction on how to print your new Certificate of Registration. It is suggested that you review all current personal information in your file, including addresses, to ensure that the information is correct. You may review your licensure information and print your new Certificate of Registration by logging into **Applicant/Licensee Services**. ✚

Statement of Philosophy: Chelation Therapy

In fulfillment of the Oregon Medical Board's mission to protect the health, safety and wellbeing of Oregon citizens, the Board looks to the standard of care in determining whether a patient received appropriate medical care. In some cases, medical techniques for diagnosis and treatment of conditions vary greatly and may include alternative treatments. However, patient safety must always be the primary concern when employing any diagnostic or treatment technique.

Chelation therapy is a medical treatment used to remove toxic heavy metals such as lead, mercury, and arsenic from the body. It involves the administration of chelating agents, most commonly ethylenediaminetetraacetic acid (EDTA), which bind to positively charged metal ions through their negatively charged functional groups. These metal complexes are then excreted via renal or biliary pathways.

While chelation therapy has been utilized for a variety of medical conditions, the FDA has approved chelation therapy only for treating metal toxicity. The TACT (2014) and TACT2 (2024) trials, funded by the National Institutes of Health (NIH), investigated the potential benefit of chelation therapy for coronary artery disease (CAD), but results were inconclusive and contradictory.

A provider who treats a patient with chelation therapy for any medical condition first must verify the toxic levels of heavy metals. Post-chelator challenge urinary metal testing does not meet the standard of care for diagnosis of heavy metal toxicity. Further, the American College of Medical Toxicology has concluded that post-chelator challenge urinary testing "has not been scientifically validated, has no demonstrated benefit, and may be harmful when applied in the assessment and treatment of patients in whom there is concern for metal poisoning."[1] The Board cautions providers to use chelation treatment only after a diagnosis of heavy metal toxicity, which includes a blood test or other accepted unprovoked test confirming the presence of heavy metals, and a careful determination that chelation therapy is appropriate for the particular patient.

The Board evaluates all diagnostic and treatment techniques using the standard of care and continues to consider the potential benefits and risks of chelation therapy. ✚

- Adopted October 2013
Amended April 2025

1. American College of Medical Toxicology Position Statement on Post-Chelator Challenge Urinary Metal Testing. July 27, 2009.

OBNM Seeking Applicants for Naturopathic Formulary Council

The Oregon Board of Naturopathic Medicine (OBNM) is seeking qualified physicians (MDs and DOs) to serve on the Naturopathic Formulary Council. This coucnil plays a vital role in reviewing and recommending updates to the formulary used by licensed naturopathic physicians throughout Oregon. Each member serves a two-year term and is eligible for reappointment.

The mission of the board is to regulate the practices of naturopathic medicine for the protection of the public. The board licenses over 1,200 naturopathic physicians. The seven-member board includes two public members and five licensed naturopathic physicians. Three full-time staff support the board's work.

The board administers licensure examinations, conducts background checks, approves educational opportunities for licensees, investigates complaints and issues discipline when appropriate.

Visit **oregon.gov/OBNM** to learn more about the Naturopathic Formulary Council. Contact the OBNM at **Naturopathic.Medicine@obnm.oregon.gov** or 971-673-0193. ✚

May is Mental Health Awareness Month: The Oregon Wellness Program is Here to Help

The purpose of the Oregon Wellness Program is to ensure physicians, PAs, acupuncturists, and other health care professionals within the state of Oregon have access to mental health support that is nonreported, urgently available, and complimentary.

OWP contracts with licensed and credentialed mental health providers, who each have a minimum of five years professional experience providing services to health care professionals.

OWP affiliated providers offer:

- Up to three complimentary sessions (a one-time benefit that can be spread across multiple years)
- Timely appointments, generally available within three business days
- Care without a "paper trail" or reporting to insurance or professional boards

The Oregon Wellness Program is not intended for emergent mental health crises. If you or someone you know needs immediate help, call or text **988** for the **National Suicide & Crisis Lifeline**.

Visit **oregonwellnessprogram.org** for more information and resources, including the Wellness Library, which offers personalized resources *about* healthcare providers *for* healthcare providers. ✚

Help the OMB Go Green - Subscribe to the Digital Newsletter

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** 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.

Unsure of your current subscription settings? Contact **gretchen.kingham@omb.oregon.gov** to confirm verify your distribution information. You may then subscribe to the electronic *OMB Report* at **omb.oregon.gov/subscribe**. ✚

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**.

PROPOSED RULES

*Written comments for all proposed rulemakings are due by 5 p.m. on May 21, 2025, via email to **elizabeth.ross@omb.oregon.gov**. Additional information can be found at **omb.oregon.gov/rules**.*

847-005-0005: Adding Health Professionals' Services Program passthrough fee for licensees.
The Oregon Medical Board's 2025-27 Governor's Recommended Budget adds an annual passthrough fee of $25 per licensee to sustain the Health Professionals' Services Program (HPSP) starting in July 2025. HPSP is a consolidated statewide program to assist health care providers with substance use or mental health disorders so they may continue practicing safely in Oregon. The passthrough fee would be first paid by most OMB licensees during the license renewal in the fourth quarter of calendar year 2025. To implement this fee starting July 2025, this rulemaking is being reviewed at the same time the legislature is considering the OMB's 2025-27 budget in House Bill 5022. The rulemaking will align with any changes in the bill. To conform with rule construction standards, the proposed rule removes footnotes and inserts the relevant information within the rule section where applicable.

847-008-0025: Removing inactive 1-year status for physicians in a postgraduate training program outside of Oregon.
The Inactive - One Year status is for physicians practicing in a postgraduate training program outside of Oregon. To save agency resources, proposed rulemaking would remove this status and only offer Inactive status with a two-year renewal cycle.

PERMANENT RULES

847-007-0010: Creates criminal conviction determination process to implement SB 1552 (2024).
The rule implements **SB 1552 (2024) section 44** allowing a person to petition a licensing board for a determination as to whether a criminal conviction would prevent the person from receiving a license. Section 44 and the rule become operative on July 1, 2025. **No public comments received.**

847-008-0030: Adds Emeritus status licensee may not receive indirect compensation.
The rule adds that an emeritus status licensee may not receive indirect monetary compensation for their practice in Oregon. **Public comments received**. Also, see the Board's **Frequently Asked Questions for Emeritus status licensees**.

847-026-0500: Implements Servicemembers Civil Relief Act for servicemembers and their spouse or domestic partner to practice.
The Veterans Auto and Education Improvement Act of 2022 (HB 7939) was signed into law on January 5, 2023, and amended on December 23, 2024, at 50 U.S.C. § 4025a as part of the Servicemembers Civil Relief Act (SCRA) supporting servicemembers and their spouses. The rule implements licensing portability for servicemembers, or their spouse or domestic partner licensed in another state and relocated to Oregon by military orders. **No public comments received.**

847-035-0030: Clarifications for AEMT and EMT-I scope of practice related to cardiac arrest and epinephrine administration.
The rule allowed an Advanced Emergency Medical Technician (AEMT) to prepare and administer vasodilators: nitroglycerine. The rule amendments added for "cardiac chest pain sublingual," to clarify not by other routes. Second, the rule stated an AEMT could prepare and administer epinephrine for anaphylaxis, which was also repeated in the EMT scope of practice. The rule amendments removed the duplicative language in the AEMT scope of practice to clarify, similar to an EMT, an AEMT may prepare and administer subcutaneous and intramuscular epinephrine for anaphylaxis. Lastly, for EMT-Intermediates (EMT-I) the rule allowed preparation and administration of vasoactive medications epinephrine and vasopressin. The rule amendments added "for cardiac arrest" to clarify. **No public comments received.** ✚

Board Actions: January 16, 2025 – April 15, 2025

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

AUTOMATIC SUSPENSION ORDERS

DEAN, Ronald D., DO; DO215809 | Des Moines, IA
On March 27, 2025, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license pursuant to ORS 677.225(1)(b).

MURPHY, Kevin J., MD; MD25228 | Tualatin, OR
On April 1, 2025, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license pursuant to ORS 677.225(1)(b).

YAO, Michael J., MD; MD155402 | Portland, OR
On April 8, 2025, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license pursuant to ORS 25.750 to 25.783.

NON-DISCIPLINARY BOARD ACTIONS

CORRECTIVE ACTION AGREEMENT

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.*

BIRKHAHN, Robert H., MD; MD166154 | Portland, OR
On April 3, 2025, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete a pre-approved longitudinal ethics course.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

ALLEN, Leah M., LAc; AC222784 | Silverton, OR
On February 6, 2025, 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 240 hours.

ALMANZA GOVEA, Jessica B., PA; PA220847 | Bend, OR
On March 5, 2025, 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 physician mentor for 2,000 hours.

BARACKER, Lisa A., DO; DO220145 | Klamath Falls, OR
On January 17, 2025, 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 physician mentor for 500 hours.

FIGUEROA CARNINE, Felicia A., LAc; AC224076 | Eugene, OR
On March 14, 2025, 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 80 hours.

JUNIPER, Evren R., LAc; AC207115 | Portland, OR
On February 20, 2025, 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 80 hours.

LIN, David W. K., MD; MD17928 | Portland, OR
On March 24, 2025, 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 physician mentor for 500 hours.

MARSH, Robert E., MD; MD222892 | Corvallis, OR
On January 17, 2025, 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 board-certified pre-approved administrative medicine physician mentor(s) for twelve months and submit 150 hours of Category 1 CME.

MASSARI, Christopher M., MD; MD28579 | Salem, OR
On February 6, 2025, 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 physician mentor for 500 hours.

NYENDAK, Melissa R., MD; MD25919 | Portland, OR
On March 19, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, agreed to practice under the supervision of a pre-approved physician mentor for 1,000 hours.

WOODS, Christopher M., PA; PA181919 | Salem, OR
On April 2, 2025, 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 physician mentor for 2,000 hours.

DISCIPLINARY ACTIONS

KNUTSON, Adam R., DO; DO198054 | Albany, OR
On April 3, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional conduct. This Order requires Licensee to complete specific terms; to maintain an on-going therapeutic relationship with a pre-approved healthcare provider; and to continue to follow up with a pre-approved primary care provider.

LEVINSON, Gary A., MD; MD191595 | Bend, OR
On March 6, 2025, 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.

MOLLOY, James P., III, MD; MD14689 | Sheridan, OR
On March 6, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross and repeated negligence in the practice of medicine; and failing to comply with a board order. With this Order, Licensee retires his Oregon medical license while under investigation, effective March 15, 2025.

SIEVERT, Frank A., MD; MD28172 | Maryville, TN
On April 3, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; and willful violation of a board order. With this Order, Licensee surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

WILSON, Lloyd P., MD; MD11715 | Springfield, OR
On April 3, 2025, Licensee entered into a Stipulated Order with the Board for gross or repeated negligence in the practice of medicine; failure to notify the Board of his voluntary resignation from a health care institution or voluntary limitation of privileges at the institution while under investigation for any reason related to medical incompetence, unprofessional conduct, incapacity, or impairment; and failure to make a report of voluntary withdrawal from practice while under investigation by a health care facility for incompetence, unprofessionalism, incapacity, or impairment. With this Order, Licensee surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

DRYLAND, David I., MD; MD22976 | Ashland, OR
On April 3, 2025, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's November 2, 2023, Stipulated Order.

NERNESS, Curtis R., MD; MD18127 | Portland, OR
On March 24, 2025, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's February 13, 2024, Interim Stipulated Order.

SCHMIDT, Linda E., MD; MD24604 | Portland, OR
On April 3, 2025, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 7, 2021, Stipulated Order. ✚

OMB Investigations

For more information about the Oregon Medical Board's investigation process, including how to file a complaint, when to seek attorney representation, mandatory reporting requirements, and more, visit **omb.oregon.gov/investigations**. ✚

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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).

Office Closures

Monday, May 26
Memorial Day

Thursday, June 19
Juneteenth

Tuesday, July 4
Independence Day

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Visit omb.oregon.gov/subscribe to register for any of the following notices from the OMB:

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

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For new license applications, renewals, address updates, practice agreements, and supervising physician applications: omb.oregon.gov/login

Licensing Call Center

Hours: 9 a.m. - Noon; 1 p.m. - 3 p.m.
Phone: 971-673-2700
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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.