



OREGON MEDICAL BOARD

REPORT

Crater Lake

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Upcoming Meetings

April 4, 8 a.m.
Board Meeting

May 2, 8 a.m.
Investigative Committee

May 17, 9 a.m.
EMS Advisory Committee

June 6, 8 a.m.
Investigative Committee

June 7, Noon
Acupuncture Advisory Committee

June 17, 5 p.m.
Administrative Affairs Committee

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

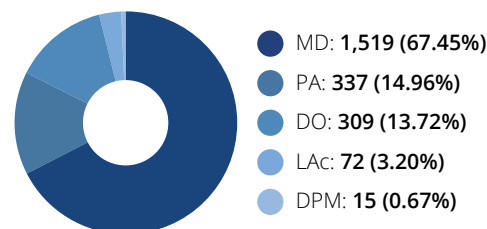
OMB Annual Statistical Analysis

Throughout the course of the year, Oregon Medical Board staff diligently track information related to licensing, investigations, and the agency's budget. The data collected helps inform the OMB on ways to most effectively serve our licensees and continue the Board's mission of protecting Oregon patients and ensuring they receive safe, high-quality medical care.

OMB staff is also continually preparing for Board and committee meetings, which typically require months of preparation. For example, on average, each full Board meeting requires Board members to read, and staff to compile, more than 10,000 pages of material.

New Licensees

The Oregon Medical Board welcomed **2,252 new licensees** in 2023.



The OMB's annual statistics continue on page 6.

A Public Board Member's Retrospective

After six years of service to the OMB, Patti Louie, PhD, reflects on her time as a Public Member of the Board.



As I end my six year tenure as a public member of the Oregon Medical Board, I could not be prouder of having been a part of this organization that is here to “protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.” Parsing that mission statement at face value makes it clear that our primary role in “regulating the practice of medicine” is to monitor licensees and their actions and provide

paths or direction for improving the quality of their care if needed. To “promote access” is to not constrain licensees to the extent that patient access is unduly limited. However, another more subtle component of promoting access is to create a dynamic whereby a patient will choose to access that care. Just because you build it, does not mean that they will come. They need to trust that they will receive quality care. This intention is at the core of the work of the OMB, and is at the core of the public member being a voice on the board.

Continued on page 2

*The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens
by regulating the practice of medicine in a manner that promotes access to quality care.*

A Public Board Member's Retrospective, continued

Patients enter the exam room in a vulnerable state. I know you all know this, but I also think that sometimes the dynamic can be viewed as “Here is a problem. Doc, can you solve it?” But way down deep inside, there is fear. It may be covered by bravado (“I am so healthy!” or “You can fix it, right?”), but it is there. And even if you can’t fix it, the patient trusts you are going to try. And, if a patient has had a bad outcome, they want to trust that is because there really was nothing to be done – not because someone made a mistake or lacked knowledge. When a bad outcome does happen, the patient wants to trust that it was a one-off, that you are doing whatever you can to ensure that it does not happen again.

There are many reasons that trust between patients and providers can break down. Not only when the science and standards of practice are not followed or when there is sexual misconduct, but also when licensees take short cuts or don't communicate with their patients about reasons for an examination or a prescription.

Building trust is what happens when a licensee cares enough to offer a chaperone – not because you are offering someone to monitor your actions, but because you care enough about your patient to build the most trusting environment that you can. Building trust occurs when you ask whether it is okay to touch a patient in each place that you want to examine them. And building trust occurs when the OMB reviews someone who has messed up.

So when you wonder: “Why does the OMB dig in so deep on a complaint that seems minor or unsubstantiated?” “What are they trying to catch me doing?” We hope that you trust us to do our jobs well. You can trust that we know that you are all human and that sometimes you make mistakes or get a patient complaint. You can trust that we don't just mete out discipline or recommendations without careful consideration. You can trust that if you are called in for an interview, that there is a reason, but not a predetermined judgment. And, you can trust that we will sometimes call you out and ask you to recognize that sometimes you may need a little help – either through updates in knowledge, or limitations on practice, or mental health support.

You could further wonder – how could a non-clinical person judge a licensee without having at least a little clinical education or experience? How could you trust that I am treating a licensee under investigation fairly when I am not a clinician? While the thousands of pages of case documentation that was given to us each month was certainly daunting, there are a lot of common sense issues that don't require a clinical background to evaluate. It is often bad practices that can lead to bad medicine.

For example, when there is a complaint and we find that medications have been prescribed or changed without normal follow up testing, or when the same medical file notes have been cut and pasted visit after visit so that it is impossible to tell why certain clinical decisions were made, or when there are witnesses to unprofessional behavior, or when licensees end up abusing the power dynamic of the licensee/patient relationship (sometimes not consciously but some licensees are not open to their having a blind spot!) – these cases, do not require a clinical background. When a clinical background is needed, specialty consultants and fellow clinical board members or the Medical Director can assist. One might think that in a clinical group dynamic, the value of a public member's perspective could be diminished by a dominating clinical board. Not so with the OMB. I have always felt that I have a voice and the responsibility to provide that consumer perspective further spurred me to leave no question unanswered.

While I will be grateful for getting many hours of my time back each month, I also am a little sad to leave. The people with whom I worked at the staff level in all departments, and my colleagues on the board, were dedicated, brilliant, and devoted servants of the public and of the OMB's mission. I trust that after I leave, they will continue to serve the citizens of Oregon in promoting consumer trust in the medical profession. +

Patti Louie, PhD, has dedicated her life to serving the public. Over the years, she has served on numerous nonprofit boards and currently works as the Chief Financial Officer of a large social services nonprofit organization.

In addition to her time as a Public Member of the Oregon Medical Board, Dr. Louie has a history of working with health care organizations, helping them consider and effectively deliver services and advance health care technology. She also advised the states of California and Colorado in their review of the establishment of health care foundations to ensure public health care benefits. In her current work, she facilitates various programs including those that deliver Medicaid services to the poor.

Dr. Louie has a BSEE from Loyola Marymount University, an MSEE from Stanford University, an MBA from UCLA, and a PhD in Management with a specialization in Leadership and Organizational Change from Walden University.

Dr. Louie loves hiking, reading, and camping. She also enjoys vegetable gardening and is a certified Master Gardener through Oregon State University Extension.

Longtime Licensees Retiring

The Oregon Medical Board would like to congratulate the following recent retirees and thank them for their many years of dedicated service to providing quality care to Oregonians.

Robert "Bass" Wagner, MD | 50 years of licensure

Dr. Wagner is a family practice physician who practiced in downtown Lake Oswego and West Linn for 38 years. He is a graduate of Temple Medical School and Oregon Health & Science University (OHSU). Dr. Wagner is a former President of the Meridian Park Hospital Medical Staff, and served on the boards of Meridian Park Hospital, the Meridian Park Hospital Foundation, the PACC Health Insurance Company, and the OHSU Alumni Council. He also served as a Board consultant from 2014 until his retirement.

While on sabbatical in Pennsylvania, he served as the hospital inpatient physician coordinator for the Williamsport Hospital Family Practice program. He has been a Clinical Assistant Professor in the OHSU Department of Family Medicine and continues to teach as a Preceptor in the OHSU Family Medicine Department, as well as an interviewer for the OHSU Medical School applicants.

Joseph Thaler, MD | 45 years of licensure

Dr. Thaler, an internist who practiced in Salem, began his career with the OMB as a Board member in 1999, eventually taking over as Board Chair in 2005. After his time on the Board, he provided consultant services and acted as a "substitute" Medical Director before taking over the role in 2012.

Among his many accomplishments, Dr. Thaler says he may be most proud of his work in battling the opioid epidemic in Oregon, stating: "I have been privileged to work with dedicated clinicians and other individuals from all over the state to curb this epidemic. The OMB has supported every effort to educate our licensees about safe prescribing and support patients dealing with chronic pain."

Donald Girard, MD, MACP | 48 years of licensure

Dr. Girard is an internal medicine specialist who has provided care in the Portland area since the early 1970s. He has been deeply involved with the Portland VA Hospital and served in various roles at OHSU, including Associate Dean of Graduate and Continuing Medical Education and Emeritus Professor of the School of Medicine.

Over the course of his career, Dr. Girard was awarded several honors, including OHSU Dept. of Medicine Chief Resident Award(s), OHSU Dept. of Medicine Faculty Teaching Award, Oregon Medical Association Physician Citizen of the Year Award, and the Medical Society of Metro Portland (MSMP) President's Award for his work with the Oregon Wellness Program. Dr. Girard was a member of the Oregon Medical Board from 2008-2016, serving as secretary, vice chair, and chair during his tenure.

Harley Kelley, MD | 61 years of licensure

Dr. Kelley is a general surgeon who maintained Oregon licensure for 61 years despite practicing medicine all around the world. Dr. Kelley graduated from OHSU in 1959 and completed surgical training in Portland before serving in Vietnam with the U.S. army. After his return, he spent the next 25 years at St. Vincent Portland before returning to military service, this time providing his surgical expertise in Germany, the Persian Gulf, and South Korea.

Following this retirement as an army surgeon, Dr. Kelley returned to Oregon. He spent five years serving the people of Burns, OR, working with family practice physicians as the town's only general surgeon. He then moved to Bend, OR, where, for the last 20 years, Dr. Kelley has worked closely with Volunteers in Medicine, providing care to those facing financial hardships or who lack medical insurance. +

Happening Now: Lapsed License Renewal

Physicians and physician assistants whose licenses have lapsed may submit a late renewal application January 4 through March 31, 2024. A \$195 late fee was assessed on January 1, 2024, for all lapsed licenses.

A license not renewed by March 31 will remain at lapsed status, and the licensee may not practice. Practicing medicine with a lapsed license is considered practicing medicine without a license, a felony offense and grounds for disciplinary action.

Please complete your renewal by March 1 to ensure Board staff have time to review and process the renewal application. Staff are available to assist by phone or in person. Visit the Board's [Applicant/Licensee Services](#) page to begin your renewal or contact the Call Center at 971-673-2700 to schedule an in-person visit. +

From the Desk of the Medical Director

David Farris, MD | OMB Medical Director

Updated Stance on Pain Management, Opiate Prescribing

Anyone prescribing opiates for more than acute pain is likely to be (should be) familiar with the CDC Guidance updated November 2022. Expectations have shifted to patient-specific management with shared decision-making with less emphasis on frequent UDSs and MRNs. The absence of MME numerical targets is particularly notable.

The document is comprehensive (lengthy) and will not be broken down further here. Nor is it reiterated in the revised OMB Statement of Philosophy on Pain Management (SOP), which essentially refers OMB licensees to the CDC guidance (see page 5 to read the SOP in full). The Board is well aware some number of clinicians have shied away from long-term pain management in part or in whole for fear of Board sanctions. We wish it weren't so, and the Board is hopeful the realignment in prescribing guidance will provide reassurance to those licensees caring for patients with long-term pain.

That said, patient safety cannot fall away. The standard now can be summarized as working in collaboration with chronic pain patients to safely maximize their functionality. What does this standard look like in practice?

- ❌ *Gone is the requirement to rapidly taper or discontinue opioids for patients on high doses, but that does not mean continued escalation should be practiced.*
- ❌ *Gone is the mandate to taper stable patients, but that doesn't mean a patient's MME of 720 is optimal.*
- ❌ *Gone is the expectation that concomitant opioids and benzodiazepines are forbidden, but that does not mean it's a good idea.*
- ✅ *Still mandated is careful, patient-centered consideration and documentation of true benefits vs. risks.*
- ✅ *Still required is an appropriate PARQ, reiterated at appropriate intervals.*
- ✅ *Still expected is appropriate monitoring to verify adherence to the treatment plan, including checks of the PDMP and use of UDSs when appropriate.*

Several times we have seen a prescriber vacate practice, leaving behind patients on dangerous dosages or combinations of pain meds and other CNS depressants. Subsequent providers have been reluctant or even refused to accept them for fear of Board action. However, the Board wishes to reassure and encourage licensees to assume the prescribing responsibilities for such patients, regardless of MME level, at least temporarily, in order to avoid patients going into withdrawal or turning to illicit sources.

The mission of the OMB is to protect the health, safety, and wellbeing of Oregonians. The Board cannot achieve this mission without responsible clinicians willing to step in and provide safe, effective treatment in our communities.

These Just In:

Readers of this space will recognize my never-ending, quixotic mission to inform licensees of ways to avoid OMB investigations. (We'd rather not talk to you. Don't take it personally.)

1. As you know, there are things the law requires you to report. I'll be in those weeds soon, but for now let's discuss "group awareness" of a doctor impaired in the workplace. This requires a report to the Board within ten days. All OMB licensees with firsthand knowledge are required to report. While it might seem logical one report would do, someone else's report does not discharge your individual responsibility. The Board was once obligated to investigate eleven licensees over a single incident. (Good news: no disciplinary sanctions were necessary.) In order for a single report to suffice for a group of providers, the report must be made on behalf of specifically named licensees and must describe how each licensee came to be aware of the reported conduct. If the report is timely and includes all licensees with firsthand knowledge, there will be no need for investigations regarding failure to file a mandatory report.
2. Attention telemedicine licensees: Your standard of practice is no different from anyone else's. No, you cannot delegate your medical decisionmaking to an online chat bot that generates a prescription for Ozempic. Yes, you should verify a patient's BMI and do all the other necessities required by Oregon law before prescribing phentermine. No, you should not prescribe self-injection of an anti-psychotic every two days with zero local involvement. Yes, regardless of your prescribing, you must arrange appropriate follow-up and make available urgent consultation (i.e. call coverage). In brief, do not become overly reliant on technology or compromise your standard of care.
3. I've spoken before of the inadvisability of intimacy with patients. Inherent power differentials in the provider-patient relationship make romantic and sexual relationships with patients unethical. The Board most frequently learns about sexual misconduct when the patient is jilted; when the patient confides in another person; when a spouse or significant other finds out; or when the blackmail money runs out. It should be noted that the genesis of the report is irrelevant to adjudication. We don't like being the tool of revenge, but we do follow the law. Text messages are forever, including photographs. Please call these to mind before making or accepting that invitation to coffee. Careers have died. +

Statement of Philosophy: Pain Management

Decades ago, pain became the fifth vital sign. Clinicians prescribed opiates liberally, aiming to alleviate all pain. But an unintended consequence occurred. Some patients developed dependence and addiction, and people died of overdoses and sedative symbiosis.

As a result, prescribing controlled substances became tightly constrained. As an unintended consequence of this shift away from liberal prescribing, some patients have been indiscriminately terminated from well-tolerated medical treatments.

On November 3, 2022, the Centers for Disease Control and Prevention (CDC) revised its guidelines for pain management. See: [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) and [Factsheet: CDC Guideline for Prescribing Opioids for Chronic Pain](#).

Oregon Medical Board licensees are advised to read the guidelines and familiarize themselves with the standard of care, specifically the expectation for individualized, shared decision making. Prescribers should conduct a patient-centered evaluation when determining appropriate Morphine Equivalent Dose (MED) limitations for each unique patient. Prescription Drug Monitoring Program (PDMP) checks and detailed counseling conversations with patients – and documentation of these – are still critically

important. The risks versus benefits of opioid treatment for chronic pain and frequency of drug screens are to be considered on a case-specific basis. The new guidance makes clear the ongoing assessment and documentation of the benefits of opiates and all controlled substances versus the risks and side effects is still of paramount importance.

Finally, additional resources are available to assist licensees in providing the best patient care available, particularly as it relates to prescribing for chronic pain. Experts in the field are readily willing to support and advise other Oregon physicians and physician assistants in working to meet the needs of patients in our communities. +

- Adopted January 1993; Amended January 4, 2024

In alignment with this statement and CDC guidelines, there are no set regulatory limits on the daily dosage of opioids that can be prescribed in Oregon. There is also not a requirement to rapidly taper or discontinue opioids for patients on existing opioid doses. The Board wants to ensure licensees accepting new patients on exiting chronic opioid therapy do not feel pressured to rapidly change a patient's current opioid dose.

Oregon Licensing Fee Increases Effective July 1

The Oregon Medical Board will increase most license registration and renewal fees beginning July 1, 2024. Licensees will see this change at their next license renewal.

	Current Fee	New Fee
MD/DO/DPM	\$243/year	\$304/year
PA	\$191/year	\$239/year
LAc	\$161/year	\$201/year

Oregon's current licensing fees have been in place since 2013. In that time, the cost of doing business has risen significantly. The OMB does not receive tax funding and relies on licensing and service fees to fund the important services we provide. The fees we receive provide the resources necessary to ensure that only qualified and competent individuals are licensed to practice medicine in Oregon, remediate licensees who pose a threat to patient safety, and inform members of the public about their medical providers.

In addition to these services, registration and renewal fees provide agency licensees access to the benefits of the Health Professionals' Services Program (HPSP) and Oregon Wellness Program (OWP).

The Board undertakes its responsibilities consistent with our values of integrity, accountability, excellence, customer service, and equity. We continuously work to be good stewards of licensee dollars and we understand that increasing costs are an obstacle for our licensees, too. The Board has worked hard to keep from increasing fees as long as possible by streamlining processes to find efficiencies, automating where we can, and simply eliminating activities that don't bring value. This has not been enough to meet rising expenses; the agency cannot continue to fulfill its mission of public protection without increasing revenue.

To learn more about how the Oregon Medical Board uses its funding, see the budget and expenditure charts on page 10. +

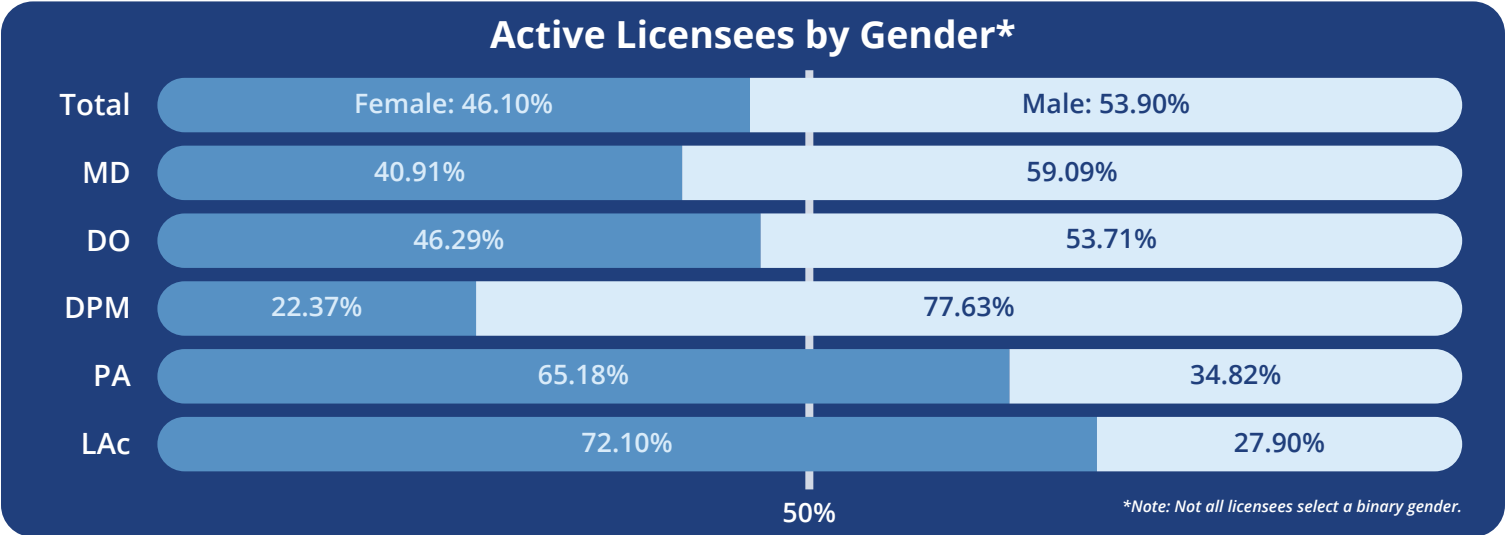
Annual Licensing Statistics

As of December 31, 2023, the OMB had a total of **25,004** licensees. Of that number, **22,878** held active licenses to practice in Oregon. Another **1,056** individuals held limited licenses of various kinds. +

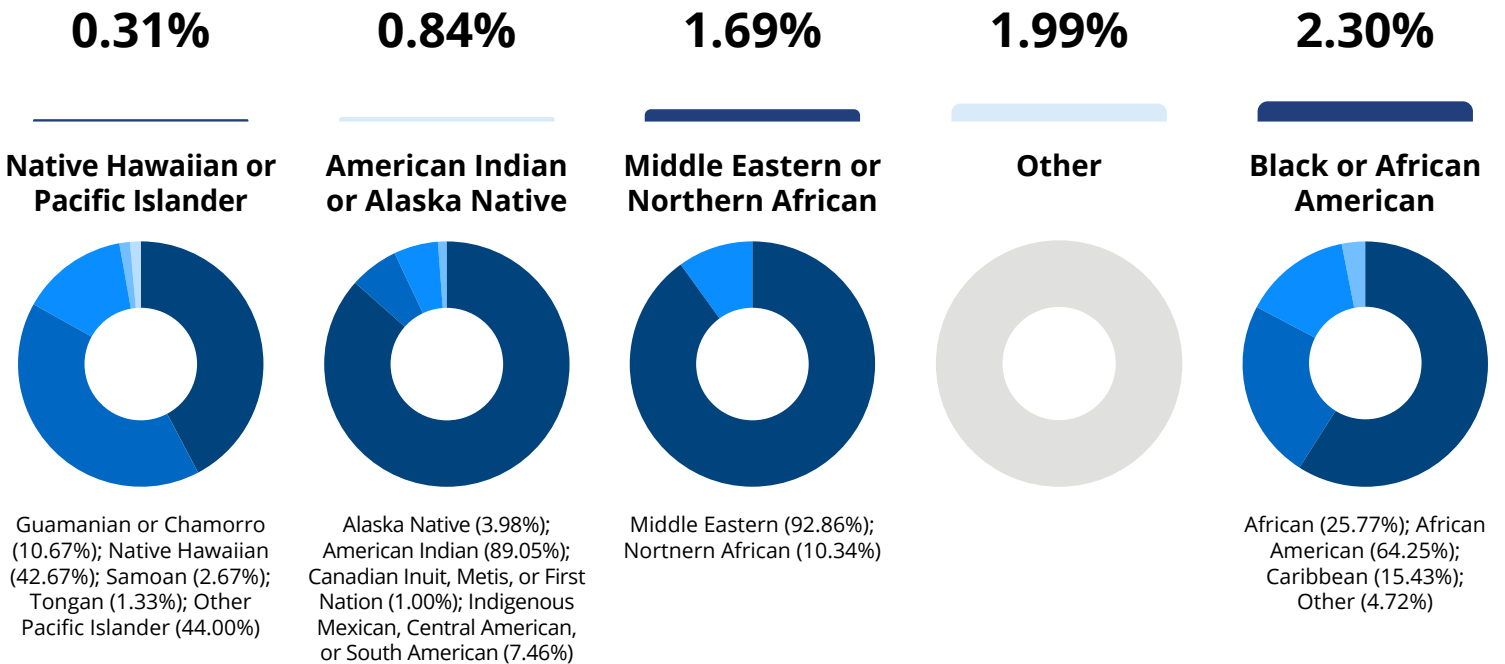
Status	MD	DO	DPM	PA	LAc
Active*	16,246	2,079	207	2,778	1,568
Inactive	813	82	5	103	67
Limited (all types)	828	216	12	0	0
Total	17,887	2,377	224	2,881	1,635

*Active licenses include: Active, Emeritus, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring, Teleradiology, Administrative Medicine, and Volunteer Emeritus

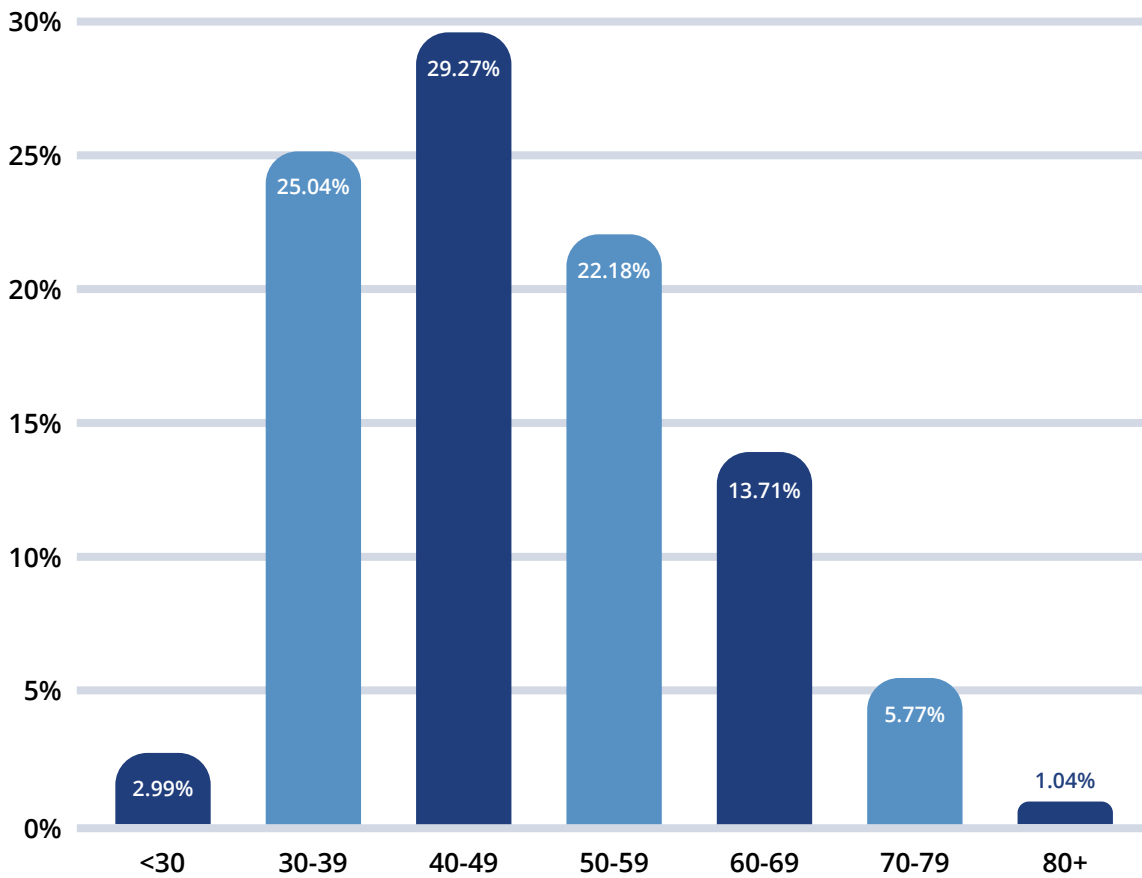
Active Licensees by Gender*



Active Licensees by Racial and Ethnic Background

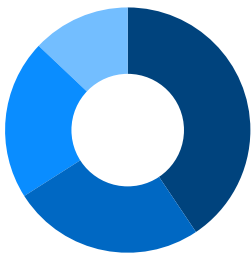


Active Licensees by Age



3.71%

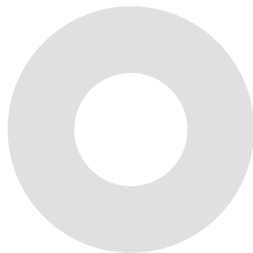
Hispanic or Latino/a



Central American (13.02%); Mexican (41.53%); South American (22.22%); Other (25.81%)

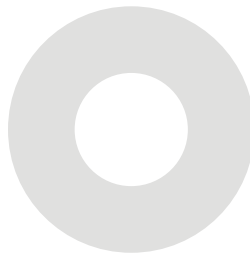
5.02%

Unknown



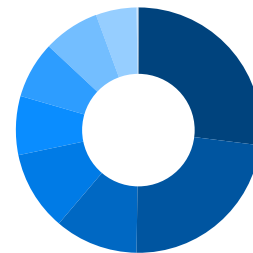
13.58%

Decline to Answer



15.32%

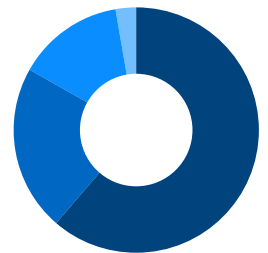
Asian



Asian Indian (24.95%); Chinese (27.69%); Filipino/a (8.19%); Hmong (0.11%); Japanese (7.67%); Korean (11.26%); Laotian (0.19%); South Asian (6.23%); Vietnamese (7.75%); Other (11.26%)

63.39%

White



Eastern European (14.88%); Slavic (2.94%); Western European (65.03%); Other (24.09%)

Licensees by County

The data below reflects current practice addresses reported by licensees who have full licenses at practicing status. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county. +

County (Seat)	MD	DO	DPM	PA	LAc	Total	Population
Baker (Baker City)	79	14	2	15	1	111	16,927
Benton (Corvallis)	339	118	2	95	23	577	99,355
Clackamas (Oregon City)	1,340	168	28	194	124	1,854	424,043
Clatsop (Astoria)	117	26	4	32	13	192	42,095
Columbia (St. Helens)	22	6	1	18	6	53	53,143
Coos (Coquille)	172	31	3	26	10	242	66,945
Crook (Prineville)	33	6	0	17	2	58	26,583
Curry (Gold Beach)	52	8	2	10	6	78	24,439
Deschutes (Bend)	692	112	12	237	96	1,149	212,414
Douglas (Roseburg)	220	48	7	53	7	335	113,748
Gilliam (Condon)	2	0	0	2	0	4	2,062
Grant (Canyon City)	12	7	0	1	1	21	7,418
Harney (Burns)	20	9	0	4	1	34	7,600
Hood River (Hood River)	123	10	1	23	24	181	24,406
Jackson (Medford)	676	104	11	166	65	1,022	222,762
Jefferson (Madras)	37	3	0	19	0	59	25,878
Josephine (Grants Pass)	159	35	6	65	18	283	88,814
Klamath (Klamath Falls)	167	14	2	37	6	231	71,919
Lake (Lakeview)	9	1	0	2	0	12	8,562
Lane (Eugene)	1,028	112	14	247	90	1,491	384,374
Lincoln (Newport)	103	31	3	32	13	182	51,930
Linn (Albany)	185	76	7	60	8	336	131,984
Malheur (Vale)	138	32	0	33	0	203	32,981
Marion (Salem)	914	148	16	204	43	1,325	352,249
Morrow (Heppner)	12	4	0	7	0	23	13,010
Multnomah (Portland)	4,863	453	47	788	779	7,304	801,306
Polk (Dallas)	56	21	1	25	3	106	90,553
Sherman (Moro)	2	0	0	2	0	4	1,917
Tillamook (Tillamook)	61	7	1	10	10	89	28,000
Umatilla (Pendleton)	182	25	5	27	3	242	81,842
Union (La Grande)	61	17	2	4	4	88	26,335
Wallowa (Enterprise)	21	1	0	5	6	33	7,631
Wasco (The Dalles)	86	16	1	18	7	128	26,052
Washington (Hillsboro)	2,009	200	35	456	190	2,890	610,245
Wheeler (Fossil)	1	0	0	0	0	1	1,533
Yamhill (McMinnville)	188	34	6	53	19	300	109,743

Population based on July 1, 2023, Certified Population Estimate - College of Urban and Public Affairs, Portland State University

Annual Investigative Statistics

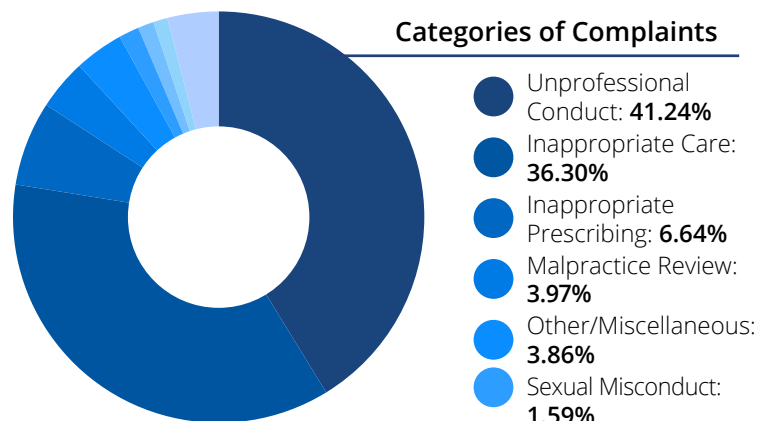
In 2023, the Investigative Committee met eight times to review investigations and form recommendations. Review of these recommendations occurs at each quarterly Board meeting and requires review of more than 10,000 pages of material at each meeting. The following statistical reports are a snapshot of the resulting work. +

Final Dispositions of Investigations (No Violations)	2021	2022	2023
Exceptionally Closed	10	14	5
No Apparent Violation	353	315	374
Preliminary Investigation	102	111	135
Prior to Committee Appearance	122	101	147
Post Committee Appearance	10	5	14
Letter of Concern/Prior to Committee Appearance	170	109	101
Letter of Concern/Post Committee Appearance	19	20	16
After Staff Inquiry	0	0	1
Executive Staff Review of HPSP Noncompliance	7	4	3
Application Withdrawal with Report to Federation	0	0	0
Temporarily Closed with Board Order	0	1	2
Temporarily Closed without Board Order	0	1	1
Total Investigations Closed without Discipline	793	681	799

Source of Investigations	2021	2022	2023
Oregon Medical Board	66	63	71
Board/HPSP Noncompliance	2	1	0
Co-worker/Other Staff	4	13	6
Hospital/Other Health Care Institution	28	25	41
Insurance Company	0	5	7
Malpractice Review	32	66	70
HPSP/Monitoring Entity	18	10	12
Other	71	41	63
Other Boards	3	6	5
Other Health Care Providers	70	55	52
Patient or Patient Associate	451	535	526
Pharmacy	8	7	6
Self-Reported	14	23	48

Investigation Totals	2021	2022	2023
Investigations Opened	713	757	804
Investigations Closed	868	792	877
Investigative Committee Interviews	59	47	47
Reportable Orders	75	91	53

Public Orders & Agreements	2021	2022	2023
Automatic Suspensions	2	3	0
Corrective Action Agreements	14	12	9
Stipulated Orders	58	71	45
Voluntary Limitations	0	2	0
Final Orders	0	3	0



- Suspected/Known Criminal Involvement: **1.25%**
- Failure to Report: **1.13%**
- < 1% Each:** Practice Without a License; Physical or Mental Illness or Impairment; Substance Abuse; HPSP Noncompliance; Board Compliance; Office-Based Surgery; HPSP/Monitoring Entity

2023-2025 Biennium Budgeted Expenses



Staff & Board
Member Salaries
38.2%



Benefits
20.9%



Overhead
9.0%



Goods & Services
9.0%



Telecommunications &
Technology
6.1%



Attorney General
Costs
5.5%



Health Professionals
Services Program (HPSP)
5.1%



Professional Services
4.2%

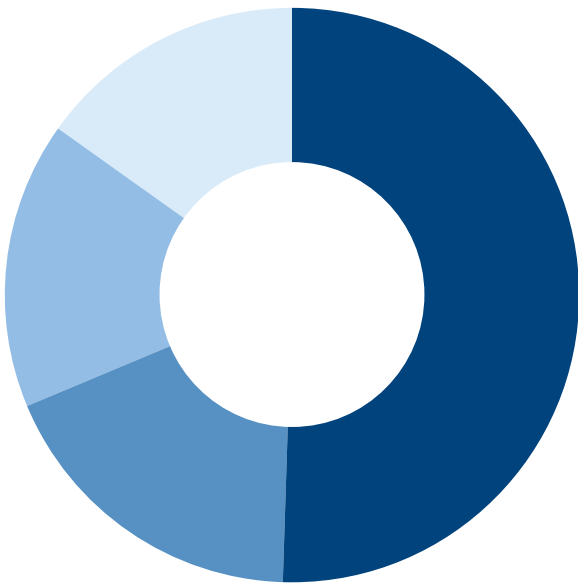


Oregon Wellness
Program (OWP)
1.9%

Where The Money Goes

The OMB is an other-funded agency, meaning the majority of revenue is generated from licensing fees. The numbers to the left are a breakdown of how that money is utilized.

Expenditures by Business Unit



- Investigations & Compliance
50.3%
- License Services
17.8%
- Administration, Communications, Board Salaries
16.2%
- Administrative & Business Services
15.7%

Legislative Updates

In 2023, the Oregon Legislature passed several laws that became effective January 1, 2024:

- **HB 2627: Modified the Oregon Medical Board's composition** to remove one MD physician position and add one PA position. The OMB remains a 14-member board with the new PA position being filled during the February 2024 legislative session, see the [Board Member webpage](#) for current members.
- **HB 2584: Fully implemented PA collaborative practice** by clarifying that PAs practice medicine; defining a PA's scope is based on their education, training, and experience; updating employer definition for collaboration agreements; and removing requirement that a PA's collaboration agreement include the PA's performance assessment, see the [PA Collaborative Practice webpage](#) for more information.
- **HB 2817: Updated the scope of podiatry** to include treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle, see the [Podiatry Practice webpage](#) for more information.
- **SB 232: Updated telemedicine exemptions** to Oregon licensure for out of state physicians and PAs with an established provider-patient relationship and the patient is temporarily in Oregon for business, work, education, or vacation, or the patient is located in Oregon and needs temporary or intermittent follow-up visits for continuity of care, see the [OMB's Telemedicine webpage](#) for more information.
- **HB 2002: Affirmed rights and access to reproductive health care and gender-affirming treatment.** For OMB licensees, the bill added licensure protections for a conviction resulting solely from the provision of a reproductive or gender-affirming health care that is otherwise lawful in Oregon, but unlawful in the jurisdiction where the services was performed, if performed in accordance with the standard of care.
- **HB 3258: Added Schedule V prescription drugs** to the Prescription Drug Monitoring Program (PDMP). Pharmacists must report schedule V drugs to the PDMP, with exceptions for naloxone or drugs containing pseudoephedrine, ephedrine, or salt.
- **SB 450: Created labeling exemptions for dispensing drugs intended to reverse opioid overdose** if drug is in the form of a nasal spray and personally dispensed by a physician or PA at their location of practice. +

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.

847-005-0005: Increasing Oregon Medical Board License Registration Fees by 25% for All Licensees

The proposed rule amendments implement SB 5522 (2023) to increase the Oregon Medical Board's license registration fees by 25% for all licensees, effective July 1, 2024. The proposed rulemaking also removes obsolete fees for the prior PA supervision practice model.

847-001-0005: Timeframe to File a Written Answer for a Hearing Request

The proposed rule amendments update the timeframe by which a party who requests a hearing must file a written answer. The amended timeframe would allow filing within 30 days of a timely hearing request, or 30 days after production, whichever is later.

847-008-0055, 847-020-0110, 847-025-0050, 847-050-0015, 847-070-0015, 847-080-0002: Adding Payment of Civil Penalties and Costs Due to the OMB as an Application Requirement

The proposed rule amendments add payment of any civil penalties and costs due to the Oregon Medical Board as an application requirement. This would apply to applicants with a surrendered, retired, or revoked license seeking to be relicensed. Applicants would have to pay in full any civil penalties and costs due to the Oregon Medical Board before being relicensed.

PERMANENT RULES

847-080-0001, 847-080-0042: Implementing HB 2817 (2023) for the Practice of Podiatry

The Oregon Legislature passed HB 2817 (2023) to include within the definition of “podiatry” the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle. The rule amendments implement HB 2817 and clarify that podiatric physicians and surgeons practice podiatry as defined in ORS 677.010, within the duty of care, and within their individual education, training, and experience, see the [HB 2817 webpage](#) for more information.

847-050-0010, 847-050-0027, 847-050-0029, 847-050-0035, 847-050-0036, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041, 847-050-0046, 847-050-0050, 847-050-0080, 847-050-0082: Implementing HB 2584 (2023) and HB 3036 (2021) Shifting Physician Assistants to Collaborative Practice Model

The Oregon Legislature passed HB 2584 (2023) to fully implement physician assistant (PA) collaborative practice created in HB 3036 (2021). The bill clarifies that PAs practice medicine; outlines a PA’s duty of care; defines a PA’s scope of practice is based on their education, training, and experience; updates the employer definition for collaboration agreements; and removes the requirement that a PA’s collaboration agreement include the PA’s performance assessment. The rule amendments align with these updates. Additionally, all PAs were required to enter into a collaboration agreement by December 31, 2023. The rule amendments and repeals remove aspects of the PA supervision practice model.

847-025-0020: Implementing SB 232 (2023) Updating Exceptions to Licensure for Telemedicine

The Oregon Legislature passed SB 232 (2023), for telemedicine licensure exemptions, to better define “temporarily” to include patients in Oregon for business, vacation, or education and add an allowance for an out-of-state physician or PA with an established relationship to provide continuity of care via telemedicine on a periodic or intermittent basis when the patient is located in Oregon. The rule amendments align with these updates, see the [Telemedicine webpage](#) for more information.

847-015-0025: Updating Physician Dispensing Rule With PA Collaborative Practice and Clarify Rule Includes Podiatric Physicians

The rule amendments align with the new PA collaborative practice model and clarify the rule is applicable to podiatric physicians also. The corresponding rule specific to PA dispensing is OAR 847-050-0041.

847-008-0010, 847-020-0185, 847-020-0190, 847-050-0070, 847-070-0060, 847-080-0028, 847-080-0030:

Updating Process for When Oregon Medical Board Applications may Expire or be Withdrawn

The amendments clarify that an application for licensure expires after 12 months if it is not completed or if the registration fee is unpaid. The amendments state that an application cannot expire if it is under review by the Board or a Committee of the Board. In those circumstances, the application must be withdrawn, or the Board may issue an order. The amendments also clarify the withdrawal process for applicants and aligns the process across all OMB professions.

847-035-0030: Adds Administration of Benzodiazepines for Seizures or Agitation at the EMT-Intermediate Level

The rule amendment adds administration of benzodiazepines for seizures or agitation at the EMT-Intermediate (EMT-I) level. The EMT-I must be trained by the supervising physician or their designee prior to administration of benzodiazepines. The EMT-I and the EMS agency or employer must maintain records of training.

847-070-0016: Updating Requirements for the NCCAOM Certification Exams

The rule amendment updates the requirements for the NCCAOM Certification Exams for acupuncture applicants to allow four attempts on each of the three required exam components. Also, the rule amendment updates the Accreditation Commission for Acupuncture and Herbal Medicine name change.

847-070-0017: Clarifying Acupuncture Clinical Training Rules

The rule amendments clarify the requirements for clinical supervisors and for acupuncture students performing acupuncture in training situations. +

OMB Seeking Applicants for Medical Director Position

The Oregon Medical Board is seeking an experienced physician to serve as the agency’s Medical Director due to Dr. David Farris’s upcoming retirement.

Please see our full job announcement at: omb.oregon.gov/careers.

The Oregon Medical Board will accept CVs through April 5, 2024. +

Board Actions: October 16, 2023 – January 15, 2024

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

NON-DISCIPLINARY BOARD ACTIONS

*These actions are not disciplinary and are not reportable to the national data banks.**

CORRECTIVE ACTION AGREEMENTS

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

ANDERSON, Craig D., MD; MD20636 | Salem, OR

On January 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to maintain his scope of practice of Interventional Pain Management; adhere to the current CDC Clinical Practice Guidelines for the Prescribing of Opioids for Pain; enter into a mentorship with a pre-approved physician; and subject his practice to no notice chart audits by the Board.

CRANE, Douglas G., MD; MD2226 | Coquille, OR

On January 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete pre-approved courses regarding professional boundaries, prescribing, and documentation.

LIPTAN, Ginevra L., MD; MD28421 | Newberg, OR

On January 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved prescribing and professional boundaries courses; enter into a mentorship with a pre-approved physician; and review and adopt the current CDC guidelines for opioid prescribing.

OKONKWO, Adaobi I., MD; MD180509 | La Pine, OR

On January 4, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved CPEP education plan prior to resuming the practice of obstetrics.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

BURGE, Mark R., MD; MD218426 | Bend, OR

On January 4, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

FOSTER, Ayana-Malkia M., LAc; AC216377 | Ashland, OR

On October 26, 2023, 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.

FRIEDMAN, Howard, PA; PA187604 | Eugene, OR

On January 11, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 800 hours.

KUCEL, Carol R., PA; PA217789 | Bend, OR

On January 5, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 800 hours.

WHORRALL, Stephen E., PA; PA209324 | Klamath Falls, OR

On January 4, 2024, Applicant entered into a non-disciplinary Amended Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to specific supervision and chart review requirements by a Board-approved physician mentor; reports to the Board from his physician mentor; and to obtain NCCPA certification.

INTERIM STIPULATED ORDERS

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

BOWEN, Brian M., DPM; DP00435 | Portland, OR

On December 15, 2023, Licensee entered into an Interim Stipulated Order in which he agreed to conduct all examinations and procedures in the presence of a medically trained chaperone pending the completion of the Board's investigation. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

PRASAD, Alvin A., PA; PA203622 | Portland, OR

On November 2, 2023, 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 Order also terminates Licensee's August 9, 2023, Order of License Suspension.

DISCIPLINARY ACTIONS

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

BERK, Mehmet C., MD; MD157718 | Woodburn, OR

On November 2, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated negligence in the practice of medicine. This Order restricts Licensee from performing procedures using a Coflex or similar interspinous/interlaminar stabilization device until he completes an educational course on intraoperative imaging to confirm the level of placement and a mentorship with a pre-approved, board-certified radiologist, and subjects Licensee's practice to no-notice chart audits and office visits by Board designees.

BERNDT, Jack E., MD; MD25340 | Bend, OR

On November 2, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated acts of negligence. With this Order, Licensee retires his medical license while under investigation effective 30 days from the date of the Order and is assessed a civil penalty of \$5,000.

BJARKE, Christopher B., MD; MD184030 | San Francisco, CA

On January 4, 2024, Licensee entered into a Stipulated Order with the Board for disciplinary action by another state of a license to practice; failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction; failure to self-report within 10 working days any official action taken against the licensee; and failure to report the conviction of a felony within 10 days after the conviction. With this Order, Licensee surrenders his license while under investigation and agrees to never reapply for a medical license in the State of Oregon.

BRETT, Darrell C., MD; MD13550 | Portland, OR

On January 4, 2024, Licensee entered into a Stipulated Order with the Board for failure to comply with a Board Order. This Order assesses a \$4,000 civil penalty; prohibits Licensee from prescribing benzodiazepines and muscle relaxants; retires Licensee's Oregon medical license effective June 1, 2024; and prohibits Licensee from reapplying for a medical license in the State of Oregon.

CULL, Anthony S., MD; MD25143 | Portland, OR

On January 4, 2024, Applicant entered into a Stipulated Order with the Board for failure to establish good moral character and violations of the Medical Practice Act (state law), including misrepresentation in applying for a license or registration; willfully violating a Board statute, specifically, knowingly make any false statement or representation on a matter; and failing to comply with a Board request during an investigation. With this Order, Applicant is reprimanded; Applicant's application for a medical license is denied; and Applicant agrees to never reapply for a medical license in the State of Oregon.

DRYLAND, David I., MD; MD22976 | Ashland, OR

On November 2, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional conduct and repeated negligence and gross negligence in the practice of medicine. This Order reprimands Licensee; suspends Licensee's Oregon medical license for 30 days but the suspension is stayed; assesses a \$10,000 civil penalty with \$5,000 stayed; requires Licensee to complete pre-approved courses on professionalism, documentation, and ethics; requires Licensee to obtain a pre-approved rheumatologist practice mentor who will meet with Licensee at least twice a month, review at least 20% of charts for patients for whom Licensee initiates or re-initiates a methotrexate prescription, and provide quarterly reports to the Board; requires Licensee to document medical decision-making when prescribing methotrexate and re-evaluate each prescription for methotrexate every three months; and subjects Licensee's practice to no-notice chart audits and office visits by Board designees.

HOFFMAN, Paul G., MD; MD17600 | Ashland, OR

On November 2, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; failure to report an adverse action by a health care institution; and failure to make a report as required by ORS 677.415(4). This Order reprimands Licensee; retires Licensee's medical license while under investigation; and prohibits Licensee from reapplying for an Oregon medical license for at least two years.

LAGATTUTA, Francis P., MD; MD170958 | Santa Maria, CA

On January 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; obtaining any fee by fraud or misrepresentation; making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding efficacy or value of the treatment or remedy prescribed or administered; and making a fraudulent claim. With this Order, Licensee's Oregon medical license is revoked and Licensee agrees to never reapply for a medical license in the State of Oregon.

LEVITT, Scott P., MD; MD177071 | Easton, MD

On January 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross negligence in the practice of medicine; and violations of Board rules. This Order reprimands Licensee; prohibits Licensee from performing any form of aesthetic medicine until he obtains training that has been pre-approved by the Board's Medical Director; prohibits Licensee from performing elective or office-based surgeries; assesses a \$10,000 civil penalty, held in abeyance; subjects Licensee's medical practice to no-notice charts audits; and suspends Licensee's medical license for 90 days, however the suspension is held in abeyance if Licensee completes pre-approved courses in ethics and professional boundaries within 90 days.

MILLER, Parker D., MD; MD206443 | Portland, OR

On January 4, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; impairment in the practice of medicine; willful violation of any Board statute or rule, specifically knowingly making a false statement or representation on a matter, or willfully concealing any fact material to the right of the person to practice medicine; and failing to comply with a Board request, specifically a failure to respond truthfully to a Board investigation. This Order reprimands Licensee; requires Licensee to remain enrolled and in good standing in a monitoring program; requires Licensee to maintain an on-going therapeutic relationship with a pre-approved healthcare provider; and requires Licensee to limit his weekly practice hours as recommended by his healthcare provider and as approved by the Board's Medical Director.

MOHANDESSI, Soroush, MD; MD126173 | Portland, OR

On January 4, 2024, 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 willfully violating a provision of the Medical Practice Act. This Order revokes Licensee's Oregon medical license, but the revocation is stayed as long as Licensee remains compliant with all terms of this Order; reprimands Licensee; assesses a \$10,000 civil penalty, \$7,500 stayed; limits Licensee's medical practice to forensic psychiatry, medication management, and administrative medicine; prohibits Licensee from practicing psychotherapy; requires Licensee to maintain an on-going therapeutic relationship with a pre-approved healthcare provider; requires Licensee to complete a longitudinal, intensive boundaries course; and subjects Licensee's medical practice to no-notice audits.

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

REINHARDT, Clayton G., DO; DO176952 | Sisters, OR

On January 4, 2024, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's August 4, 2020, Interim Stipulated Order. +

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

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

Oregon Board of Pharmacy Seeking Physician Committee Member



The Oregon Board of Pharmacy's (OBOP) Public Health & Pharmacy Formulary Advisory Committee is currently seeking to fill one physician member position. If you are qualified and interested in applying to be considered for a position as a Formulary Advisory Committee member, **[submit an application here](#)**. Visit the **[Boards and Commissions](#)** website for additional application information and other resources.

Questions? Email all inquiries related to the Public Health & Pharmacy Formulary Advisory Committee to **pharmacy.formulary@bop.oregon.gov**. +



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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 27 - **Memorial Day**

Wednesday, June 19 - **Juneteenth**

Thursday, July 4 - **Independence Day**

Register for Email Notices

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

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

Applicant/Licensee Services

For new license applications, renewals,
address updates, and more:
omb.oregon.gov/login

Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)

Phone: **971-673-2700**

Email: licensing@omb.oregon.gov

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Statement of Purpose

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