



# OREGON MEDICAL BOARD REPORT

Vol. 137 No. 1 | Winter 2025

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## Upcoming Meetings

February 21, 9 a.m.  
EMS Advisory Committee

March 6, 8 a.m.  
Investigative Committee

March 12, 5 p.m.  
Administrative Affairs Committee

April 3, 8 a.m.  
Board Meeting

May 1, 8 a.m.  
Investigative Committee

May 16, 9 a.m.  
EMS Advisory Committee

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

## From the Desk of the Medical Director



**Jordana Gaumond, MD**  
OMB Medical Director

Thank you to all practitioners for your dedication to healthcare. In our modern world, the practice of medicine has grown increasingly complex. Each discovery, technological advancement, and breakthrough represents a significant step forward with tremendous potential impact. Yet with these advances can come unforeseen implications, often best understood by those working directly with these innovations.

To those actively practicing who navigate and incorporate the latest developments - your expertise is invaluable. You represent a cornerstone of effective and fair oversight in healthcare. Your deep understanding of current medical practice ensures that board evaluations are conducted with proper context and insight.

And to those who have stepped forward to serve as consultants for the Board, or who have said yes when contacted - Thank you. Your willingness to share your expertise helps maintain the highest standards of medical practice while ensuring fair and informed evaluation of your colleagues. Your contribution makes a profound difference in our healthcare system's quality and integrity. +

## Happening Now: Lapsed License Renewal

Physicians and physician associates whose licenses have lapsed may submit a late renewal application January 4 through March 31, 2025. **A \$195 late fee was assessed on January 1, 2025, for all lapsed licenses.**

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

**A license not renewed by 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.

**Note:** Paper renewals are not offered. Staff are available to assist by phone or in person. Please contact the Call Center at **971-673-2700** to schedule an in-person visit. Visit the Board's [Applicant/Licensee Services](#) page to begin your renewal. +

## Topic of Interest: Malpractice Claim Information

### OMB Disciplinary Action v. Malpractice Claim

The differences between an Oregon Medical Board (OMB) disciplinary action and a malpractice judgment or settlement are significant. OMB actions are issued against physicians, PAs, and acupuncturists (licensees) after a formal process of complaint, investigation, and hearing. OMB actions indicate a violation of the Medical Practice Act has occurred.

A medical malpractice claim is a legal action alleging a health care provider acted negligently, breaching the standard of care, resulting in harm to a patient. Malpractice settlements are sometimes handled by insurance companies who opt for settlement based on the terms of coverage, not the validity of the underlying claim. These terms may also authorize settlement of a claim without any consultation of the provider involved or an ultimate determination of fault. Malpractice claims are not always a reliable measure of a provider's competence or a violation of the law.

### Reporting Malpractice Claims to OMB

[ORS 742.400](#) requires insurers, self-insured entities, public bodies, and health maintenance organizations in Oregon to report notice and disposition of a claim filed in court.

The OMB requires licensees to report malpractice claim information during renewal of their license, see [renewal questions 6-8](#), unless the action or activity is included under a [mandatory report](#) reported earlier.

Additionally, the OMB receives malpractice claim information from national databases.

### OMB Review of Malpractice Claims

The OMB reviews malpractice claims through an initial review process. Malpractice claims that do not indicate a violation of state law (Medical Practice Act) are closed with no further action.

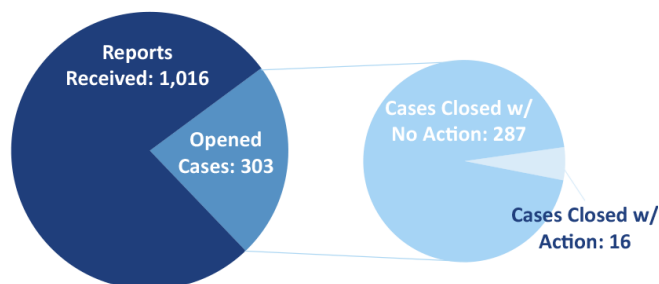
Malpractice claims that do not close during the initial screening process are assigned to a Board investigator to gather additional information. Usually these claims involve serious allegations (e.g., patient death, wrong site surgery). Additional information collected may include statements from witnesses, other healthcare providers involved in the care of the patient, records related to the matter, or a

consultant's opinion. Once all relevant information is collected, it is presented to the Investigative Committee, a sub-committee of the Board. The Investigative Committee may request additional investigation or may forward the investigation to the Board. The Board ultimately decides whether to proceed to discipline.

### OMB Malpractice Claims by the Numbers

Between January 1, 2019, and December 31, 2024, the OMB:

- Received 1,016 Malpractice Reports
- Opened Investigations on 303 cases
- Closed 16 investigations with a board action:
  - 3 closed with Corrective Action Agreements
  - 13 closed with Stipulated Orders



### Posting and Public Access to Malpractice Claims

[ORS 742.400\(5\)\(a\)](#) requires the OMB to publicly post a claim report if the claim results in a Judicial finding or admission of liability, or Money judgment, award, or settlement that involves a payment to the claimant.

All claim reports submitted to OMB under the statute are available via a [public records request](#) and may contain redactions as outlined in OAR 742.400, 192.355, and 192.398.

### Licensee Support

Being involved in a lawsuit can be a significant event requiring a great deal of time and effort, which can also be emotionally draining and stressful. The Board, investigators, and OMB staff understand this. Resources to help deal with the stress are available on the [Licensee Wellness page](#). +

# AAMC: The Rise of Wellness Initiatives in Health Care

The Association of American Medical Colleges published "[The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs](#)" report to present data highlighting common elements of wellness programming and describing the roles of the well-being champions who lead and support wellness efforts.

The report provides new data, insights, and recommendations to help institutions establish and continue to develop wellness leaders and initiatives. Based on these findings, the report outlines 10 recommendations to help organizations promote a culture of well-being.

## Key findings:

- A large majority of institutions have at least one wellness program, but the breadth of those programs varies widely.
- About half of respondents reported their institution had programs for all health professional populations (learners, faculty, and staff).
- Respondents with programs that served multiple audiences reported having well-being champions at different levels throughout their organization; just over half reported having an organization-level well-being champion, such as a chief wellness officer.
- Many well-being champions have no formal training and no full-time-equivalent allocation for their wellness role.
- Less than a third of all respondents reported that their organization's wellness programs had formal results or outcomes demonstrating efficacy.

Review the full report, with Organizational Well-Being Survey Questions and National, Local Resources to Support Wellness Initiatives, Wellness Screening Tools, and Sample Wellness Tools, Resources, and Practices on the Board's [Wellness webpage](#), in the Additional Resources section. +



## The Rise of Wellness Initiatives in Health Care

Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs





## Access to Alzheimer's Care

The aging population is rapidly diversifying, while racial and ethnic disparities in health care continue to exist. Alzheimer's disproportionately affects underserved and underrepresented populations in the United States<sup>1</sup>. Multiple factors related to Alzheimer's disease - including stigma, cultural differences, and levels of awareness and understanding - vary widely across populations. Additionally, the ability to obtain a diagnosis, manage the disease, and access care and support services differs based on race, ethnicity, geography, and socioeconomic status.

According to the Alzheimer's Association's "[Race, Ethnicity, and Alzheimer's in America](#)" report, older Black, Hispanic, and Native Americans are disproportionately more likely to have Alzheimer's and other dementias, and more likely to have missed diagnoses, than older White Americans.

According to the [Centers for Disease Control](#)<sup>2</sup>, the percentage of Oregonians 65 years and older who reported talking with a health care professional about subjective cognitive decline or memory loss increased from 23.3% in 2017 to 47.5% in 2022. In five years, the proportion of those who reported cognitive decline or memory loss rose by 24.2%. Although continuing education in Alzheimer's disease is not required, the Board encourages licensees to obtain this ongoing education to best serve patients with Alzheimer's disease and other forms of dementia.

The Oregon chapter of the Alzheimer's Association holds free, annual [educational conferences](#) throughout Oregon & Southwest Washington. These science-based events are designed for various audiences: those living with or concerned about memory loss, professionals, care providers, and family care partners looking for the latest in Alzheimer's and dementia research, best practices in caregiving, and tips for brain health and aging.

For more information, please visit the Board's [Alzheimer's Disease and Dementia Care webpage](#). +



### 2025 Mini McGinty Conference Schedule

Alzheimer's Association Mini-McGinty Conferences include educational programs about brain health, aging, and dementia.

These no-cost, single-day workshops include educational programs and presentations.

#### February 2025:

- Medford, Oregon
- Grants Pass, Oregon
- Roseburg, Oregon

#### March 2025:

- Eugene, Oregon
- Corvallis, Oregon
- Salem, Oregon

#### April 2025:

- Klamath Falls, Oregon

#### May 2025:

- Sisters, Oregon
- Bend, Oregon

#### June 2025:

- Lincoln City, Oregon
- Newport, Oregon

Sessions include: Latest in Alzheimer's & Dementia Research; 10 Warning Signs of Alzheimer's & Dementia; Brain Health; Community Resource Panel Discussion; and more.

1. Mindt MR, Okonkwo O, Weiner MW, et al. Improving generalizability and study design of Alzheimer's disease cohort studies in the United States by including under-represented populations. *Alzheimer's Dement*. 2023;19:1549–1557. <https://doi.org/10.1002/alz.12823>

2. Alzheimer's Disease and Healthy Aging Data Portal

## PSU Gets \$1.8M to Bolster Career Pathways for Native Communities

By Cristina Rojas | Communications Manager,  
PSU College of Liberal Arts & Sciences

Portland State has been awarded \$1.8 million for two workforce development and training projects that will strengthen career pathways for Native students and Tribal communities in the high-demand fields of healthcare and technology.

The grants come from the Higher Education Coordinating Commission (HECC), part of an effort to bolster the state's workforce in three key sectors: healthcare, manufacturing and technology. The programs supported by Future Ready Oregon prioritize underserved communities in the state and connect them to resources for pursuing good-paying jobs and meaningful careers. They include communities of color, women, low-income individuals, rural communities, veterans and members of Oregon's nine federally recognized Tribes.

PSU's projects build on its efforts to make the university a destination of choice for Indigenous students interested in STEM fields, or science, technology, engineering and math.

The first project will help increase Native representation in Oregon's healthcare workforce by engaging a cohort of Native pre-health students in a holistic, paid 15-month program. The second project will work with Oregon's nine Tribes to build awareness and lower barriers for Tribal members to pursue careers in cybersecurity by providing industry-recognized credentials.

Both projects support PSU's goals to support underserved communities and create clear pathways for learners from all backgrounds.

*Only about a dozen of Oregon's 15,000 practicing physicians identify as Native.*

Oregon is home to more than 185,700 Native Americans and Alaska Natives, who make up roughly 4% of the state's population. And yet, only about a dozen of Oregon's 15,000 practicing physicians identify as Native.

It's a statistic that PSU is hoping to change in partnership with the Northwest Native American Center for Excellence at OHSU and with the help of HECC's \$1.2 million grant. PSU's project was one of 16 projects funded to advance healthcare career pathways and help create a future where Oregon's diverse population is better represented in its healthcare workforce.

The project — Fostering Oregon's Workforce in Advanced and Restorative Healthcare Program, or FORWARD PSU — aims to prepare a cohort of 30 American Indian and Alaska Native undergraduate students to pursue a terminal degree in medicine, dentistry, pharmacy or public health, and enter critical healthcare roles in Oregon. +

Originally published on November 20, 2024.  
[Continue reading here.](#)

## Phone Scammers Targeting OMB Licensees

The Oregon Medical Board is aware of an increase in the frequency of licensees being targeted by phone scammers impersonating Board investigators or officials from other regulatory agencies – including the FBI and DEA – in an attempt to fraudulently obtain payment or personal/private information. These scammers will often spoof the Board's phone number and use publicly available information in an attempt to mislead licensees.

If you receive a suspicious phone call from someone claiming to be with the Board asking for

payment or other sensitive information, hang up and contact the Board to confirm the legitimacy of the call you received. Never share sensitive information unless you have confirmed you are speaking with an official OMB employee.

The Board also strongly encourages licensees to file a report with the Federal Trade Commission website, [reportfraud.ftc.gov](https://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. +

# OMB Annual Licensing Statistics

## Licensing by the Numbers

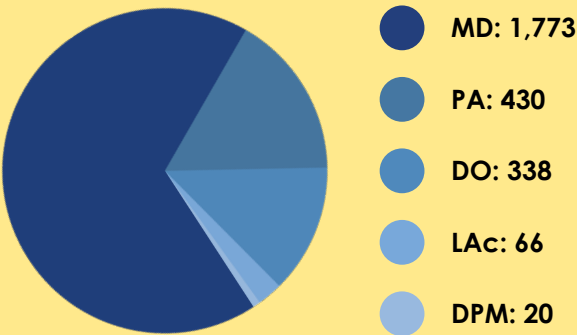
As of December 31, 2024, the OMB had a total of **27,631** licensees. Of that number, **25,233** held active licenses to practice in Oregon. Another **1,086** individuals held limited licenses of various kinds. +

	MD	DO	DPM	PA	LAc
ACTIVE*:	17,895	2,405	225	3,185	1,523
INACTIVE:	1,012	104	6	138	52
LIMITED:	831	243	12	0	0
TOTAL:	19,738	2,752	243	3,323	1,575

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

## New Licensees

Oregon welcomed **2,627** new licensees in 2024. +

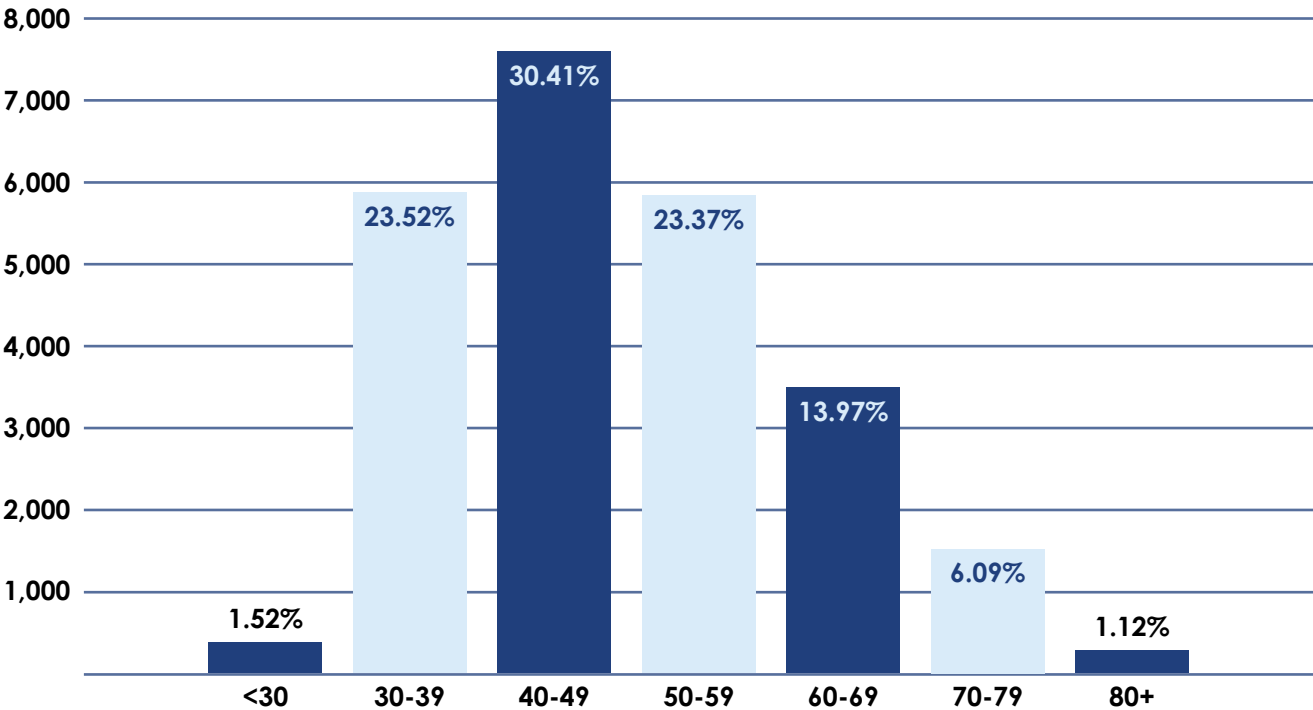


## Re-Entry to Practice

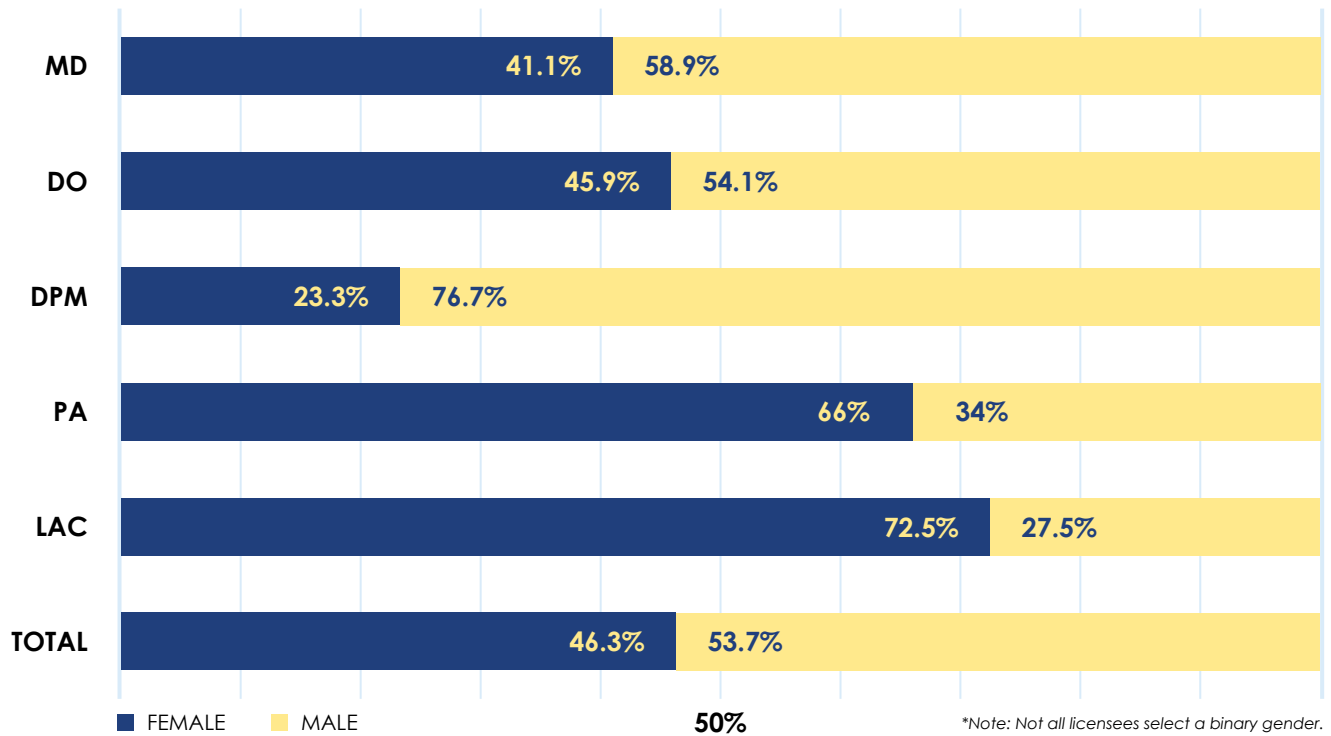
Last year saw **33** licensees return to practice through Corrective Action Agreements or Consent Agreements. +

LICENSE TYPE	# OF LICENSEES
MD	15
DO	2
DPM	1
PA	8
LAC	7

## Active Licensees by Age

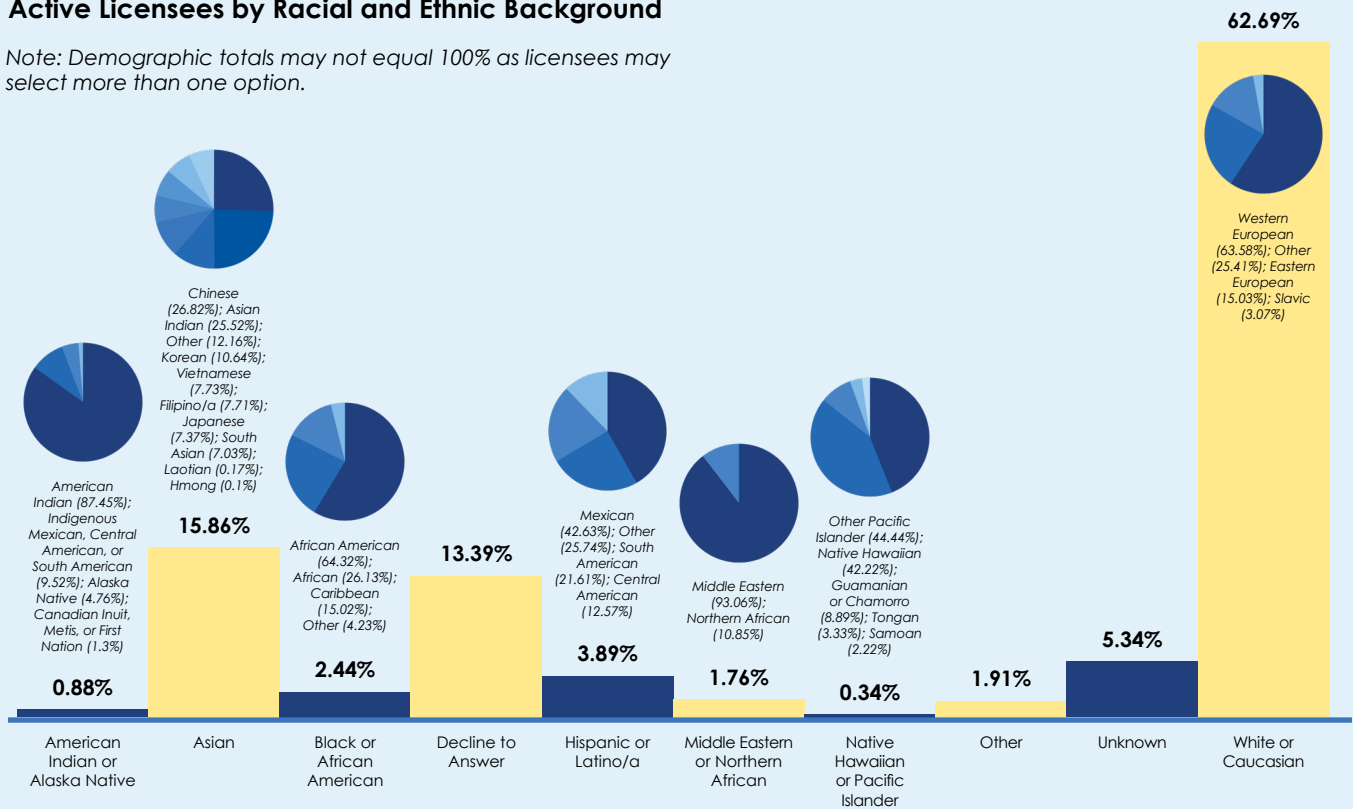


## Active Licensees by Gender



## Active Licensees by Racial and Ethnic Background

Note: Demographic totals may not equal 100% as licensees may select more than one option.



### 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)	85	19	2	15	1	122	16,746
Benton (Corvallis)	362	129	2	102	24	619	97,720
Clackamas (Oregon City)	1,406	192	29	213	127	1,967	426,567
Clatsop (Astoria)	132	29	4	33	15	213	41,785
Columbia (St. Helens)	25	6	1	19	6	57	53,639
Coos (Coquille)	199	30	3	29	9	270	65,270
Crook (Prineville)	33	7	0	19	2	61	26,366
Curry (Gold Beach)	55	9	2	14	7	87	23,597
Deschutes (Bend)	753	117	15	268	93	1,246	208,612
Douglas (Roseburg)	250	51	8	61	6	376	111,129
Gilliam (Condon)	2	0	0	2	0	4	2,108
Grant (Canyon City)	16	8	0	1	1	26	7,181
Harney (Burns)	23	10	0	5	1	39	7,463
Hood River (Hood River)	124	11	1	26	24	186	24,357
Jackson (Medford)	742	117	13	188	64	1,124	220,999
Jefferson (Madras)	41	3	0	22	1	67	25,447
Josephine (Grants Pass)	166	39	6	70	21	302	87,416
Klamath (Klamath Falls)	187	18	2	52	4	263	69,878
Lake (Lakeview)	10	1	0	2	0	13	8,221
Lane (Eugene)	1,109	136	17	278	93	1,633	382,771
Lincoln (Newport)	112	32	3	35	9	191	51,153
Linn (Albany)	193	91	8	66	6	364	130,848
Malheur (Vale)	157	37	0	38	0	232	31,419
Marion (Salem)	1,007	162	18	230	49	1,466	347,798
Morrow (Heppner)	10	4	0	7	0	21	12,791
Multnomah (Portland)	5,238	503	48	893	726	7,408	800,227
Polk (Dallas)	58	21	1	29	4	113	88,799
Sherman (Moro)	2	0	0	2	0	4	1,927
Tillamook (Tillamook)	70	10	1	11	9	101	27,574
Umatilla (Pendleton)	207	29	5	33	3	277	81,030
Union (La Grande)	62	19	3	4	4	92	26,052
Wallowa (Enterprise)	21	1	1	5	5	33	7,497
Wasco (The Dalles)	102	16	1	19	9	147	26,444
Washington (Hillsboro)	2,148	231	37	505	187	3,108	611,389
Wheeler (Fossil)	1	0	0	0	0	1	1,483
Yamhill (McMinnville)	197	39	7	64	13	320	109,682

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



## OMB Annual Investigative Statistics

In 2024, the Investigative Committee met nine 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. +

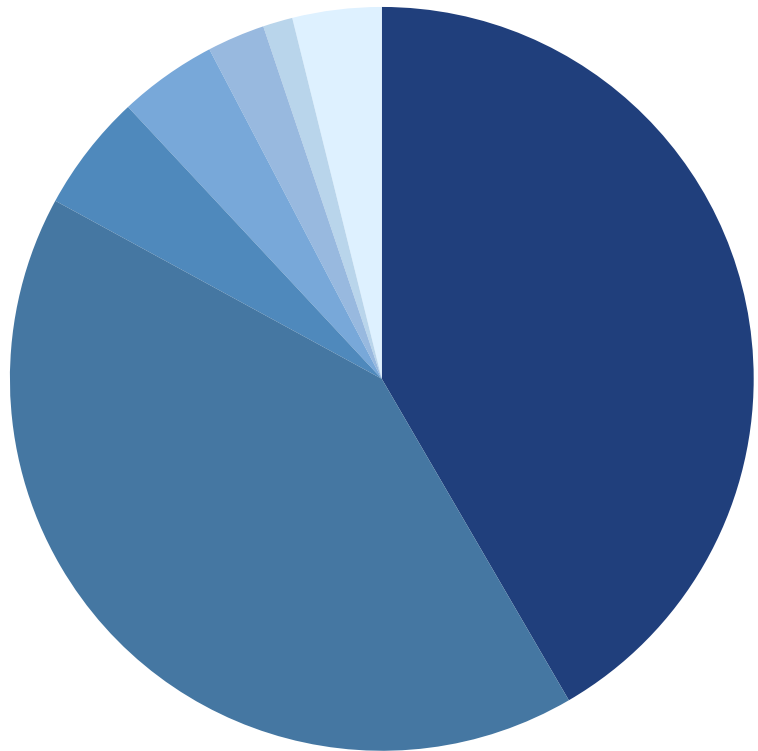
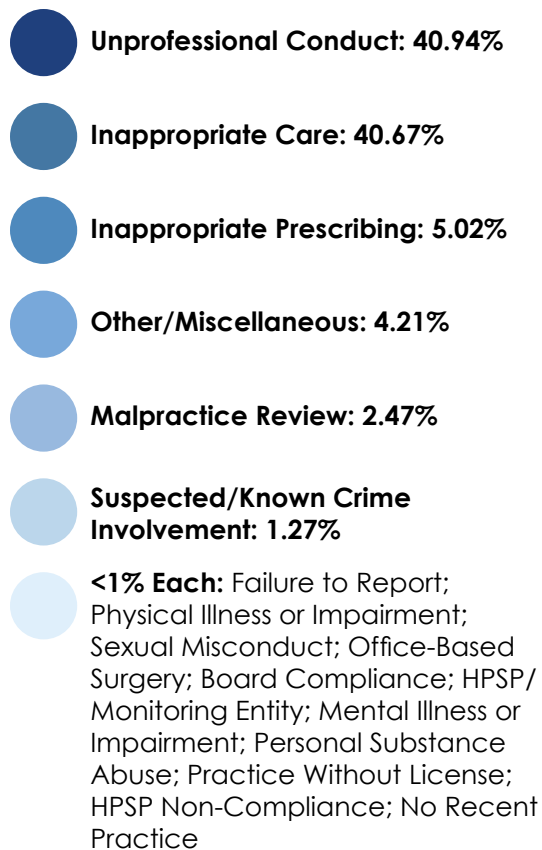
Final Dispositions of Investigations (No Violations)	2022	2023	2024
Exceptionally Closed	14	5	8
No Apparent Violation	315	374	360
Preliminary Investigation	111	135	129
Prior to Committee Appearance	101	147	127
Post Committee Appearance	5	14	7
Letter of Concern/Prior to Committee Appearance	109	101	100
Letter of Concern/Post Committee Appearance	20	16	13
After Staff Inquiry	0	1	0
Executive Staff Review of HPSP Noncompliance	4	3	0
Application Withdrawal with Report to Federation	0	0	0
Temporarily Closed with Board Order	1	2	0
Temporarily Closed without Board Order	1	1	0

Source of Investigations	2022	2023	2024
Oregon Medical Board	63	71	52
Board/HPSP Noncompliance	1	0	1
Co-worker/Other Staff	13	6	27
Hospital/Other Health Care Institution	25	41	9
Insurance Company	5	7	0
Malpractice Review	66	70	36
HPSP/Monitoring Entity	10	12	9
Other	41	63	59
Other Boards	6	5	4
Other Health Care Providers	55	52	60
Patient	535	526	505
Pharmacy	7	6	2
Self-Reported	23	48	31

Investigation Totals	2022	2023	2024
Investigations Opened	757	804	743
Investigations Closed	792	877	822
Investigative Committee Interviews	47	47	43
Reportable Orders	53	53	51

Public Orders & Agreements	2022	2023	2024
Automatic Suspensions	3	0	0
Corrective Action Agreements	12	9	9
Stipulated Orders	71	45	40
Voluntary Limitations	2	0	0
Final Orders	3	0	2

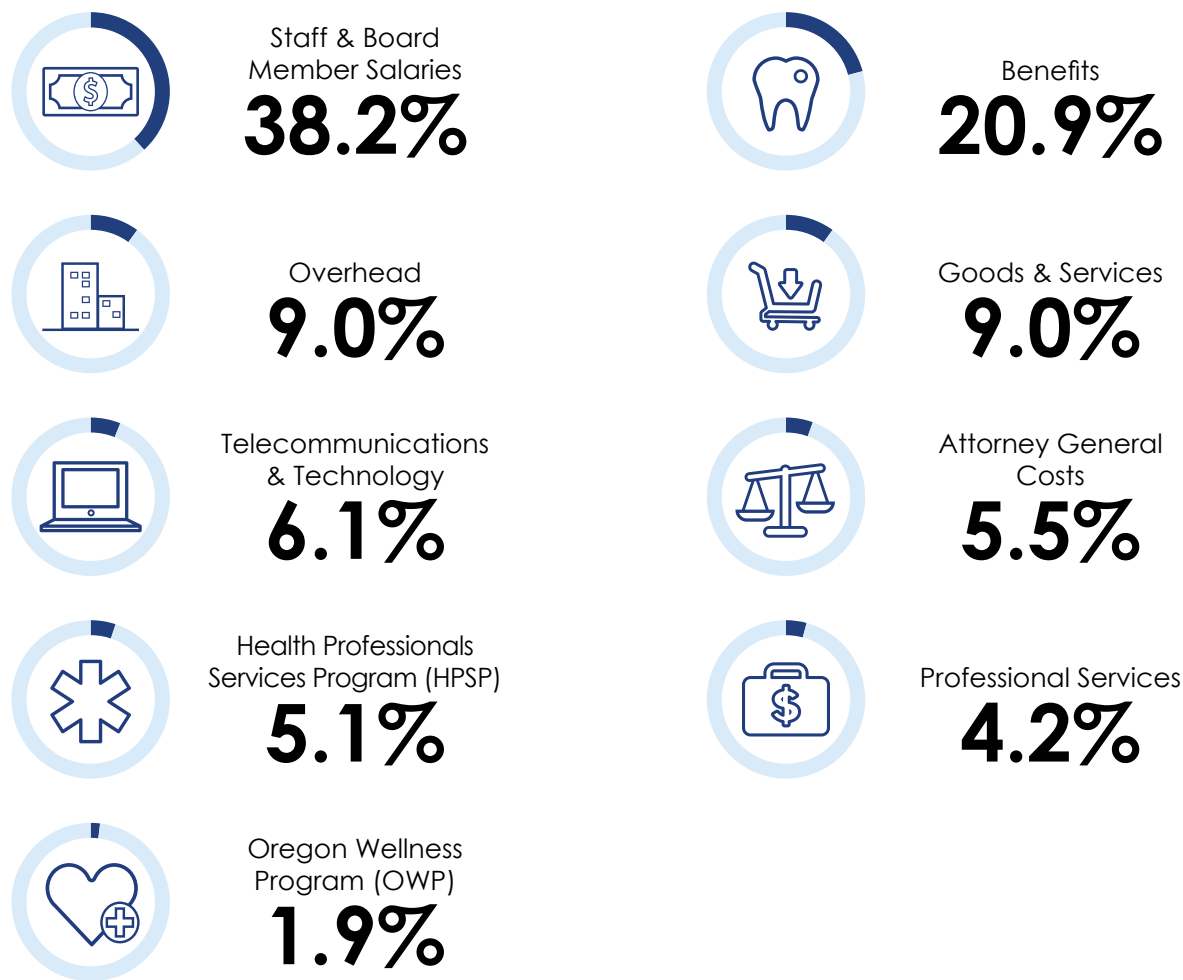
### Categories of Complaints



# 2023-2025 Biennium Budgeted Expenses

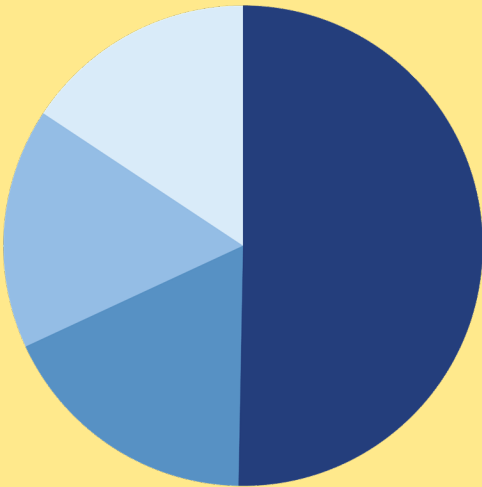
## Where The Money Goes

The OMB is an other-funded agency, meaning the majority of revenue is generated from licensing fees. The numbers below 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%





## 2024 Legislative Updates

In 2024, the Oregon Legislature passed several laws relevant to the Oregon Medical Board and its licensees:

### **HB 4010: PA Name Change to Physician Associate**

Changed “physician assistant” to “physician associate” throughout Oregon law starting June 6, 2024. See the OMB’s [PA Title Change website](#) for more information.

### **SB 1552: Predetermination Process**

Creates process for a person to petition a licensing board before applying for a determination as to whether a criminal conviction will prevent the person from receiving the license starting July 1, 2025. The OMB began a [rulemaking](#) to develop this process and written comments are due by 5 p.m. on February 24, 2025.

### **HB 4081: Emergency Medical Services Program and Advisory Board**

Establishes the Emergency Medical Services Program (an update from the existing EMS & Trauma Systems Program) and Emergency Medical Services Advisory Board within the Oregon Health Authority. Directs OHA to designate emergency medical services regions within the state and designate emergency medical services centers for the provision of specific types of time-sensitive emergency care. This EMS Modernization bill will also require the program to establish and maintain an emergency medical services data system. For additional information, contact the Oregon Health Authority at [ems.trauma@odhsoha.oregon.gov](mailto:ems.trauma@odhsoha.oregon.gov). +

## 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](http://omb.oregon.gov/rules).

### **PROPOSED RULES**

*Written comments for all proposed rulemakings are due by 5 p.m. on February 24, 2025, via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

*Additional information can be found at [omb.oregon.gov/rules](http://omb.oregon.gov/rules).*

### **[847-007-0010](#): Creates criminal conviction determination process to implement SB 1552 (2024).**

The proposed rule implements [SB 1552 \(2024\) section 44](#) allowing a person to petition a licensing board for a determination as to whether a criminal conviction would prevent the person from receiving a license. Section 44 and the rule would become operative on July 1, 2025.

### **[847-008-0030](#): Adds Emeritus status licensee may not receive indirect compensation.**

The proposed rule adds that an emeritus status licensee may not receive indirect monetary compensation for their practice in Oregon.

### **[847-026-0500](#): Implements Servicemembers Civil Relief Act for servicemembers and their spouse or domestic partner to practice.**

The Veterans Auto and Education Improvement Act of 2022 (HB 7939) was signed into law on January 5, 2023, and amended on December 23, 2024, at 50 U.S.C. § 4025a as part of the

Servicemembers Civil Relief Act (SCRA) supporting servicemembers and their spouses. The proposed rulemaking implements licensing portability for servicemembers, or their spouse or domestic partner licensed in another state and relocated to Oregon by the military. The proposed rule outlines the requirements and documents that must be submitted to the Oregon Medical Board for a person to receive Oregon licensure based on the SCRA. The rule also includes that the Board may take disciplinary action in the same manner that it would for other licensees.

**847-035-0030: Clarifications for AEMT and EMT-I scope of practice related to cardiac arrest and epinephrine administration.**

The current rule allows an Advanced Emergency Medical Technician (AEMT) to prepare and administer vasodilators: nitroglycerine. First, the proposed amendments add for "cardiac chest pain sublingual," to clarify not by other routes. Also, the current rule states an AEMT may prepare and administer epinephrine for anaphylaxis, which is repeated in the EMT scope of practice. Second, the proposed amendments remove the duplicative language in the AEMT scope of practice to clarify, similar to an EMT, an AEMT may prepare and administer subcutaneous and intramuscular epinephrine for anaphylaxis. Lastly, for EMT-Intermediates (EMT-I) the current rule allows preparation and administration of vasoactive medications epinephrine and vasopressin. Third, the proposed amendments add "for cardiac arrest" to clarify. ***Comments provided prior to February 20, 2025, will be reviewed by the EMS Advisory Committee on February 21, 2025.***

## PERMANENT RULES

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

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

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

The rule amendment updates the requirements for lipoplasty procedures involving more than 500

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

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

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

**847-070-0016: Updating licensure requirements for acupuncturists who passed the NCCAOM exam in a foreign language.**

The rule amendment adds the Occupational English Test as an approved exam to demonstrate basic English fluency if an acupuncturist passed the NCCAOM exam in a foreign language. The Occupational English Test is an English language test for healthcare professionals. Also, the amendment adds the score required if an applicant chooses to take the TOEFL internet-based test (IBT). +



## Board Actions: October 16, 2024 – January 15, 2025

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

### NON-DISCIPLINARY BOARD ACTIONS

#### CORRECTIVE ACTION AGREEMENT

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

#### PEARSON, Tuesday E., DO; DO162069 | Portland, OR

On January 9, 2025, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to enter into a mentorship with a pre-approved obstetrician/gynecologist who will meet with Licensee, review charts, and provide quarterly written reports to the Board; successfully complete pre-approved courses regarding obstetric emergencies and gynecologic surgical complications; and be subject to no notice audits and office visits by Board designees.

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

#### DAY, Michael L., MD; MD26513 | Eugene, OR

On December 19, 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.

#### FLAMING, Jerry L., DO; DO11571 | Salem, OR

On December 16, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

#### KRUSE, Karen M., MD; MD17320 | Portland, OR

On December 16, 2024, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a preapproved board-certified physician mentor(s) for six months.

#### MASSARI, Christopher M., MD; MD28579 | Salem, OR

On December 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 500 hours.

#### ROOT, Daniel C., MD; MD223071 | Clackamas, OR

On January 7, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 1,000 hours.

#### SAVILLE, Wendy, MD; MD11856 | Portland, OR

On November 20, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, agreed to practice under the supervision of a pre-approved physician mentor for 750 hours.

#### TRUJILLO, Robert J., MD; MD15815 | Medford, OR

On November 20, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, agreed to practice under the supervision of a pre-approved physician mentor for 1,000 hours.

#### VOLUNTARY LIMITATION

#### MORGAN, Lavena M., MD; MD21448 | Portland, OR

On January 9, 2025, Licensee entered into a non-disciplinary Voluntary Limitation with the Board, under which Licensee agreed to not perform laparoscopic surgical procedures as primary surgeon without the presence of a qualified gynecologic surgeon or general surgeon as co-surgeon or assist.

#### INTERIM STIPULATED ORDER

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

#### PATEL, Aman K., DO; DO213236 | Southlake, TX

On December 6, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

## DISCIPLINARY ACTIONS

### **COHEN, David A., PA; PA207470 | Eagle Point, OR**

On January 9, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; sexual misconduct; repeated and gross negligence in the practice of medicine; and failure to self-report unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon physician associate license while under investigation and agrees to never reapply for a license with the Oregon Medical Board.

### **EDWARDS, Kellie W., MD; MD190406 | Astoria, OR**

On October 24, 2024, the Board issued an Order of License Suspension to immediately suspend licensee's medical license due to her willfully violating a Board rule, specifically continuing medical competency (education).

### **PURDY, Laura E., MD; MD207007 | Miami, FL**

On January 9, 2025, 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; unprofessional or dishonorable conduct; repeated acts of negligence in the practice of medicine; and gross negligence in the practice of medicine. With this Order, Licensee surrenders her Oregon medical license while under investigation and agrees to never reapply for an Oregon medical license and is assessed a \$10,000 civil penalty.

### **SHEN, Joseph P., MD; MD25104 | Camas, WA**

On January 9, 2025, Licensee entered into a Stipulated Order with the Board for making a fraudulent claim; obtaining any fee by fraud or misrepresentation; and unprofessional or dishonorable conduct. This Order revokes Licensee's medical license; however, the revocation is stayed; suspends Licensee's medical license for three months; reprimands Licensee; assesses a \$10,000 civil penalty; prohibits Licensee from administrative duties while serving as staff physician in any health care setting; limits Licensee's work hours to an average of 50 hours per week, not to exceed 60 hours in a week; requires Licensee to complete a pre-approved course on professional ethics; and subjects Licensee to no notice audits and office visits by Board designees.

### **SLOANES, Chelsea J., PA; PA150333 | Eugene, OR**

On January 9, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; and willful violation of a Board rule. This Order requires Licensee to complete specific terms prior to submitting a reactivation

application to the Board; requires Licensee to maintain an on-going therapeutic relationship with a pre-approved healthcare provider; requires Licensee to enter into a Consent Agreement for Re-entry to practice and complete an evaluation and any recommended remedial education through the Center for Personalized Education for Professionals in Colorado prior to reactivating to an Active license status; and subjects Licensee to no notice audits and office visits by Board designees.

### **STANLEY, David W., MD; MD204380 | Portland, OR**

On January 9, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; and willful violation of any rule adopted by the Board. This Order reprimands Licensee; requires Licensee to limit his work hours to 0.8 FTE; and subjects Licensee to no notice audits and office visits by Board designees.

### **TROBAUGH, Edward R. K., MD; MD154383 | Klamath Falls, OR**

On January 9, 2025, 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 failure to self-report unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation and agrees to never reapply for an Oregon medical license and is assessed a \$5,000 civil penalty with \$2,500 held in abeyance.

### **URBAN, Michael J., MD; MD215045 | Medford, OR**

On January 9, 2025, Licensee entered into a Stipulated Order with the Board for fraud or misrepresentation in applying for or procuring a license and willful violation of any rule adopted by the Board. This Order assesses a \$5,000 civil penalty; requires Licensee to enter into a mentorship with a pre-approved anesthesiologist who will review Licensee's anesthetic plans and provide written reports to the Board; requires Licensee to complete 15 hours of anesthesia-related AMA category 1 CME annually; and requires Licensee to complete a pre-approved course regarding ethics. +



## Oregon Medical Board

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971-673-2700

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[oregon.gov/OMB](http://oregon.gov/OMB)

### Office Hours

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

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

### Office Closures

Monday, February 17  
**President's Day**

Monday, May 26  
**Memorial Day**

### Register for Email Notices

Visit [omb.oregon.gov/subscribe](http://omb.oregon.gov/subscribe)  
to register for any of the following  
notices from the OMB:

- 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, practice agreements,  
and supervising physician applications:  
[omb.oregon.gov/login](http://omb.oregon.gov/login)

### Licensing Call Center

Hours: 9 a.m. - Noon; 1 p.m. - 3 p.m.

Phone: 971-673-2700

Email: [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

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## Statement of Purpose

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