



### **SB 476 – International Trained Physicians (ITP) Workgroup**

**January 14, 2026, 5-7PM**

**Videoconference**

[Join ZoomGov Meeting](#)

**Meeting ID: 160 788 0792**

**Passcode: =NnRJ0BBz2**

Meeting Materials: <https://omb.oregon.gov/ITP>

By Phone: 669-254-5252

Meeting ID: 160 788 0792

Passcode: 3413230377

*The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #10).*

#### **1. Call to Order and Roll Call (5:00-5:05PM)**

Workgroup Members:

Jill Shaw, DO – Oregon Medical Board Representative, Workgroup Chair

Thomas Cooney, MD, MACP, FRCP – American College of Physicians Representative

Marianne Parshley, MD, MACP – Oregon Medical Association Representative

Michelle Bowers, MS, CWDP – Oregon Primary Care Association Representative

Ann Klinger, OHSU Health Medical Affairs – Facility Representative

Erich Koch CMPE, FHFMA, Klamath Health Partnership – Facility Representative

Marianne Calnan, MD, DrPH – Internationally Trained Physician

Win Mar Lar Kyin, MB, BS, MPH, MBA – Internationally Trained Physician

Theresa San Agustin, MD (retired) – Community Member

Paula Heimberg, MD – ITP Physician Mentor

Vipul Mahajan, MBBS, FACP, FHM, CPE – ITP Physician Mentor

Lina deMorais, District Director, Senator Kayse Jama – Sponsoring Legislator (ex officio)

Meeting overview:

- This workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 473 (2025).
- The workgroup is advisory only—OMB makes final decisions and consensus is not required.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting and will be recorded.
- The public may attend and comment during designated times but will be muted otherwise.
- Additional comment opportunities will be available when draft rules are submitted to the Secretary of State.

**2. Introductions of Workgroup Members & Charter Review (5:05-5:20PM)**

Jill Shaw, DO, Oregon Medical Board Representative, Workgroup Chair

**3. SB 476 (2025) Intent & Impact in Oregon (5:20-5:30PM)**

Kayse Jama, Oregon State Senate Majority Leader

Kien Truong, Majority Office Policy Advisor

**4. Advisory Commission on Additional Licensing Models (5:30-5:40PM)**

Andrea Ciccone, JD, Chief of Staff, Federation of State Medical Boards

**5. SB 476 (2025) Overview (5:40-5:50 PM)**

Elizabeth Ross, JD & Nicole Krishnaswami, JD, Oregon Medical Board

**6. Rulemaking Process & Public Meetings Law Overview (5:50-5:55PM)**

Elizabeth Ross, JD, Oregon Medical Board

**7. J-1 Physician Visa Waiver Program (5:55-6:05PM)**

Deepti Shinde, MPP & Neelam Gupta, MPH, MSW, Oregon Health Authority

**8. Informational Overview: Oregon Higher Education Coordinating Commission and the Healthcare Industry Consortium (6:05-6:15PM)**

Daria Curtis, Higher Education Coordination Commission

**9. Office of Immigrant & Refugee Advancement role, implementation status, and resource needs (6:15-6:25PM)**

Jessica Ventura, Director of the Office of Immigrant & Refugee Advancement

**10. Public Comment (6:25-6:45PM)**

We welcome public feedback throughout the development of this program. Public attendees may comment by raising their hand, and OMB staff will call on you.

Please state your name and organization (if applicable) before speaking and limit your comments to less than 3 minutes each.

*Additional written comments may be emailed to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

**11. Closing Discussion (6:45-7:00PM)**

Jill Shaw, DO, Workgroup Chair

- Updates will be posted on the [SB 476 webpage](#).
- Next Virtual Workgroup Meetings:
  - Wednesday, January 28, 5-7PM
  - Wednesday, February 25, 5-7PM
  - Wednesday, April 15, 5-7PM
  - Wednesday, May 13, 5-7PM

- Workgroup members and the public may submit additional written comments to Elizabeth Ross, [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov). Based on date of receipt, written comments will be shared with the ITP Workgroup at their next meeting and posted online.

**Agenda Subject to Change:** To assure that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

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*For questions regarding SB 476/ITP implementation, email Elizabeth Ross, Legislative & Policy Analyst, [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

*For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, [gretchen.kingham@omb.oregon.gov](mailto:gretchen.kingham@omb.oregon.gov) or (971) 673-2700.*

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### **Presenter Bios**

**Senator Kayse Jama** (he/him) serves as Senate Majority Leader in the Oregon State Legislature and represents Senate District 24, encompassing East Portland and North Clackamas County. The first former refugee, Black Muslim, and Somali-American legislator in Oregon, he brings a deep commitment to advancing policies that strengthen democracy, protect tenants, promote environmental justice, ensure education equity, advance immigrant and refugee rights, and reform the criminal justice system.

**Kien Truong** (he/him) serves as Policy Advisor for the Senate Majority Office. Born and raised in Khanh Hoa Province, Vietnam, Kien immigrated to the United States in 2014 at age 17 and has lived in Southeast Portland since then. He served as Chief of Staff to Senator Kayse Jama beginning in 2021, where he focused on labor, business, housing, and immigration policy. In January 2025, as Senator Jama became Senate Majority Leader, Kien transitioned to the Senate Majority Office to serve as the caucus's Policy Advisor. During his tenure with Senator Jama, Kien played a key role in the development and passage of historic housing legislation, helping advance nearly \$4.5 billion across five housing packages that invested in housing stabilization, homelessness services, homeownership, and housing production. In his free time, Kien enjoys playing board games and exploring towns across Oregon.

**Andrea Ciccone, JD**, is the Chief of Staff at the Federation of State Medical Boards (FSMB). In this role, she supports the CEO, the Executive Team, and the FSMB's Board of Directors to ensure that FSMB remains focused and aligned with its vision and mission to support our nation's state and territorial medical boards. Ms. Ciccone oversees the Member Services, Meetings & Travel, and Leadership Services departments. Prior to joining the FSMB, Ms. Ciccone was the Senior Vice President for Certifying Board Services (CBS) at the American Osteopathic Association (AOA) where she served as the business leader for all board

certification programs. Before joining the AOA, her experience includes over 20 years at NBME, serving in various senior policy and strategy roles.

**Elizabeth Ross, JD**, is the Legislative & Policy Analyst for the Oregon Medical Board. For over seven years she has served in this role tracking and analyzing legislation and coordinating rulemaking activities to further the Board's mission. She has over fifteen years of state service in Oregon.

**Nicole Krishnaswami, JD**, is Executive Director for the Oregon Medical Board and current Chair of the International Association of Medical Regulatory Authorities (IAMRA). In 2023, the Federation of State Medical Boards presented Nicole with their annual Leadership Award in recognition of her outstanding and exemplary leadership, commitment, and contributions to the advancement of the public good at the state medical board level. She has served on the Advisory Commission on Alternative Licensing Models and many other state, national, and international workgroups and advisory councils focused on medical workforce, cultural competency, and public health.

**Deepti Shinde, MPP**, is the Policy Lead for the Oregon Primary Care Office and staffs the state's Health Care Workforce Committee at the Oregon Health Authority. Her background is in program evaluation, quality metrics and quality improvement. She has experience working with primary care clinics, the Medicaid waiver and health systems to advance patient-centered, equitable and quality care.

**Neelam Gupta, MPH, MSW**, (she/her) is the Director of Clinical Supports, Integration and Workforce at Oregon Health Authority. In this role, Neelam leads the agency's priorities in creating an integrated primary care delivery system with a culturally responsive workforce. She has experience in patient-centered, integrated care models promoting health equity at a philanthropic foundation, Medicaid managed care plan, community clinic association, workforce development agency, health care apprenticeship center, intimate violence organization and Alzheimer's advocates. Neelam serves on the Oregon Workforce and Talent Development Board and the Higher Education Coordinating Commission's Future Ready Oregon Healthcare Industry Consortium, and an elected school board member.

**Daria Curtis** is the Healthcare Consortium Strategist for the Oregon Higher Education Coordination Commission (HECC). She brings deep experience in education and community systems, most recently leading refugee, and immigrant services for Lane County. Her background in higher education and workforce navigation informs a healthcare strategy grounded in access, equity, and system alignment.

**Jessica Ventura** serves as Director of the Office of Immigrant and Refugee Advancement, an independent office within the Oregon Department of Human Services. She brings over a decade of state service, including roles in the Oregon Legislature, the Oregon Department of Education, and the Secretary of State's Office. Her work centers on statutory implementation, cross-agency coordination, and community-informed policy affecting immigrant and refugee communities.

## 1. Introductions (Workgroup Members) & Charter Review

### SB 476 WORKGROUP CHARTER

#### **Purpose**

The SB 476 Workgroup will inform draft rules to implement SB 476 (2025) sections 5-9, creating a provisional license for internationally trained physicians (ITPs) starting January 1, 2027.

#### **Members**

- 1-2 members of the Oregon Medical Board
- 2 representatives from professional associations or societies representing primary care and/or specialty physicians
- 1-2 representatives of a facility/employer who intends to hire and supervise ITPs
- 1-2 internationally trained physicians
- 1 representative of community organization supporting refugees/immigrants
- 1 community member representing health care consumers (no immediate tie to a healthcare provider/internationally trained physician)
- 1 *ex officio* member of the sponsoring legislator's office

*Administrative support will be provided by Oregon Medical Board staff.*

#### **Scope**

The SB 476 Workgroup will review and advise on new and amended rules and other guidelines or procedures to implement SB 476.

#### **Meetings**

Public meetings will be held January-May 2026. Meetings will be subject to public meetings law, including public notice, public records, public access, and public comment. The meetings will be held via teleconference or videoconference and are planned for:

- Wednesday, January 14, 5-7PM
  - Wednesday, January 28, 5-7PM
  - Wednesday, February 25, 5-7PM
  - Wednesday, April 15, 5-7PM
  - Wednesday, May 13, 5-7PM
- \*dates and times subject to change.*

#### **Objectives**

The SB 476 Workgroup may recommend administrative rules, guidelines, or procedures for the purpose of implementing SB 476 (2025).

SB 476 Workgroup recommendations will be reviewed by the Administrative Affairs Committee and full Board during 2026 meetings. The Board retains final decision making authority.

#### 4. Advisory Commission on Additional Licensing Models

- [Guidance Document #1 \(February 2025\)](#), focuses on eligibility requirements to ensure physicians entering these pathways are ultimately ready to safely practice medicine in the United States.
- [Guidance Document #2 \(August 2025\)](#), recommendations for assessment and supervision that should be included during the period of provisional licensure

#### 5. SB 476 Overview, Oregon Medical Board

Oregon will allow internationally trained physicians to apply for a provisional license starting January 1, 2027. [SB 476 \(2025\)](#) sections 4-9, passed by the Legislature and signed by Governor Kotek, a provisional license if granted would allow these physicians to practice under the supervision of an Oregon-licensed physician. After completing four years of supervised practice, they may become eligible to apply for full medical licensure in Oregon.

The new law authorizes the Oregon Medical Board (OMB) to establish rules regarding:

- Application, licensure, and renewal fees
- Supervision and assessment standards
- Clinical location requirements
- Clinical assessment evaluation for full licensure
- Other requirements necessary to carry out SB 476

## Enrolled Senate Bill 476

Sponsored by Senators JAMA, FREDERICK, MANNING JR, NERON, PATTERSON, REYNOLDS;  
Senator PHAM K, Representatives GRAYBER, NELSON, TRAN (Presession filed.)

CHAPTER .....

### AN ACT

Relating to professional workforce; creating new provisions; amending ORS 677.010 and 677.100; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** (1) As used in this section:

(a) “Occupational or professional service” means a service:

(A) That an individual must possess a license, certificate or other form of authorization to provide under the laws of this state; and

(B) Over which a professional licensing board has regulatory oversight.

(b) “Professional licensing board” means a state agency or board that licenses, certifies or otherwise authorizes individuals to provide an occupational or professional service.

(2) A professional licensing board shall:

(a) Ensure that any staff of the professional licensing board who interact with internationally educated individuals through the licensure, certification or other authorization process receive culturally responsive training approved by the Office of Immigrant and Refugee Advancement.

(b) Develop and publish on a website operated by or on behalf of the professional licensing board clear and easily understandable guidance regarding pathways to licensure, certification or other authorization issued by the professional licensing board for internationally educated individuals. The guidance developed under this paragraph must include information on eligibility requirements, processes, costs and timelines for licensure, certification or other authorization.

(3) A professional licensing board may adopt rules to carry out the provisions of this section.

**SECTION 2.** A professional licensing board shall publish the guidance described in section 1 of this 2025 Act not later than July 1, 2026.

**SECTION 3.** (1) Section 1 of this 2025 Act becomes operative on January 1, 2026.

(2) A professional licensing board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the professional licensing board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the professional licensing board by section 1 of this 2025 Act.

**SECTION 4.** Sections 5 and 6 of this 2025 Act are added to and made a part of ORS chapter 677.

**SECTION 5.** Not later than February 1 of each odd-numbered year, the Oregon Medical Board shall report, in the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly related to health care, on the provisional licensure of internationally trained physicians under section 6 of this 2025 Act. The report must include the following information from the two immediately preceding calendar years:

- (1) The number of applications for provisional licensure received;
- (2) The numbers of provisional licenses issued or denied;
- (3) An aggregated list of employers that employed provisionally licensed internationally trained physicians; and
- (4) Any disciplinary or remedial actions taken against provisionally licensed internationally trained physicians.

**SECTION 6.** (1) The Oregon Medical Board may issue a provisional license to a qualified internationally trained physician. To be considered for a provisional license under this section, an internationally trained physician must have:

- (a) Graduated from a school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, as determined by the board;
- (b) Completed a training program that is substantially similar to an approved training program, as determined by the board;
- (c) Obtained certification from the Educational Council for Foreign Medical Graduates, or its successor organization, as approved by the board;
- (d) Practiced medicine in another country or jurisdiction for at least three years;
- (e) An offer of employment at a clinical facility located in this state that will provide supervision and assessment of the applicant in accordance with standards established by the board by rule;
- (f) Complied with all board rules that apply to similar applicants for a license to practice medicine in this state; and
- (g) Provided evidence, as determined sufficient by the board, that the applicant is of good moral character consistent with the requirements of ORS 677.100 and in good standing in each country or jurisdiction in which the applicant practiced and received education and training.

(2) An applicant for a provisional license under this section shall:

- (a) Apply to the board in the form and manner required by the board;
- (b) Pay the fee established by the board by rule; and
- (c) Provide to the board any further information required by the board.

(3) An internationally trained physician provisionally licensed under this section shall practice:

(a) Under the supervision of a physician licensed under ORS 677.100 who is in good standing with the board and meets the requirements established by the board relating to supervision; and

(b)(A) In a facility in this state with an approved training program;

(B) In a federally qualified health center that provides primary care and other services to underserved populations, as determined by the board; or

(C) In any other clinical location that demonstrates that the location meets the requirements established by the board by rule.

(4) An internationally trained physician provisionally licensed under this section:

(a) Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing;

(b) Is subject to all the provisions of this chapter and to rules of the board adopted under this chapter; and

(c) Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other physician licensed under this chapter.



(5) **An internationally trained physician provisionally licensed under this section may, after completion of four years of full-time equivalent practice under subsection (3) of this section, successful completion of a clinical assessment evaluation as determined by the board by rule and satisfaction of the requirements for licensure under ORS 677.100, apply for licensure under ORS 677.100.**

(6) **The board may adopt rules as necessary to carry out this section.**

**SECTION 7.** ORS 677.010 is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) “Approved internship” means the first year of post-graduate training [*served in a hospital that is approved by the board or*] **that is accredited** by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association or the Royal College of Physicians and Surgeons of Canada, **and approved by the Oregon Medical Board.**

(2) “Approved school of medicine” means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, [*such program having been*] **if the program of study is** fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, **or the Committee on Accreditation of Canadian Medical Schools, or its successor agency,** or [*having been otherwise*] **has otherwise been** determined by the board to meet the association standards as specifically incorporated into board rules.

[(3) “Board” means the Oregon Medical Board.]

(3) **“Approved training program” means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.**

(4) “Diagnose” means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; it may be made on information supplied either directly or indirectly by such other person.

(5) “Dispense” means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(6) “Dispensing physician” means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

(7) “Drug” means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

(8) “Fellow” means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

(9) “Intern” means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

(10) **“Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.**

[(10)] (11) “License” means permission to practice, whether by license, registration or certification.

[(11)] (12) “Licensee” means an individual holding a valid license issued by the board.

[(12)] (13) “Physical incapacity” means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

[(13)] (14) “Physician” means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term “physician” is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

[(14)] (15) “Podiatric physician and surgeon” means a physician licensed under ORS 677.805 to 677.840 to practice podiatry.

[(15)(a)] (16)(a) “Podiatry” means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(B) Assisting in the performance of surgery, as provided in ORS 677.814; and

(C) The 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.

(b) “Podiatry” does not include administering general or spinal anesthetics or the amputation of the entire foot.

[(16)] (17) “Prescribe” means to direct, order or designate the use of or manner of using by spoken or written words or other means.

[(17)] (18) “Resident” means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

**SECTION 7a. If Senate Bill 874 becomes law, section 7 of this 2025 Act (amending ORS 677.010) is repealed and ORS 677.010, as amended by section 1, chapter 344, Oregon Laws 2025 (Enrolled Senate Bill 874), is amended to read:**

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) “Approved internship” means the first year of post-graduate training [*served in a hospital that is approved by the Oregon Medical Board or*] **that is accredited** by the Accreditation Council for Graduate Medical Education or its successor organization, the American Osteopathic Association or its successor organization or the Royal College of Physicians and Surgeons of Canada or its successor organization, **and approved by the Oregon Medical Board.**

(2) “Approved school of medicine” means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, [*such program having been*] **if the program of study is** fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, **or the Committee on Accreditation of Canadian Medical Schools, or its successor agency,** or [*having been otherwise*] **has otherwise been** determined by the board to meet the association standards as specifically incorporated into board rules.

(3) “Approved training program” means a residency program **that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.**

[(3)] (4) “Diagnose” means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; the examination may be made on information supplied either directly or indirectly by such other person.

[(4)] (5) “Dispense” means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

[(5)] (6) “Dispensing physician” means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

[(6)] (7) “Drug” means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

[(7)] (8) “Fellow” means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

[(8)] (9) “Intern” means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

**[(10)] (10) “Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.**

[(9)] (11) “License” means permission to practice, whether by license, registration or certification.

[(10)] (12) “Licensee” means an individual holding a valid license issued by the board.

[(11)] (13) “Physical incapacity” means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

[(12)] (14) “Physician” means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term “physician” is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

[(13)] (15) “Podiatric physician and surgeon” means a physician licensed under ORS 677.805 to 677.840 to practice podiatry.

[(14)(a)] (16)(a) “Podiatry” means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(B) Assisting in the performance of surgery, as provided in ORS 677.814; and

(C) The 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.

(b) “Podiatry” does not include administering general or spinal anesthetics or the amputation of the entire foot.

[(15)] (17) “Prescribe” means to direct, order or designate the use of or manner of using by spoken or written words or other means.

[(16)] **(18)** “Resident” means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

[(17)] **(19)** “Traditional Eastern medicine” means the practice of medicine, specifically acupuncture and traditional Chinese medicine, regulated by this chapter if the medicine is practiced within the context of a person’s license to practice acupuncture issued under ORS 677.757 to 677.770.

**SECTION 8.** ORS 677.100 is amended to read:

677.100. (1) An applicant for a license to practice medicine in this state, except as otherwise provided in subsection (2) of this section, must possess the following qualifications:

(a) Have attended and graduated from a school of medicine.

(b) Have satisfactorily completed the following post-graduate requirement:

(A) Satisfactory completion of an approved rotating internship if a graduate of an approved school of medicine;

(B) One year of training in an approved program if a graduate of an approved school of medicine; *or*

(C) Three years of training in an approved program if a graduate of an unapproved school of medicine; **or**

**(D) Four years of provisional licensure under section 6 of this 2025 Act.**

(c) Have complied with each rule of the Oregon Medical Board which applies to all similar applicants for a license to practice medicine in this state.

(d) Have provided evidence sufficient to prove to the satisfaction of the board that the applicant is of good moral character. For purposes of this section, the lack of good moral character may be established by reference to acts or conduct that reflect moral turpitude or to acts or conduct which would cause a reasonable person to have substantial doubts about the individual’s honesty, fairness and respect for the rights of others and for the laws of the state and the nation. The acts or conduct in question must be rationally connected to the applicant’s fitness to practice medicine.

(2) If an applicant establishes that the applicant is of good moral character and has qualifications which the board determines are the equivalent of the qualifications required by subsection (1)(a) to (c) of this section, the applicant satisfies the requirements of subsection (1) of this section.

(3) An applicant for a license to practice medicine *[must make written application]* **shall apply** to the board **in a manner** showing compliance with this section, ORS 677.110, 677.120 and the rules of the board, and containing *[such]* **any** further information as the rules of the board may require.

**SECTION 9. (1) Section 5 of this 2025 Act and the amendments to ORS 677.010 by section 7 of this 2025 Act become operative on January 1, 2026.**

**(2) Section 6 of this 2025 Act and the amendments to ORS 677.100 by section 8 of this 2025 Act become operative on January 1, 2027.**

**(3) The Oregon Medical Board may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary for the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 5 and 6 of this 2025 Act and the amendments to ORS 677.010 and 677.100 by sections 7 and 8 of this 2025 Act.**

**SECTION 9a.** If Senate Bill 874 becomes law, section 9 of this 2025 Act is amended to read:

**Sec. 9.** (1) Section 5 of this 2025 Act and the amendments to ORS 677.010 by section [7] **7a** of this 2025 Act become operative on January 1, 2026.

(2) Section 6 of this 2025 Act and the amendments to ORS 677.100 by section 8 of this 2025 Act become operative on January 1, 2027.

(3) The Oregon Medical Board may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary for the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 5 and 6 of this 2025 Act and the amendments to ORS 677.010 and 677.100 by sections [7] **7a** and 8 of this 2025 Act.

**SECTION 10.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 1, chapter 364, Oregon Laws 2025 (Enrolled House Bill 5022), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Oregon Medical Board, is increased by \$59,747 for the purpose of licensing internationally trained physicians under section 6 of this 2025 Act.

**SECTION 11.** This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect July 1, 2025.

**Passed by Senate June 23, 2025**

**Received by Governor:**

**Repassed by Senate June 27, 2025**

.....M.,....., 2025

**Approved:**

.....  
Obadiah Rutledge, Secretary of Senate

.....M.,....., 2025

.....  
Rob Wagner, President of Senate

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Tina Kotek, Governor

**Passed by House June 26, 2025**

**Filed in Office of Secretary of State:**

.....M.,....., 2025

.....  
Julie Fahey, Speaker of House

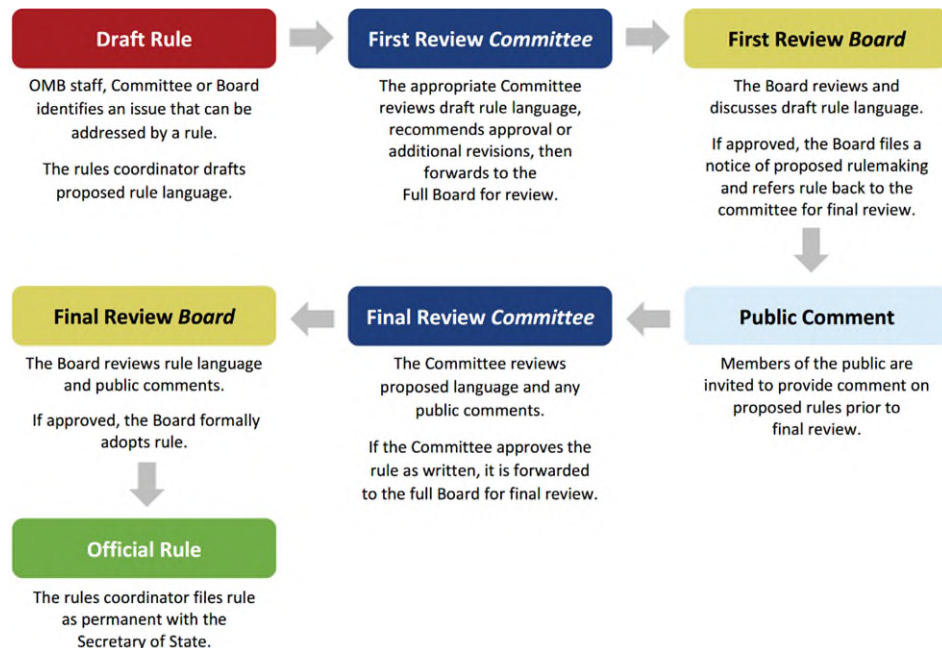
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Tobias Read, Secretary of State

## 6. Rulemaking Process & Public Meetings Law Overview, Oregon Medical Board

<b>January 14, 5-7PM</b>	ITP Workgroup Meeting, Informational Session
<b>January 28, 5-7PM</b>	ITP Workgroup Meeting
<b>February 25, 5-7PM</b>	ITP Workgroup Meeting
<b>March 11, 5PM</b>	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
<b>April 2</b>	Oregon Medical Board reviews all recommendations
<b>April 15, 5-7PM</b>	ITP Workgroup Meeting
<b>May 13, 5-7PM</b>	ITP Workgroup Meeting
<b>June 10, 5PM</b>	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
<b>July 9</b>	Oregon Medical Board reviews all recommendations, initiates rulemaking
<b>After July 9</b>	OMB files notice of proposed rules; formal public comment period opens
<b>August 18</b>	Public hearing for members of the public to provide oral testimony
<b>September 9</b>	Final review by the Administrative Affairs Committee
<b>October 1</b>	Final review and possible adoption by the Oregon Medical Board
<b>October-December</b>	OMB staff develop program systems (IT, website, forms, etc.)
<b>January 1, 2027</b>	SB 476 sections 4-9 and OMB rules become effective.
<b>January 4, 2027</b>	OMB starts accepting ITP applications

*Dates and times subject to change.*

### Administrative Rule Making Process



### Public Meetings

ITP Workgroup meetings are public meetings and will follow Oregon Public Meeting Law. This includes providing public notice, ensuring public access, maintaining meeting minutes, and prohibiting private deliberations among Workgroup members between meetings. All Workgroup review and consensus-building must occur during scheduled meetings.