OREGON MEDICAL BOARD
REPORT
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Smith Rock State Park

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Upcoming Meetings

September 3, 2026, 8 a.m.
Investigative Committee

September 9, 2026, 5 p.m.
Administrative Affairs Committee

October 1, 2026, 8 a.m.
Board Meeting

November 5, 2026, 8 a.m.
Investigative Committee

November 20, 2026, 9 a.m.
EMS Advisory Committee

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

Reflecting on Oregon's New Era of Physician Associate Collaborative Practice

*Oregon has made significant strides in modernizing physician associate (PA) practice through two key pieces of legislation. In 2021, the Oregon Legislature passed **House Bill 3036**, which removed administrative barriers and gave employers and physicians greater discretion to structure PA practice through collaboration agreements, while the Oregon Medical Board continued to regulate individual physicians and PAs under the Medical Practice Act (**ORS 677**) to ensure patient safety. In 2023, **House Bill 2584** built on that foundation by fully implementing PA collaborative practice in Oregon.*

As a member of the Oregon Medical Board, Ileana Esquivel, MPAS, PA-C, brings firsthand insight into how these legislative changes have shaped the practice landscape and shares her perspectives on what this evolution means for PAs, patients, and collaborative care in Oregon.



Ileana Esquivel, MPAS, PA-C
OMB Board Member

I have spent most of my physician associate (PA) career at OHSU in Portland, first in the Division of Cardiothoracic Surgery and currently with the Knight Cancer Institute. Both roles are hospital-based and involve multiple physician and PA clinicians. I have personally experienced the benefits of the transition to a collaborative practice, most notably the removal of a required single, designated supervising physician and a change from a supervisory to a collaborative arrangement.

When I was first licensed in Oregon, I worked under a practice description with a lone, designated supervising physician. However, the reality of most hospital-based practices (including my own) is that PAs do not work or collaborate with a single physician. Instead, we function as a team, where physicians may rotate on and off service, or PAs may share coverage of patients with multiple providers. The one-to-one regulatory model simply does not align with many team-based practices and can create unnecessary administrative obstacles.

For example, when I joined the Division of Hematology and Medical Oncology at OHSU in 2020, I was assigned a supervising physician who was among a pool of physicians who rotated through attending coverage on the inpatient service. My position was purely hospital-based, but my physician attendings changed each week and I did not have a specific relationship with that physician. Within a few months of my joining the team, my supervising physician left OHSU to pursue another career opportunity out of state. This required me to identify a new supervising physician, create a new practice description, and submit it to the OMB for approval within 10 days, though nothing about my clinical role or qualifications had changed, and her departure had no effect on my day-to-day practice.

Continued on page 2



PA Collaborative Practice, continued

This burden not only affected me, but also many administrative professionals within the Medical Staff Office who were responsible for maintaining records related to supervisory relationships and monitoring OMB approvals in order to update privilege forms.

"From a credentialing and privileging perspective, we have found the transition from Practice Agreements with supervising physicians to Collaboration Agreements to be beneficial and more efficient," says Ann Klinger, CPCS, CPMSM, Director of OHSU Health Medical Affairs. "Departments have greater flexibility in onboarding and managing PAs, and there is less work when physician staffing changes occur."

Under the previous model, PAs and physicians were required to submit practice agreements to the OMB, which included lists of specific medical services and tasks delegated to the PA. This document required formal review and approval by the OMB, a process that required repeated updates if additional procedures were needed.

The collaborative practice model recognizes that PAs and their physician colleagues and employers are well-suited to ensure that a PA's scope of practice is commensurate with their education, training, and experience. When I began my career in Thoracic Surgery, my initial practice agreement was appropriate for a new graduate and did not include autonomous procedures outside of the operating room. I gained specialized training and experience over time and earned the confidence of my surgeon colleagues to perform additional procedures, such as bedside tube thoracostomy and chemical pleurodesis, allowing our team as a whole to run more efficiently and better care for our patients.

However, the administrative process to accomplish this was cumbersome and ultimately unnecessary. Under the collaborative practice model, departments can structure the role of a PA around the needs of the service rather than around state-mandated supervisory paperwork.

Healthcare organizations, like OHSU, continue to control clinical practice through credentialing, privileging, departmental policies, quality review, and standards of care. Ms. Klinger agrees that the collaborative practice model has helped improve efficiency while maintaining appropriate oversight, accountability, and patient safety.

"The model recognizes the collaborative nature of modern healthcare delivery and allows PAs to work more effectively within their clinical teams," Ms. Klinger says.

The change from a supervisory to collaborative model has been a positive experience for me and better reflects my clinical practice as a PA in a large healthcare system, but I wondered if other stakeholders at OHSU agreed.

According to Ms. Klinger, no significant negative downstream effects have been noted from a credentialing perspective. She concludes, "Overall, the transition has been well received and has simplified administrative processes for my team, departments, physicians, and PAs alike."

For more resources and information, see the Board's **PA Collaborative Practice page**. ✚



Oregon Expands Access to Ear Acupuncture Treatment with Five-Needle Protocol Technician Registration

The effort to bring five-needle protocol (5NP) technicians to Oregon began in the summer of 2023, when an organizational partnership was formed between community organizers and the NAYA Action Fund. During the 2025 session, the partnership worked with legislators to pass House Bill 2143. On June 11, 2025, Governor Tina Kotek signed the bill into law, allowing non-acupuncturists with specific training to provide 5NP treatments.

5NP is a standardized treatment in which five points on the outer ear (shen men, sympathetic, liver, kidney, and lung points) are stimulated with sterile, single-use disposable needles, ear beads, or ear seeds for the purpose of achieving temporary relief from symptoms of substance use disorder, mental health conditions, or trauma. The new registration pathway is intended to increase access to this standardized, low-barrier treatment across the state.

HB 2143 marks the first time since 1973, when acupuncturists were added, that the Legislature has expanded the Oregon Medical Board's authority to regulate a new profession. Following the bill's passage, the Board convened a workgroup of acupuncturists, physicians, and community members to inform rulemaking and adopt rules covering education and training requirements, as well as sanitation and best-practice standards.

Registration opened March 1, 2026. Individuals who complete the required training may now register with the Board. In the five months since, 79 technicians have registered with the Board and are providing 5NP treatments across the state in various settings.

The law's practical impact showed up in small ways, too. At a recent community health fair, a scheduling conflict left the planned acupuncturist unable to attend. A registered 5NP technician was able to step in and provide 5NP treatments to approximately 15 attendees — coverage that the new registration pathway made possible. Afterward, attendees asked where they could continue receiving 5NP or acupuncture treatment.

For 5NP registration requirements, treatment standards, and frequently asked questions, visit the Board's Five-Needle Protocol page at **omb.oregon.gov/5NP**. ✚

Trauma-Informed Care Helps Providers as Well as Patients

By Lisa Rohleder, LAc | Director, Oregon College of Community Acupuncture

I've been a licensed acupuncturist in Oregon since 1994. When I went to acupuncture school, I learned about treating trauma (whether physical, mental and/or emotional) but I didn't learn anything about trauma-informed care – because it wasn't a topic back then. Although there's more awareness now, I think many healthcare providers are missing out on its benefits.

According to **Trauma Informed Oregon**, Trauma-Informed Care (TIC) aims to ensure that environments and services are safe, empowering, and healing, differing from Trauma Specific Services, which focus on symptoms. TIC recognizes the prevalence of trauma, which means that it's generally wise to assume that anyone you meet at work (patients, caregivers, coworkers) may have a history of trauma that they may or may not be aware of that could re-surface at any time in your interactions with them. In my experience, TIC can be enormously helpful to healthcare providers as well as patients, because implementing its principles makes our work environments safer, less stressful, and easier for everyone to navigate. In healthcare, it's easy to re-traumatize people without meaning to. I was introduced to TIC by caseworkers of CareOregon's program for high utilizers (people who frequently seek care in emergency rooms and/or have multiple chronic conditions) through a partnership that the caseworkers initiated with my clinic, Working Class Acupuncture, in 2012. Their clients were interested in non-pharmaceutical alternatives for pain management; many of them previously had had bad experiences in the healthcare system.

According to Laurie Lockert, MS, common trauma triggers in healthcare include authority figures; sensory cues of past events; lack of power and control; feeling threatened or attacked; being caught by surprise; feelings of vulnerability and rejection; sensory overload; and shaming.

A primary goal of TIC is to set up structures and systems that avoid these triggers wherever possible, and as a result, steer clear of creating adversarial relationships with patients. TIC does not require disclosure of trauma. It's safest to just assume everyone has it and proceed accordingly.



According to Trauma Informed Oregon, the six principles of TIC are:

1. **Safety.** Everyone wants to feel physically and psychologically safe.
2. **Trust and transparency.** If you focus on building trust as a primary goal, everything else gets easier. Being as open as possible about processes and decision-making helps cultivate trust.
3. **Peer support.** Honor and value others' lived experiences and flatten hierarchies where possible.
4. **Collaboration and mutuality.** Relationships are crucial and everyone has a role to play.
5. **Empowerment, voice, and choice.** Strengthen people's experience of choice; it's important because trauma always involves loss of control.
6. **Historical, cultural, and gender responsiveness.** Move past stereotypes and bias.

As my clinic's partnership with the CareOregon caseworkers and clients unfolded, everyone was pleasantly surprised that people who'd been labeled "difficult patients" in other settings were no harder for us to treat than anyone else. In our clinic, they didn't stand out at all. Of course, some of that has to do with the nature of acupuncture; we're not dispensing controlled substances, so we don't have to worry about anybody misusing them, and everyone who comes to our clinic is there voluntarily. But a lot of it had to do with my clinic's structures and systems – which were, the caseworkers told us, pretty good examples of TIC given that we were new to these concepts.

It seemed like a happy accident, but really it was about the prevalence of trauma. I have PTSD, which has caused problems my whole life. When I had the opportunity to start my own clinic, I tried to set it up so that I was less likely to get triggered at work. For my own wellbeing, I needed consistency, transparency, and collaboration. I needed to have as few surprises as possible. It turned out that the kind of predictability and neutrality that made me feel safer and better able to show up for my patients also made other people with trauma histories feel the same, making it less stressful for everyone in my clinic to provide services to them.

TIC is about lowering barriers to care by making environments and services easier to use. The author Dr. Sandra Bloom defines "social safety" as "The sense of feeling safe with other people... There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery."

Healthcare providers need social safety too. ✚

Additional Resources

- ***Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*** by Laura Van Dernoot Lipsky with Connie Burk
- ***Creating Sanctuary: Toward the Evolution of Sane Societies*** by Dr. Sandra Bloom
- **On Healing and Trust: An Animated Video About Trauma-Informed Care** by Nika Jagel

Opioid Use Disorder Treatment in the Emergency Department

Oregon Health Leadership Council (OHLC) is excited to announce the launch of their new online **Opioid Use Disorder (OUD) Treatment in the Emergency Department (ED) Implementation Guide**.

In 2023, OHLC released the OUD Treatment in the ED Toolkit to help Oregon emergency departments build and strengthen their OUD treatment programs. Their new online guide expands on that work by providing more in-depth, practical implementation support with updated information and resources, including:

- Easy-to-navigate, web-based content
- A suite of ED-specific protocols and EHR order sets for medication initiation, withdrawal management, supportive care, and more
- Expanded training, educational, and patient resources
- Medication formulary recommendations

As OHLC continues to build the guide, you may notice some sections are still under development. Additional sections will be added over the coming months, and OHLC will share updates as they become available.

OHLC hopes this resource supports emergency department teams in implementing and sustaining evidence-based OUD care across Oregon. ✚

From the Desk of the Medical Director

How the Chaperone Rule Affected My Workday



Jordana Gaumond, MD
OMB Medical Director

The chaperone rule, requiring an offer of a chaperone before a sensitive exam, went into effect in Oregon on July 1, 2023. Under the rule, licensees must ensure patients are offered a trained chaperone for all genital and rectal examinations, and for breast examinations of all patients who identify as female, with exceptions for medical emergencies. The licensee may only use trained chaperones, and they may not be a family member or friend of the patient or licensee. The rule also requires the presence or absence of a chaperone must be documented in the patient's chart, but the patient may decline the chaperone or decline the examination itself. Please see the rule for details **OAR 847-010-0130 Medical Chaperones** and OMB's chaperone webpage **omb.oregon.gov/chaperone**.

I was a practicing general surgeon in 2023 when the chaperone rule went into effect. With an increasing number of patients to see and shorter clinic visit times to accommodate them, I honestly lamented the additional perceived burden of having to offer a chaperone for many of my patient visits. I felt that it would significantly slow my day and decrease my ability to care for my usual number of patients. Admittedly, in my frustration, I was hardly invested in the arrangements my clinic administration was making in order to comply with the rule including the training of chaperones, signage to inform patients they are entitled to be offered a chaperone, change in check-in and appointment workflow and ability for patients to easily accept or decline a chaperone, documentation of chaperones, etc.

Our clinic went live ahead of the true date in order to work out any issues or concerns, and by July 1, 2023, we were in full swing with our new offering, use, and documentation of chaperones.

At first, I was clumsy, it was a change in my own workflow, but I very quickly realized within the first day or two of clinic appointments that offering or having a chaperone actually decreased my clinic visit times and was quite smooth (I must thank my clinic for all the preparatory work completed without my assistance). Simply having the conversation to offer a chaperone seemed to put the patients at ease and they appeared less anxious, more ready to comply with us, and mentally prepared for the examination. I had not realized before that time that there was some hesitancy or anxiety the patients were experiencing which existed prior to the chaperone rule and which took some of my time to address in each appointment at various levels.

I also found having a chaperone was helpful in clinic appointments which I anticipated might become awkward, even if they were not one of the specified sensitive examination areas. After the rule went into effect, the time it took me to address those concerns decreased significantly and the patients appeared more relaxed and frankly, at the end of my day I felt more relaxed, more energetic, and more at peace. Perhaps these positive effects are the result of an increase in trust in the patient-clinic-provider relationship.

Thank you, licensees, for enacting and supporting chaperones for patients in Oregon. ✚

Topic of Interest: Offering a Medical Chaperone

OAR 847-010-0130 requires all Oregon Medical Board licensees to ***offer*** a trained chaperone to be physically present for all genital, rectal, and breast examinations. The OMB compiled a list of **Frequently Asked Questions** to provide information as the rule is implemented.

An Oregon Medical Board licensee must:

- Offer to make a trained chaperone available who can be present for any:
  - Genital and rectal examinations regardless of gender; and
  - Breast examinations for patients who identify as female.
- Ensure that the chaperone:
  - Is not a personal friend or relative of the patient or licensee; and
    - Holds an active Oregon license to practice a health care profession; or
    - Completes a course for medical chaperones reviewed by the Oregon Medical Board.
  - Does not participate in acts that would obstruct or distract the chaperone from observing the licensee's behavior and actions throughout the exam, procedure, or clinical encounter.
- Document the presence or absence of a chaperone in the patient chart.

The patient may decline the presence of a chaperone. If the patient declines, the licensee may:

- Defer the breast, genital, or rectal examination if, in the provider's judgment, deferring the examination is in the best interest of the patient and the licensee.
- Perform the examination and document the patient's consent to proceed without the presence of a chaperone.

Under this rule, an OMB licensee is not required to offer a chaperone:

- For circumstances in which it is likely that failure to examine the patient would result in significant and imminent harm to the patient, such as during a medical emergency.
- If a chaperone is already present in the normal course of the examination.

Please review the list of **Frequently Asked Questions** and email **elizabeth.ross@omb.oregon.gov** with additional comments or questions.

Medical Chaperone Training & Training Courses

OMB licensees should ensure that chaperones understand their responsibilities to protect patients' privacy and the confidentiality of health information.

No additional training is required if the chaperone holds an active Oregon license to practice a health care profession (physician, physician associate, registered nurse, etc.). If the chaperone does not hold a health care professional license (medical assistant), the chaperone must complete a course for medical chaperones reviewed by the OMB.

Courses should include the training elements of appropriate observational techniques, documentation of encounters, maintaining boundaries in the workplace, draping techniques, the importance of neutrality, reporting requirements, and other components of a chaperone training program.

List of Reviewed Training Courses (open to public):

- **PBI Education,** Medical Chaperone Training Program
- **Oregon Health and Science University,** Chaperone Education Course
- **MedTrainer,** Medical Chaperone Training

The OMB does not maintain training records for individuals completing a chaperone course. The OMB has reviewed the training programs listed above, in consideration of the Board's rule, OAR 847-010-0130. Each course was found to meet the basic criteria for training an individual to serve as a medical chaperone. The trainings may contain content specific to the organization, beyond the requirements of the OMB rule.

Many healthcare systems and group practices develop their own medical chaperone training courses. To request review, entities may send a **request form** and course outline or slides to the OMB. The information can be emailed to **elizabeth.ross@omb.oregon.gov**. OMB staff aims to review and respond to requests within 10 business days of receipt.

Patient Resources

To help inform patients of their right to ask for a chaperone, the OMB created a brochure and series of posters, available at **omb.oregon.gov/MedicalChaperones**.

Statement of Philosophy: Sexual Misconduct

The Oregon Medical Board recognizes that the practice of medicine entails a unique relationship between the medical professional and the patient. The patient's trust and confidence in a provider's professional status grants power and influence to the physician, physician associate, or acupuncturist.

Licensees are expected to maintain a professional manner and to avoid behaviors that may be misunderstood by or considered offensive by the patient. Licensees should take proactive steps to eliminate misunderstandings through clear, appropriate, and professional communication.

Recommended proactive practices:

1. Provide a professional explanation about each component of examinations, procedures, tests, and other aspects of patient care.
2. Communicate actions in advance, such as physical touch during an exam.
3. Have a chaperone present during sensitive examinations and procedures and anytime when requested by the patient.
4. Be cognizant of sexual or romantic feelings toward a patient or patient representative, and transfer the patient to another health care provider.
5. Be alert to a patient's or patient representative's sexual or romantic feelings; the licensee is responsible for ensuring that the boundaries of the professional relationship are maintained.
6. Exercise extreme caution in electronic communications due to the high potential for misunderstanding. The Oregon Medical Board's Statement of Philosophy on Social Media provides additional guidelines.

Sexual or romantic contact or a suggestion of any sort within a professional relationship, or any such contact outside of the provider-patient relationship is unethical and constitutes unprofessional conduct. "Contact" includes any interaction, whether verbal, physical, or over electronic means. ✚

- Amended October 3, 2019

"'Sexual misconduct' is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal, physical or other behavior, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual."

- Oregon Administrative Rule 847-010-0073(3)(b)(G)

Sexual Trauma Support

The Oregon Medical Board takes accusations of sexual misconduct extremely seriously. If you have filed a sexual misconduct complaint with the Board and would like additional resources, please visit the **Oregon Attorney General's Sexual Assault Task Force webpage**. There, you will find contact information for nonprofit organizations in your area. Please note that the Sexual Assault Task Force does not operate a shelter or crisis hotline.

Continuing Education: Suicide Prevention & Postvention Trainings in Oregon

Oregon healthcare professionals have access to a range of suicide prevention and postvention trainings that qualify for continuing education credits. Oregon Health Authority's 2025 **Suicide Prevention Training Data Report to the Legislature** highlights growing participation and the impact of Oregon's 2022 law requiring suicide prevention training for behavioral health workers.

Featured Training: Addressing Firearm Safety with Patients at Risk of Suicide

This training is particularly valuable for rural providers working in communities where firearm access is common. Offered by St. Charles Health System and Oregon State University, this **free, one-hour**, self-paced course provides practical, evidence-based tools for discussing firearm safety with patients at risk of suicide, with a focus on rural cultural context and de-escalation skills. This course is pproved for **1.0 AMA PRA Category 1 Credit™** and meets **OHA Cultural Competence Continuing Education** requirements.

Since 2022, over 5,000 Oregon providers have completed this training. Last year, MD and DO participants rose from about 7% to over 44%. 96% said it was relevant to their practice, and 98% said they'd recommend it to colleagues. As one provider said, "I feel better equipped to identify risk factors and know how to start a conversation around suicide risk, and better wording to use to keep trust and collaboration."

Additional OHA-Approved Trainings
OHA supports the **Big Rivers Suite of trainings**, offering a comprehensive approach to the continuum of suicide prevention care. ✚



Register Now for Fall 2026 ECHO Programs

Registration is now open for Oregon Extension for Community Healthcare Outcomes (ECHO) Network programs that start in September.

There are several new ECHO programs being offered this term on Behavioral Health for Adults with Intellectual and Developmental Disabilities and on Digital Health Navigation.

Continuing education credits are available and each program is offered at no cost to you or your workplace.

ECHO programs fill quickly. Please visit **OregonECHONetwork.org** as soon as possible if you are interested in participating in any of these programs. ✚

Governor Kotek Announces Plans to Strengthen Behavioral Health Care, Protect Rural Maternity Care in Oregon

Originally published by the Office of Governor Tina Kotek

Strengthening Behavioral Health Care
For too long, Oregonians in crisis cycled through emergency rooms, jails, and the streets instead of getting care. That is changing. Under Governor Kotek's leadership, Oregon anticipates adding more than 1,600 licensed residential treatment beds — a more than 45 percent increase in capacity — with over 1,000 already open and serving people today.

This is an unprecedented increase that meets the urgency of the moment. The graph below demonstrates the growth in state-funded residential bed capacity since late 2022, when the Governor directed the Oregon Health Authority (OHA) to begin tracking this data. Prior to 2023, Oregon had not experienced significant or sustained growth of state-funded beds.

Oregon's mental health and addiction care system had been weakened by decades of underinvestment, workforce shortages, and fragmented care. Too often, people have cycled through emergency rooms, jails, and the streets instead of receiving treatment.

The addition of more than 1,600 beds represents a fundamental shift in the system's capacity. Longtime system partners have noted that Oregon has not seen an expansion of this scale in such a short timeframe. The increase reflects a coordinated, statewide effort to meet the scope of Oregon's behavioral health needs and provide meaningful, lasting support to individuals and families across the state.

Governor Kotek also announced that all 36 Oregon counties now have updated Behavioral Health Agreements, completing Oregon's transition away from a 30-year-old contractual model and giving the state a real-time, statewide view of where services are strong, where gaps remain, and where future investment should go.

Since 2021, Oregon has:

- Invested more than $300 million to expand residential mental health and substance use disorder treatment capacity statewide;
- Funded 24/7 crisis services, including access through the 988 Suicide and Crisis Lifeline, and launched the Mobile Crisis Training Academy to ensure consistent training for mobile crisis teams; and
- Expanded behavioral health workforce development through tuition assistance, loan repayment, and recruitment and retention programs to address longstanding workforce shortages.

Protecting Rural Maternity Care
Governor Kotek secured additional funding to help stabilize maternity care in rural communities, bringing the total investment to $37.5 million for 21 hospitals across 17 counties. The funding will help hospitals retain staff, upgrade equipment, and keep labor and delivery care available closer to home for Oregon families.

At a time when Oregon's rural hospitals are increasingly impacted by federal policy changes, these payments are designed to stabilize maternity services, strengthen access to care, and create good paying jobs in communities with limited resources. The funding aims to ensure safe, reliable services for OHP members. The investments are expected to improve access to prenatal and postpartum care, reduce preventable complications, and promote more equitable maternal health outcomes across rural Oregon.

These efforts are part of a broader statewide strategy to strengthen maternity care. In 2025, the Governor requested and the Legislature authorized a one-time $25 million investment to support, stabilize, improve and expand rural maternity hospital services. Governor Kotek directed OHA to distribute the funds in a targeted approach based on input from impacted hospitals. In addition to the CMS-approved directed payment, OHA increased the 2026 maternity care rates for larger hospitals that are paid by coordinated care organizations (CCOs) through diagnosis-related group (DRG) rates.

In addition to the directed payment, OHA is continuing to strengthen the full continuum of maternity care by expanding access to doulas and lactation counselors, implementing a community-based access program to support culturally specific and geographically diverse perinatal service providers, and prioritizing maternal and child health through the Rural Health Transformation Program. ✚

Phone Scammers: Useful Information for OMB Licensees

The OMB has seen an increase in reports of scammers contacting licensees via telephone, fax, and email, claiming to be Board staff. In some instances, scammers are able to replicate the OMB's phone number or email address. ***If you receive suspicious contact, do not provide any sensitive information.*** Oregon licensees may contact the Board directly (**info@omb.oregon.gov** or **971-673-2700**) to confirm the legitimacy of a phone call; **however, the OMB is not able to investigate or track suspicious contact.**



If you have been contacted by a scammer, the Oregon Medical Board urges you to visit the Federal Trade Commission website, **reportfraud.ftc.gov**, to report your encounter. The Federal Trade Commission can't resolve individual reports but does use the information to investigate and bring cases against fraud and scams. Additionally, if information, especially credit card or bank information, was provided, you should contact local law enforcement or the Attorney General and your financial institution. ✚

OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

43rd Annual Oregon Rural Health Conference

October 7 - 9, 2026
Riverhouse Lodge | Bend, OR

OHSU

Every year, the Rural Health Conference brings together over 400 healthcare leaders from across the spectrum, including providers, administrators, policymakers, and public health, hospital, and clinic leaders. Sessions will cover issues that affect Oregonians living in rural communities and share strategies and solutions. This year's presenters are among the most dedicated experts from Oregon and beyond.

Registration is now open! Click here to register for the conference. Use **this link** to book your room at the Riverhouse Lodge to receive a discounted rate.

For details and information, visit **ohsu.edu/oregon-office-of-rural-health/oregon-rural-health-conference**.

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

*Additional information can be found at **omb.oregon.gov/rules**.*

847-022-0000, 847-022-0100, 847-022-0110, 847-022-0120, 847-022-0130, 847-022-0140, 847-022-0150, 847-022-0155, 847-022-0160, 847-022-0170, 847-022-0180, 847-022-0190: Implementing SB 476(2025) to establish provisional licensure for Internationally Trained Physicians.
SB 476 (2025) sections 4-9 grant a provisional license to qualified Internationally Trained Physicians to practice under the supervision of an Oregon-licensed physician. After completing four years of supervised practice, the Internationally Trained Physician may become eligible to apply for medical licensure in Oregon. SB 476 authorizes the Oregon Medical Board to establish rules regarding the application, licensure, and renewal process for provisional licensees, supervision and assessment standards, clinical location requirements, and other requirements necessary to carry out SB 476. The Oregon Medical Board formed an ITP Workgroup to assist with developing these draft rules. The Workgroup included persons with subject matter expertise who will likely be affected by the proposed rules.

PERMANENT RULES

847-005-0005: Increasing Oregon Medical Board registration fees and Oregon Health Authority Workforce Data Fee.
The Oregon Medical Board's 2025-27 budget bill (HB 5022) authorized a 20% increase to license registration fees starting July 1, 2026. After further review of updated projections, the Board determined the fee increase is not needed until at least March 1, 2028. The rulemaking implements, but delays, this legislatively approved fee increase. Additionally, the Oregon Health Authority amended OAR 409-026-0130 to increase the fee for the Health Care Workforce Reporting Survey and Database program from $2 to $4 a year, and this rulemaking adopts that change.

847-008-0010, 847-020-0110, 847-028-0030, 847-050-0015, 847-070-0015, 847-080-0002: Shortening the timeframe for OMB applications to expire from 12 to six months.
The rulemaking shortens the timeframe for Oregon Medical Board license applications to expire from 12 to six months. The current 12-month window was established before online applications and electronic document submission were available. Now that applicants can submit materials electronically, the extended timeframe is no longer necessary and creates additional workload for licensing staff, who must monitor aging applications, follow up with applicants, and reverify outdated information such as employment history.

847-003-0200: Updating Oregon Medical Board Member Compensation related to travel and preparing for meetings.
To align with ORS 292.495, the rulemaking updates compensation provisions for Oregon Medical Board members. The rulemaking adds compensation equal to the per diem paid to members of the Legislative Assembly under ORS 171.072 (currently $178 per day) for (1) one day of preparation for any Board or Committee meeting scheduled for less than six hours, and (2) a travel day, when travel to an in-person meeting must occur on a day other than the meeting day. Additionally, the rulemaking clarifies Board member compensation of $250 is paid for each day of attendance at, and one day of preparation for, any Board or Committee meeting scheduled for six or more hours.

847-035-0030: Allowing paramedics to perform finger thoracostomy for traumatic cardiac arrest due to suspected tension pneumothorax.
The rulemaking adds finger thoracostomy for traumatic cardiac arrest due to suspected tension pneumothorax to the scope of practice for paramedics. Finger thoracostomy could only be performed by a paramedic under specific written protocols authorized by the supervising physician. Also, the paramedic must be trained by the supervising physician or their designee. In reviewing the rulemaking, the EMS Committee discussed whether allowing paramedics to perform finger thoracostomy would meaningfully improve outcomes given the high mortality rate in prehospital traumatic cardiac arrest. However, it was determined that allowing trained paramedics the ability to perform finger thoracostomy would offer Oregon patients the best chance of survival, noting that needle decompression, the current alternative, is not reliable. Also, Ohio, Arizona, Minnesota, Washington, Connecticut, and Texas permit paramedics to perform this procedure with training requirements.

847-001-0024: Updates statutes implemented and includes gender-neutral language.
The rulemaking adds two statutes to the statutes implemented list for this rule. The additions are ORS 677.420, relating to competency examinations, and ORS 677.425, relating to the confidentiality of information obtained during investigations. The rulemaking also updates gender-specific terminology to use gender-neutral language.

847-005-0008: Removes outdated public record fees and updates terminology to align with the statewide policy.
The rulemaking first removes references to reports the Oregon Medical Board no longer produces. The Board discontinued its monthly malpractice report due to minimal demand (2 requestors) relative to the time required to compile it. The rulemaking also removes a separate disciplinary report that the Board does not offer. Disciplinary information is instead available through a Verification of Licensure, which includes all Board actions. Second, the rulemaking updates terminology to align with the Oregon Department of Administrative Services' statewide policy on Public Records Requests and Fees and Charges. ✚

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Board Actions: April 16, 2026 – July 15, 2026

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

NON-DISCIPLINARY BOARD ACTIONS

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

BAGGETT, Amy Elizabeth, LAc; AC228635 | Bend, OR
On April 16, 2026, 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.

BELFIORE, Alexis Mercedes, LAc; AC226382 | Ashland, OR
On May 26, 2026, 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 200 hours.

GELETO, Gemechu Abraham, MD; MD218564 | Newberg, OR
On May 6, 2026, the Board issued an Order Terminating Consent Agreement for Re-Entry to Practice. This Order terminates Licensee's August 18, 2025, Consent Agreement for Re-Entry to Practice.

CORRECTIVE ACTION AGREEMENTS

ANDERSON, Craig Douglas, MD; MD20636 | Salem, OR
On July 2, 2026, the Board issued an Order Modifying Corrective Action Agreement. This Order modifies Licensee's January 4, 2024, Corrective Action Agreement.

BOMBECK, Christopher Ayres, MD; MD22989 | Coquille, OR
On July 2, 2026, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved longitudinal boundaries course and to maintain an on-going therapeutic relationship with a healthcare provider(s) pre-approved by the Board's Medical Director.

MANDZUK, Jenna Ann, LAc; AC165564 | Sherwood, OR
On July 2, 2026, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved longitudinal boundaries course and submit a paper to the Board focusing on what was learned during the investigative process.

INTERIM STIPULATED ORDERS

ZAMORA, Camilo, PA; PA217793 | Portland, OR
On April 16, 2026, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

DISCIPLINARY ACTIONS

CASAS, Cynthia, LAc; AC213957 | Portland, OR
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; sexual misconduct; repeated acts of negligence; and gross negligence. This Order revokes Licensee's acupuncture license, however the revocation is stayed; suspends Licensee's acupuncture license for 90 days; assesses a $10,000 civil penalty, however the civil penalty is held in abeyance so long as Licensee remains in compliance with the Order; assesses $12,274.90 in Board costs; requires completion of the Extended PBI Boundaries course; and requires Licensee to enter into a mentorship with a pre-approved acupuncturist who will meet with Licensee twice a month to review patient charts and provide quarterly written reports to the Board.

HARMON, Elizebeth Rose, MD; MD15582 | Salem, OR
On July 2, 2026, Licensee entered into a revised Stipulated Order with the Board replacing Licensee's February 24, 2022, Stipulated Order in which the Board made findings of unprofessional or dishonorable conduct; making statements that Licensee knew or should have known were false and misleading; gross and repeated acts of negligence; and willful violation of any Board rule or order. With this Order, Licensee agrees to follow the current clinical practice guidelines of the Endocrine Society or an equivalent evidence-based standard when treating male patients with hormone therapies; to comply with all applicable requirements for Level I office-based surgical procedures; and, if she intends to perform Level II or Level III office-based surgeries, to perform at least the first five with a pre-approved co-proceduralist.

KOLARSKY, Kenneth John, MD; MD24007 | Portland, OR
On May 27, 2026, the Board issued an Order of License Suspension to immediately suspend

Licensee's medical license pursuant to ORS 677.225(1)(b).

LEE, Gene Hyung, MD; MD190709 | New York, NY
On July 2, 2026, the Board issued a Final Order Upon Default for misrepresentation on an application for registration; disciplinary action by another state licensing board; and failure to report an adverse action by another state licensing board. This Order suspends Licensee's license for 30 days and assesses a $10,000 civil penalty.

LEVITT, Scott Paul, MD; MD177071 | Easton, MD
On July 2, 2026, Licensee entered into a revised Stipulated Order with the Board replacing Licensee's January 4, 2024, Stipulated Order in which the Board made findings of unprofessional or dishonorable conduct; gross negligence in the practice of medicine; and violations of Board rules. With this Order, Licensee is assessed a $10,000 civil penalty, however the civil penalty is held in abeyance and Licensee agrees to complete a comprehensive evaluation at the Center for Personalized Education for Professionals and any recommended remediation prior to performing any form of aesthetic medicine or any elective or office-based elective procedures within the State of Oregon.

LUCAS, Alan Paul, MD; Applicant | McMinnville, OR
On July 2, 2026, the Board issued a Final Order Upon Default for failure to meet the qualifications for licensure, failure to establish good moral character, and violations of the Medical Practice Act (state law), including unprofessional or dishonorable conduct; fraud or misrepresentation in applying for or procuring a license to practice medicine in this state; willful violation of the Medical Practice Act; and willful violation of Board rule. This Order denies Applicant's license application.

PRASAD, Alvin Ashneel, PA; PA203622 | Portland, OR
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; sexual misconduct; repeated negligence in the practice of medicine; gross negligence in the practice of medicine; and conviction of any offense punishable by incarceration. With this Order, Licensee's Oregon physician associate license is revoked and Licensee is assessed a civil penalty of $10,000 which is held in abeyance so long as Licensee does not reapply for a license in Oregon and is in compliance with all other terms and conditions of Order.

RALEIGH, Todd Michael, MD; MD211247 | Brentwood, TN
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; disciplinary action by another state of a license to practice; willful violation of any provision of the Medical Practice Act, specifically failure to self-report within 10 working days any official action taken against the licensee; and failure to report to the Board any adverse action taken by another licensing jurisdiction. This Order reprimands Licensee; assesses a $1,000 civil penalty; and requires that Licensee demonstrate competency if he intends to return to the practice of medicine in Oregon.

RODRIQUEZ, Alberto, PA; PA01439 | Portland, OR
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for violation of a Board order. This Order reprimands Licensee; assesses a $5,000 civil penalty; requires Licensee to complete a pre-approved professional boundaries and ethics course; prohibits in-person examinations of female patients over the age of 18 without a medically-trained chaperone present; prohibits telehealth clinical encounters with female patients over the age of 18 without a medically-trained chaperone present, which may be terminated after one year if Licensee has no pending investigations; prohibits Licensee from prescribing testosterone; and prohibits Licensee from prescribing to any family member.

RUMMEL, Tobin Daniel, DO; DO157483 | Corvallis, OR
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for gross negligence in the practice of medicine; repeated acts of negligence in the practice of medicine; unprofessional or dishonorable conduct; sexual misconduct; and violation of a Board rule. This Order revokes Licensee's Oregon medical license; assesses a $10,000 civil penalty; 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 an Oregon medical license.

SIMMONS, Carolyn Elizabeth, MD; MD213417 | Mesa, AZ
On July 2, 2026, the Board issued a Final Order Upon Default for alleging failure to meet the qualifications for licensure, failure to establish good moral character, and violations of the Medical Practice Act (state law), including unprofessional or dishonorable conduct and fraud or misrepresentation in applying for or procuring a license to practice medicine in this state. This Order denies Applicant's license reactivation application.

THOMPSON, Albert Prather, MD; MD13058 | Pacific City, OR
On July 2, 2026, Licensee entered into a Stipulated Order with the Board for willful violation of a Board order. With this Order, Licensee retires his medical license while under investigation. ✚

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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.