



Oregon Medical Board

# Annual Report 2024

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## About the Board

The Oregon Medical Board ("OMB" or "Board") began its work in 1889, soon after the Oregon Legislature created the agency. Originally named the Oregon Board of Medical Examiners, the agency was renamed the Oregon Medical Board on January 1, 2008. The OMB adheres to a simple yet profound purpose:

***Protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.***

The OMB is the regulatory agency and governing board for a large portion of the professional medical community in the state of Oregon. The OMB licenses all physicians (medical, osteopathic, and podiatric), physician assistants, and acupuncturists practicing in the state, as well as those who provide telemedicine services to patients located in Oregon.

The Board is also responsible for establishing the scope of practice for Emergency Medical Responders, Emergency Medical Technicians,

and Paramedics, and setting the qualifications for supervising physicians of emergency medical services providers.

In addition to regulating the practice of medicine, podiatry, and acupuncture, the Board also investigates and disciplines its licensees when appropriate. In doing so, the OMB is governed by and enforces Oregon Revised Statutes (ORS) Chapter 677, also known as the Medical Practice Act. The OMB also adopts and enforces Oregon Administrative Rules (OAR) Chapter 847.

The Board sets educational, examination, and practice requirements for licensure for all health care professionals under its purview.

To accomplish these tasks, the full Board meets quarterly in January, April, July, and October. At each of these sessions, the Board grants licenses, decides investigative, disciplinary, and policy matters, and reviews administrative rules and committee reports. Additionally, the Board has committees whose members examine license applications, rules, and policies, as well as make recommendations on investigations to the Board and interview applicants and licensees when needed.



Back, from left: Eric Evans, DPM; Katja Daoud, MD; David Cook, MD; Lindsay Byrne, JD  
Middle, from left: Eve Klein, MD; Ileana Esquivel, PA-C; Robby Azar, MD; Sudeep Taksali, MD; Sheronne Blasi; Jordana Gaumond, MD  
Front, from left: Erin Cramer, PA-C; Jill Shaw, DO; Christoffer Poulsen, DO; Nicole Krishnaswami, JD; David Farris, MD

## Oregon Medical Board Members

Board members provide a critical public service for patients and the medical profession. The 14-member Board oversees all agency functions and makes all final decisions on the regulation of the practice of medicine in Oregon.

Each member is appointed by the Governor and confirmed by the Oregon Senate. In 2024, the Board was composed of nine physician members (six MDs, two DOs, and one DPM), two PA members, and three public members, who represent health care consumers.

Of the professionally licensed members, there is at least one member appointed from each federal congressional district. Each member is selected for a three-year term, with the opportunity to participate in a second term. Terms begin on March 1 and end on the last day of February.

### Board Leadership

On January 4, 2024, Chris Poulsen, DO, was sworn in as Chair. Jill Shaw, DO, served as Vice Chair

and Investigative Committee Chair. Erin Cramer, PA-C, served as Secretary and Administrative Affairs Committee Chair.

### New Board Members

In 2024, the OMB welcomed two new members: Ileana Esquivel, PA-C, and Joan Kapowich, a Public Member.

Ms. Esquivel is a physician associate currently practicing at the Knight Cancer Institute at OHSU, caring for hospitalized patients with hematologic malignancies and those receiving bone marrow transplants.

Ms. Kapowich is a volunteer senior health insurance counselor. She is also a member of several advisory groups focused on financial wellbeing, physical and behavioral health, and homelessness.



**Christoffer Poulsen, DO**  
Chair | Eugene



**Jill Shaw, DO**  
Vice Chair | Astoria



**Ali Mageehon, PhD**  
Public Member  
Secretary | Coos Bay



**Robby Azar, MD**  
Oregon City



**Sheronne Blasi**  
Public Member  
Salem



**David Cook, MD**  
Portland



**Erin Cramer, PA-C**  
Stayton



**Katja Daoud, MD**  
Portland



**Niknam Eshraghi, MD**  
Portland



**Ileana Esquivel, PA-C**  
Portland



**Eric Evans, DPM**  
Portland



**Joan Kapowich**  
Public Member  
Portland



**Paula Lee-Valkov, MD**  
The Dalles



**Sudeep Taksali, MD**  
Wilsonville

## Committees

The OMB depends on advisory committees to accomplish its work of protecting the health, safety, and wellbeing of Oregon citizens. The Board has six standing committees:

The **Acupuncture Advisory Committee** consists of three acupuncturists, two physicians who practice acupuncture, and one Board member liaison. This committee meets at least twice a year and reviews all applications for licensure and administrative rules related to acupuncture.

**2024 Roster:** *Forrest Cooper, LAc, DAOM, Chair; Dilip Babu, MD; Diane Behall, LAc, DAOM; Carli Gaines, LAc, RN; Paul Yutan, MD; Paula Lee-Valkov, MD (Board Liaison)*

The **Administrative Affairs Committee (AAC)** consists of five Board members. The AAC meets quarterly in the month prior to each Board meeting to review administrative and operational matters, applicants for licensure, and administrative rules, policies, and procedures.

**2024 Roster:** *Ali Mageehon, PhD (Chair); Erin Cramer, PA-C; Niknam Eshraghi, MD; Paula Lee-Valkov, MD; Chris Poulsen, DO*

The **Editorial Committee** consists of two Board members. It assists the Board's Communication Team with the creation of the *OMB Report*, the OMB's quarterly newsletter, and other publications.

**2024 Roster:** *Katja Daoud, MD; Paula Lee-Valkov, MD; Ali Mageehon, PhD*

The **Emergency Medical Services (EMS) Advisory Committee** consists of six members: three emergency medical service providers, two physicians, and one public member, as well as a Board liaison. The committee sets the scope of practice for emergency medical service providers.

**2024 Roster:** *Michael Lepin, Paramedic, Chair; Frank Ehrmantraut, Paramedic; Patti Louie, PhD, Public Member; Matthew Neth, MD; Rusty Riis, Paramedic; Brenda Smith, MD; Chris Poulsen, DO (Board Liaison)*

The **Investigative Committee (IC)** consists of six Board members (with some members serving half-time). The IC meets monthly, except for those months when the full Board convenes, to consider all investigative and disciplinary matters. The IC makes recommendations to the full Board regarding the disposition of disciplinary cases.

**2024 Roster:** *Jill Shaw, DO, Chair; Sheronne Blasi; Erin Cramer, PA-C; Chris Poulsen, DO; Sudeep Taksali, MD; David Cook, MD; Robby Azar, MD*

The **Legislative Advisory Committee** consists of three Board members. It works with the Executive Director and Legislative & Policy Analyst to develop and respond to legislative proposals. It meets before and during the sessions of the Oregon Legislature.

**2024 Roster:** *Erin Cramer, PA-C, Chair; Robby Azar, MD; Sheronne Blasi; Chris Poulsen, DO*

## Medical Consultants

The OMB uses more than 150 qualified medical consultants to provide services such as case review, licensee evaluations, written reports, testimony at hearings, and investigative interviews. Consultants generally must have an active, unrestricted, Oregon license (MD, DO, DPM, PA, LAc) and are selected based on their experience and medical specialty. The

development of a consultant pool (composed of a large cross-section of specialties) enables the Board to protect the public by ensuring that medical professionals under investigation are being evaluated by those best trained to judge the facts of the case in a thorough, timely, and fair manner.

## Board Staff



Nicole Krishnaswami, JD, is the Executive Director of the Oregon Medical Board. Prior to this role, she served as the Board's Legislative and Policy Analyst for eight years. Ms. Krishnaswami currently serves as Chair-Elect of the International Association

of Medical Regulatory Authorities (IAMRA) and is a member of many state, national, and international workgroups and advisory councils focused on medical workforce, cultural competency, and public health. In 2024, these partner organizations included the Federation of State Medical Boards (FSMB), Oregon Health Authority (OHA), Administrators in Medicine (AIM), and Linfield University, among others. Ms. Krishnaswami is also a frequent lecturer at Oregon's medical schools, hospitals, clinics, and health care conferences. She earned a law degree from Lewis and Clark College in Portland, Oregon, and a Bachelor of Science in Journalism from Ohio University in Athens, Ohio.



David Farris, MD, served as the Board's Medical Director from October 2019 until his retirement in November 2024. Prior to joining the OMB, Dr. Farris practiced for more than 33 years as an anesthesiologist at Legacy Emanuel/Randall

Children's Hospital. As Medical Director, Dr. Farris led efforts to expand the understanding of the OMB's processes, reach, and limitations among licensees and the public. Dr. Farris was instrumental in the alignment of the Oregon Medical Board's complaint and discipline processes with the shifting standards in opiate prescribing. In addition to giving regular talks about Board processes to multiple audiences, Dr. Farris contributed a column to the Board's quarterly newsletter, in which he provided his perspective on a wide range of topics including avoiding complaints and controversial COVID treatments.



Jordana Gaumond, MD, assumed the role of Medical Director in November 2024, bringing with her a wealth of experience in surgery, health care leadership, peer review, and policy work. Dr. Gaumond earned a degree in chemistry in 2000

and completed general surgery residency in 2006, both at OHSU. She also completed an abdominal transplantation fellowship at The Ohio State University and has worked at OHSU and the Veterans Hospital as a transplant surgeon. In 2015, Dr. Gaumond joined The Oregon Clinic as a general surgeon. During her time there, she served on the Board of Directors and Executive Committee, focusing on improving health care delivery through leadership and innovation.



Eve Klein, MD, is the OMB's Associate Medical Director. She is board certified in neurology and addiction medicine. Dr. Klein graduated from Columbia University and attended medical school at the University of Massachusetts before completing her

residency in neurology and fellowships in pain medicine and addiction medicine at OHSU. She currently serves as Sr. Medical Director of CODA, Inc, providing substance use treatment in Multnomah, Washington, Clackamas, and Clatsop counties. Dr. Klein is an assistant professor at OHSU, where she teaches medical students on the topics of opioids, pain, and substance use disorders. She also serves as an advisory board member for the Northwest Rural Opioid Technical Assistance Collaborative. Prior to her work in addiction medicine, Dr. Klein practiced pain medicine at Legacy Health.

*Other key staff members include Jessica Bates, Human Resources Manager; Carol Brandt, Business Manager; Nathan Divers, Communications & PR Specialist; Walt Frazier, Investigations Manager; Gretchen Kingham, Executive Assistant; Netia N. Miles, Licensing Manager; and Elizabeth Ross, Legislative & Policy Analyst.*

## 2024 Agency Highlights

### **PAs Become "Physician Associates"**

On June 6, 2024, the title "Physician Assistant" changed to "Physician Associate" throughout Oregon law by operation of HB 4010 (2024). The title change was implemented in hopes of clarifying the collaborative nature of the PA and physician relationship, as well as the importance the roles and responsibilities of PAs.

### **Board Members, Executive Director Attend FSMB Annual Meeting, Pass Two Resolutions**

OMB Chair Christoffer Poulsen, DO; Vice Chair Jill Shaw, DO; Secretary Erin Cramer, PA-C; and Executive Director Nicole Krishnaswami, JD, were among the more than 600 attendees at the 112th Federation of State Medical Boards Annual Meeting in Nashville, TN.

The meeting's theme was "The Science of Sound Decisions" and included educational sessions, interactive workshops, and keynote addresses. Ms. Krishnaswami moderated the opening plenary session, "International Jurisdictional Models for Addressing Workforce Needs" which featured speakers from Nova Scotia, New Zealand, and Australia. During the meeting, the House of Delegates adopted new policies on Strategies for Prescribing Opioids, the Incorporation of AI into Clinical Practice, and the Regulation of Physicians in Training.

Additionally, the Oregon Medical Board introduced two Resolutions:

- Resolution 24-2: Pathways to Licensure for International Medical Graduates (IMGs)
- Resolution 24-3: Medical Directors of Health Insurers Making Medical Necessity Determinations

Both of Oregon's Resolutions were unanimously adopted by the House of Delegates. No other state passed a resolution

### **OMB Develops Disciplinary Guideline**

In April 2023, the Office of the Secretary of State of Oregon began an audit to review the consistency with which the Oregon Medical Board handles its disciplinary process. The results to the report were released in January 2024, and the OMB quickly began work to create a set of disciplinary guidelines.

Over the next few months, OMB staff reviewed investigative guidance from fellow state boards and health care organizations. Additionally, the

Board hired an intern studying for a masters in biostatistics to conduct a five-year retrospective of the OMB's investigative case outcomes data. Through these efforts, Board staff drafted an initial guideline document.

In August 2024, the Board convened a workgroup of licensee-representing attorneys, advocates for patient safety, professional associations, members of the public, and Oregon Medical Board members. The workgroup held three public meetings to refine the guidelines the Board utilizes to determine whether to issue remediation or discipline by considering violation ranges and mitigating and aggravating factors. The Workgroup's recommendations were reviewed by the OMB's Administrative Affairs Committee, as well as all members of the Board, throughout the process.

The Oregon Medical Board Investigative Guideline was completed in early 2025 and approved by the Board to be implemented by July 1, 2025.

The OMB will continue this effort by collecting data and initiating systematic reviews of decisions in 2026. The OMB is proud of the process utilized to create the Investigation Guideline which improved relationships with partners and fostered public trust.

### **OMB Named 2024 WellBeing First Champion**

For the second year in a row, the Oregon Medical Board was recognized for being a WellBeing First Champion. Earning this annual distinction means that OMB licensing applications and renewals ensure privacy around mental health care so licensees and applicants can safely seek the care they deserve.



## Mission & Values

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.

The OMB's values further the mission and shape the culture of the agency. The Management Team determined that five core values guide the agency. These values are incorporated into the Strategic Plan:

- **Integrity:** A commitment to acting honestly, ethically, and fairly.
- **Accountability:** A willingness to accept responsibility for actions in a transparent manner.
- **Excellence:** An expectation of the highest quality work and innovation.
- **Customer Service:** A dedication to provide equitable, caring service to all Oregonians with professionalism and respect.
- **Equity:** A devotion to creating and fostering an environment where everyone has access and opportunity to thrive.



## Statements of Philosophy

Statements of Philosophy are adopted by the Board to express its philosophy and intentions regarding the practice of medicine in the state of Oregon.

In 2024, the OMB adopted two Statements of Philosophy:

- **Artificial/Augmented Intelligence**
- **IV Hydration Therapy**

An additional six Statements of Philosophy were amended in 2024:

- **Diversity, Equity, and Inclusion in Medical Practice**
- **Medical Use of Lasers**
- **Pain Management**
- **Professionalism**
- **Social Media**
- **Telemedicine**

Statements of Philosophy are available to read in full at [omb.oregon.gov/philosophy](http://omb.oregon.gov/philosophy).

- Advertising
- Artificial/Augmented Intelligence
- Care of the Surgical Patient
- Chelation Therapy
- Deep Brain Stimulation & Functional Neurosurgery
- Diversity, Equity, and Inclusion in Medical Practice
- Electronic Health Records
- Ending the Provider-Patient Relationship
- IV Hydration Therapy
- Licensee Responsibility to Share Evidence-based Information
- Medical Use of Lasers
- Mental Health and Wellness
- Mesotherapy and Injection Lipolysis
- Pain Management
- Professionalism
- Provider-Patient Relationship
- Re-Entry to Clinical Practice
- Responsibilities of Medical Directors of Medical Spas
- Scope of Practice
- Sexual Misconduct
- Social Media
- Supporting Licensees with Substance Abuse and Mental Health Disorders
- Telemedicine
- Use of Unlicensed Healthcare Personnel
- Use of Unlicensed Healthcare Personnel in Acupuncture

# OMB Strategic Plan: 2024-2026

In October 1999, the Oregon Medical Board embarked on a formal planning process to outline its path for the next two years; it has been updated every biennium since.

The Strategic Plan directs the Board in fulfilling its mission by establishing goals. The OMB's goals are the highest-priority purposes of the agency. Along with the Mission Statement, the OMB's goals describe the agency's desired strategic position. The following is a list of the Board's chief goals.

## **Provide Optimal Staffing & Quality Resources**

The OMB recognizes that outstanding staff and quality resources are critical to customer service and achieving the mission of patient safety. The agency ensures integrity and equity in the hiring process and retention efforts. The OMB promotes employee excellence by encouraging training, enrichment, innovation, and diversity. The agency's management team is accountable for regularly reviewing the tools and resources that allow staff to effectively accomplish their work while safeguarding the information we possess.

## **Attract & Retain Highest Qualified Board Members & Consultants**

Board members and consultants provide a critical public service for patients and the medical profession. Achieving excellence in executing the mission depends upon the integrity of the 14 Board members who serve as final decision makers for the agency. Consistent, fair, and equitable decisions are made through transparent and accessible processes to ensure accountability. Board members and consultants provide customer service by advocating for patient safety for all Oregonians.

## **Efficiently Manage Licensure**

Oregon licensure requirements for Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Physician Associate (PA), and Acupuncturist (LAc) must be set with integrity and equity to ensure fairness toward applicants and licensees. Processing applications and renewals efficiently is vital to customer service but must be balanced with the need to maintain accountability with thorough background checks. Continually striving to improve the license and renewal processes ensures excellence in services provided to licensees.

## **Thoroughly & Equitably Review Complaints Against Licensees & Applicants**

Patient safety relies on integrity, equity, and accountability in the investigation of complaints

against licensees and applicants. Investigations staff provide timely, accurate, and complete information for Board members' evaluation, resulting in excellence demonstrated in the consistency of disciplinary outcomes. Completing the investigation process in a customer service-oriented manner requires the Board to be responsive to the needs of the public and fair to licensees.

## **Support the Health & Wellbeing of OMB Providers, Remediating Licensees & Applicants to Safe & Active Practice when Necessary**

Patient and population health is dependent on healthy, well, and fully functioning Oregon health care providers. Facilitating licensees' equitable access to confidential, private, voluntary, and free counseling services can prevent impairment, unprofessional conduct, or poor practice habits. The Board's financial and philosophical support of the innovative, statewide wellness program and various educational resources demonstrates the agency's commitment to excellence and customer service. Monitoring available resources, program effectiveness, and fiscal responsibility is essential to the agency's integrity and accountability in health and wellbeing efforts.

## **Increase Outreach & Education**

Educating patients, licensees, and the general public is an important customer service. Board publications and resources (e.g. *The OMB Report*, the Cultural Competency Guide, and [oregon.gov/OMB](http://oregon.gov/OMB)) have been recognized nationally for excellence. The Board demonstrates integrity and equity with regular presentations by staff and Board members to promote transparency, awareness of rules, positions of the Board, and other emerging issues. Outreach and partnership efforts also keep the Board accountable to the public and licensees by inviting direct feedback and continuing to provide accurate and timely access to public records.

*The full Strategic Plan is available on the Board's website.*

# Annual Licensing Statistics

## Licensing by the Numbers

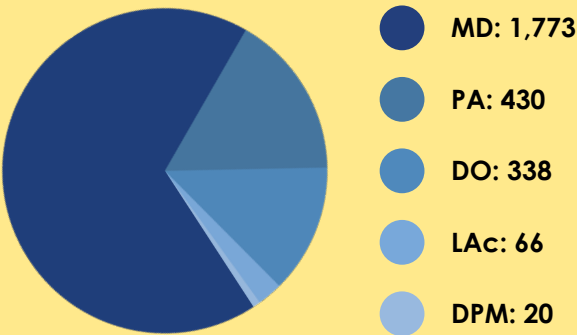
As of December 31, 2024, the OMB had a total of **27,631** licensees. Of that number, **25,233** held active licenses to practice in Oregon. Another **1,086** individuals held limited licenses of various kinds.

|           | 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.

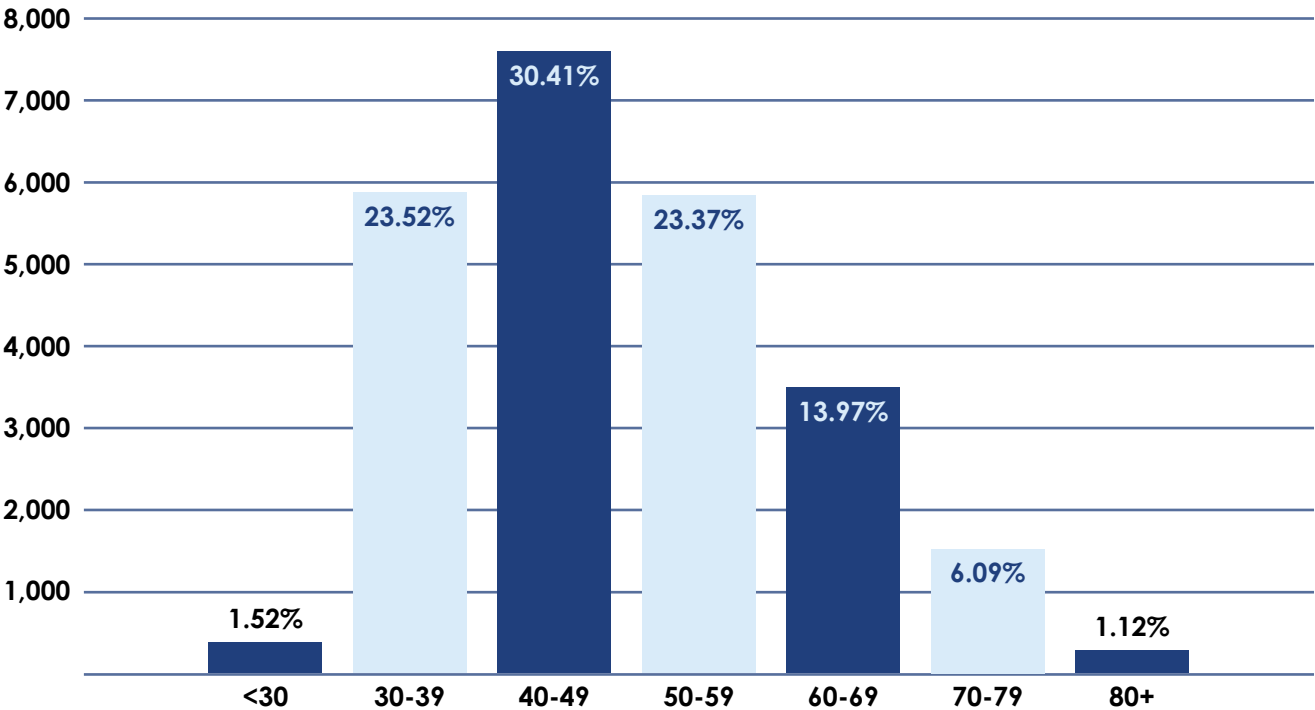


## Re-Entry to Practice

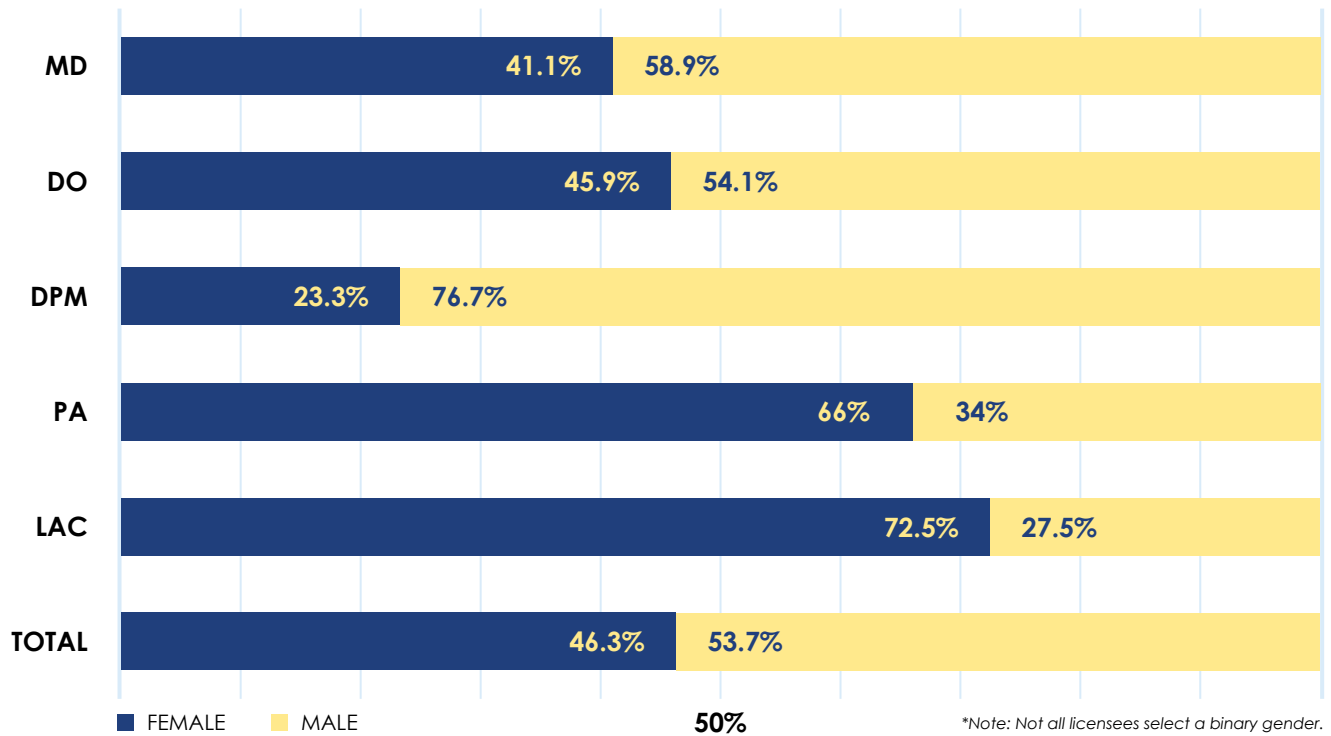
In 2024, **33** licensees returned to practice through Consent Agreements.

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

## Active Licensees by Age

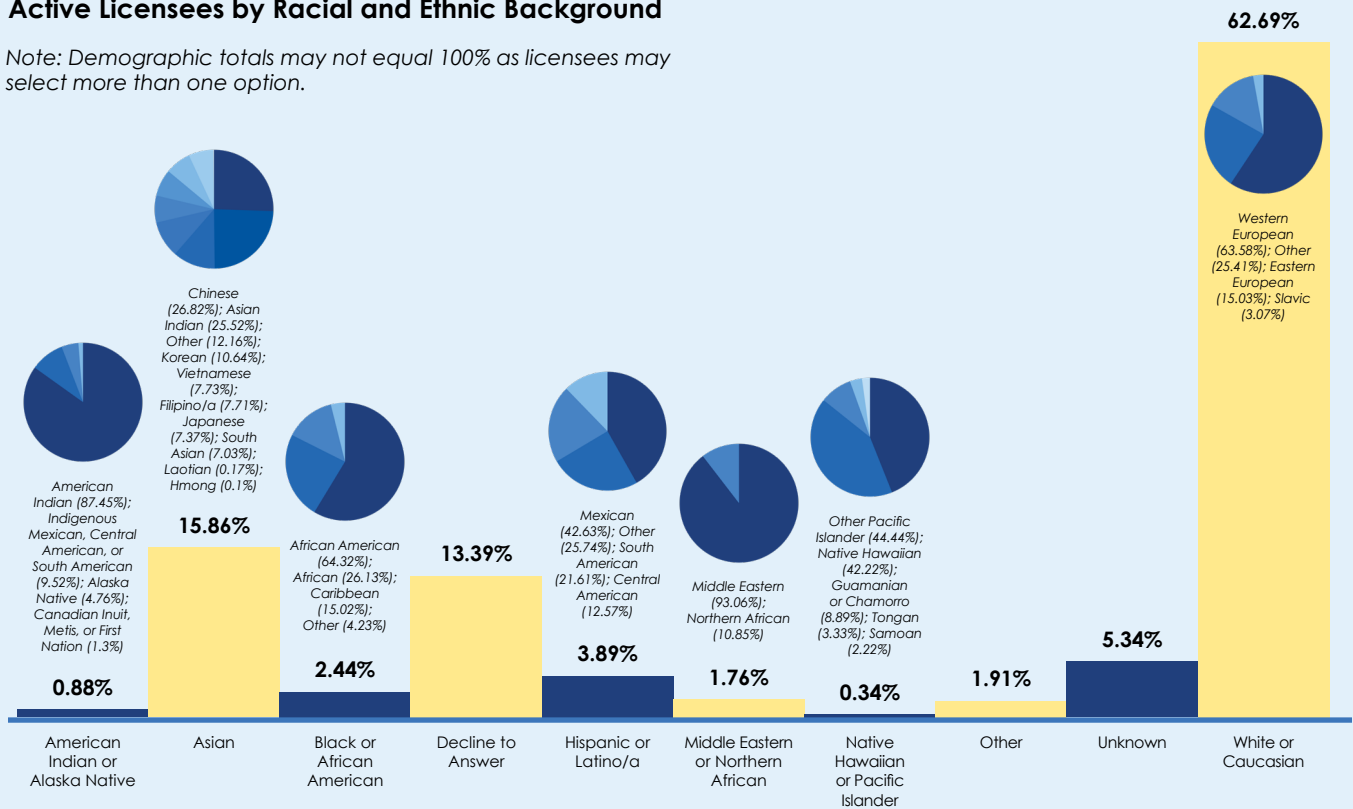


## Active Licensees by Gender



## 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

## Licensing Fees

The OMB's annual licensing fees are listed below. Blue-shaded rows are Board-assessed fees. Yellow-shaded rows are collected by the Board but remitted to other state agencies as directed by the Oregon Legislature.

- Oregon Health & Science University (OHSU) receives library funding.
- Oregon Health Authority (OHA) receives funding for the workforce data collection and prescription drug monitoring program.

## Medical Doctor (MD) & Doctor of Osteopathic Medicine (DO)

| License Status          | Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active, Teleradiology Active | Inactive, Administrative Medicine Active | Emeritus    |
|-------------------------|---|--|-------------|
| License Registration    | \$304   | \$304                                    | \$50        |
| OHSU Library            | \$10  | \$10                                     | NA          |
| Prescription Monitoring | \$35  | NA                                       | \$35        |
| OHA Workforce Data      | \$2   | \$2                                      | \$2         |
| <b>Total</b>            | <b>\$351</b>  | <b>\$316</b>                             | <b>\$87</b> |

## Podiatric Physician (DPM)

| License Status          | Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active | Inactive, Administrative Medicine Active | Emeritus    |
|-------------------------|---|--|-------------|
| License Registration    | \$304   | \$304                                    | \$50        |
| Prescription Monitoring | \$35  | NA                                       | \$35        |
| OHA Workforce Data      | \$2   | \$2                                      | \$2         |
| <b>Total</b>            | <b>\$341</b>  | <b>\$306</b>                             | <b>\$87</b> |

## Physician Associate (PA)

| License Status          | Active, Locum Tenens, Military/Public Health Active | Inactive, Administrative Medicine Active | Emeritus    |
|-------------------------|---|--|-------------|
| License Registration    | \$239   | \$239                                    | \$50        |
| Prescription Monitoring | \$35  | NA                                       | \$35        |
| OHA Workforce Data      | \$2   | \$2                                      | \$2         |
| <b>Total</b>            | <b>\$276</b>  | <b>\$241</b>                             | <b>\$87</b> |

## Acupuncturist (LAc)

| License Status       | Active, Locum Tenens | Inactive, Administrative Medicine Active | Emeritus    |
|----------------------|----------------------|--|-------------|
| License Registration | \$201                | \$201                                    | \$50        |
| OHA Workforce Data   | \$2                  | \$2                                      | \$2         |
| <b>Total</b>         | <b>\$203</b>         | <b>\$203</b>                             | <b>\$52</b> |

## Compliance & Enforcement

In 2024, all OMB investigations were coordinated through Walt Frazier, Investigations Manager. He has served the Board since 2014 and became the Board's Investigations Manager in 2021 after five years of service as Assistant Chief Investigator. He and his team protect the public by receiving and investigating complaints against applicants and licensees of the Board to determine whether there has been a violation of the Medical Practice Act or the Oregon Administrative Rules.

The Board's Investigations Department reviews all complaints to determine whether state law (the Medical Practice Act) may have been violated. There are 27 separate grounds for discipline or denial of a license in the Medical Practice Act; most are very specific. They include chemical substance abuse, gross or repeated acts of negligence, and conviction of a criminal offense. "Unprofessional conduct" is also a violation and includes sexual misconduct. These specific violations are set forth in ORS 677.190.

Complaints come from a variety of sources, including other health care professionals, hospitals, and patients and their families. Each complaint is unique and is considered on its own merits with its specific set of circumstances.

Approximately 400–500 of the 800 total complaints received by the Oregon Medical Board result in a complete and detailed investigation. Other complainants are referred to appropriate state or professional organizations for review. Some complaints are resolved quickly by the Board's investigative staff because the initial investigation found insufficient evidence of a Medical Practice Act violation by the licensee.

The Board's Complaint Resource Officer answers questions about filing a complaint, the complaint process, and additional resources if the issue is outside the purview of the Board.

### **The Investigative Process**

The OMB investigates alleged violations of the Medical Practice Act. In most cases, investigatory information provided to the OMB is confidential, as required by Oregon statute.

The Investigative Committee (IC) is composed of a subset of Board members, including one public member. The Executive Director, Medical

Director, Investigations Manager, investigative staff, psychiatric consultant, and the OMB's Senior Assistant Attorney General also attend IC meetings. The IC meets once a month, except during those months in which Board meetings are scheduled, to review the status of cases under investigation, interview licensees, and provide guidance to the investigators. Proceedings are primarily held in Executive Session.

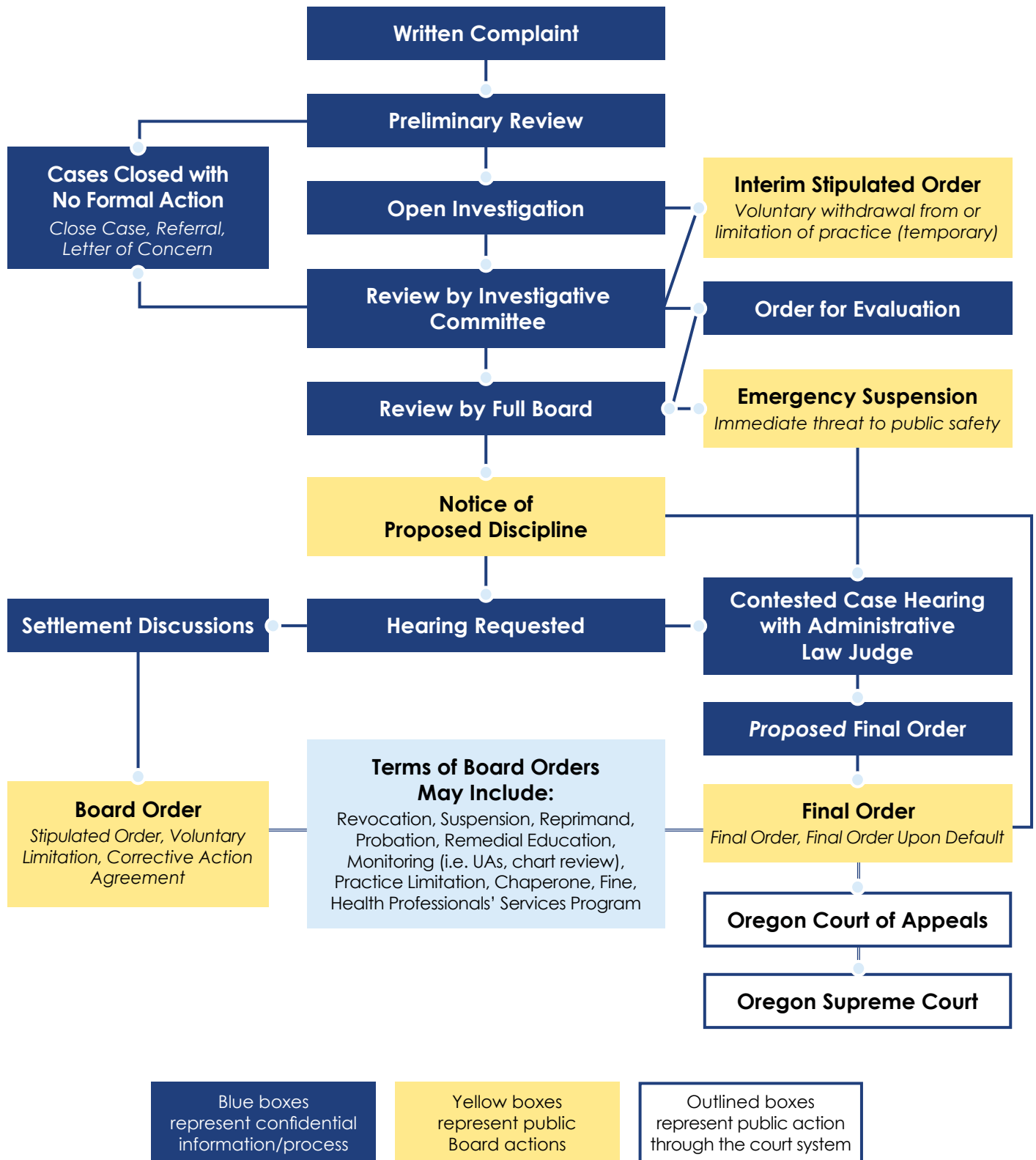
At these meetings, interviews are conducted with physicians or other licensees under the OMB's jurisdiction who are under investigation for possible violations of the Medical Practice Act. Licensees are advised that they may have attorneys present, and a court reporter transcribes the proceedings. Depending on the nature of the allegations or complainants, alleged victims may also be interviewed by Board members. The IC makes recommendations to the full Board, which must make the final decision regarding any disciplinary action.

When the Board determines that discipline is warranted, a negotiated settlement is the most common outcome. If an agreement cannot be reached, the licensee may request an administrative hearing before an Administrative Law Judge (ALJ). The licensee may have an attorney and present witnesses and evidence. A court reporter attends the hearing and records all testimony presented by the Board and the licensee. The ALJ issues a proposed order for the Board's consideration.

Board members then review the completed transcript and proposed order from the ALJ and hear any exceptions the licensee may have to the proposed order before the Board renders a decision.

Following deliberations, the Board may suspend judgment, place the licensee on probation, revoke the license, suspend the license, place limitations on the license, take other disciplinary action, or dismiss the allegations. Licensees may also be fined and assessed hearing costs or referred to the Health Professionals' Services Program (HPSP).

# Complaint & Investigation Process



For more information on Board investigations, visit [omb.oregon.gov/investigations](https://omb.oregon.gov/investigations).

## 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.

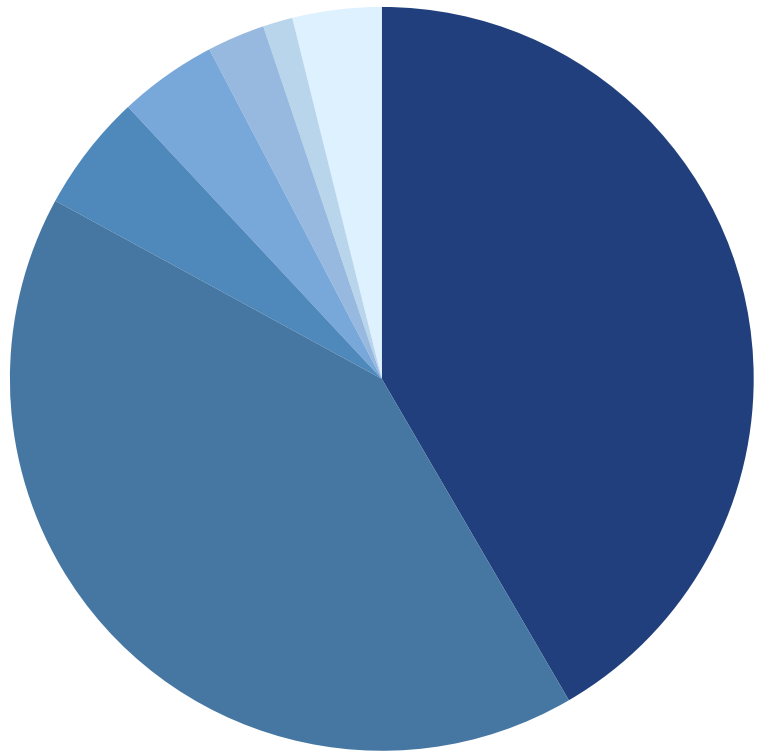
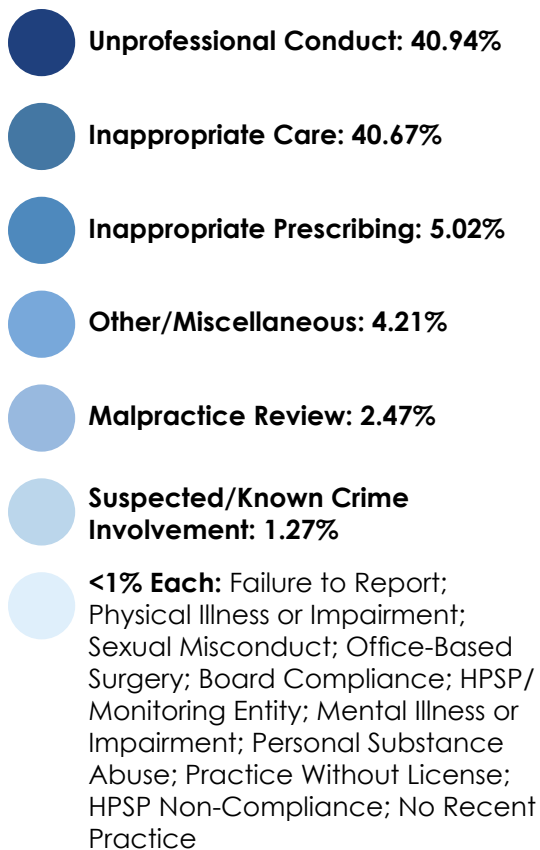
| Final Dispositions of Investigations (No Violations) | 2022 | 2023 | 2024 |
|--|------|------|------|
| Exceptionally Closed                                 | 14   | 5    | 8    |
| No Apparent Violation                                | 315  | 374  | 360  |
| Preliminary Investigation                            | 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    |

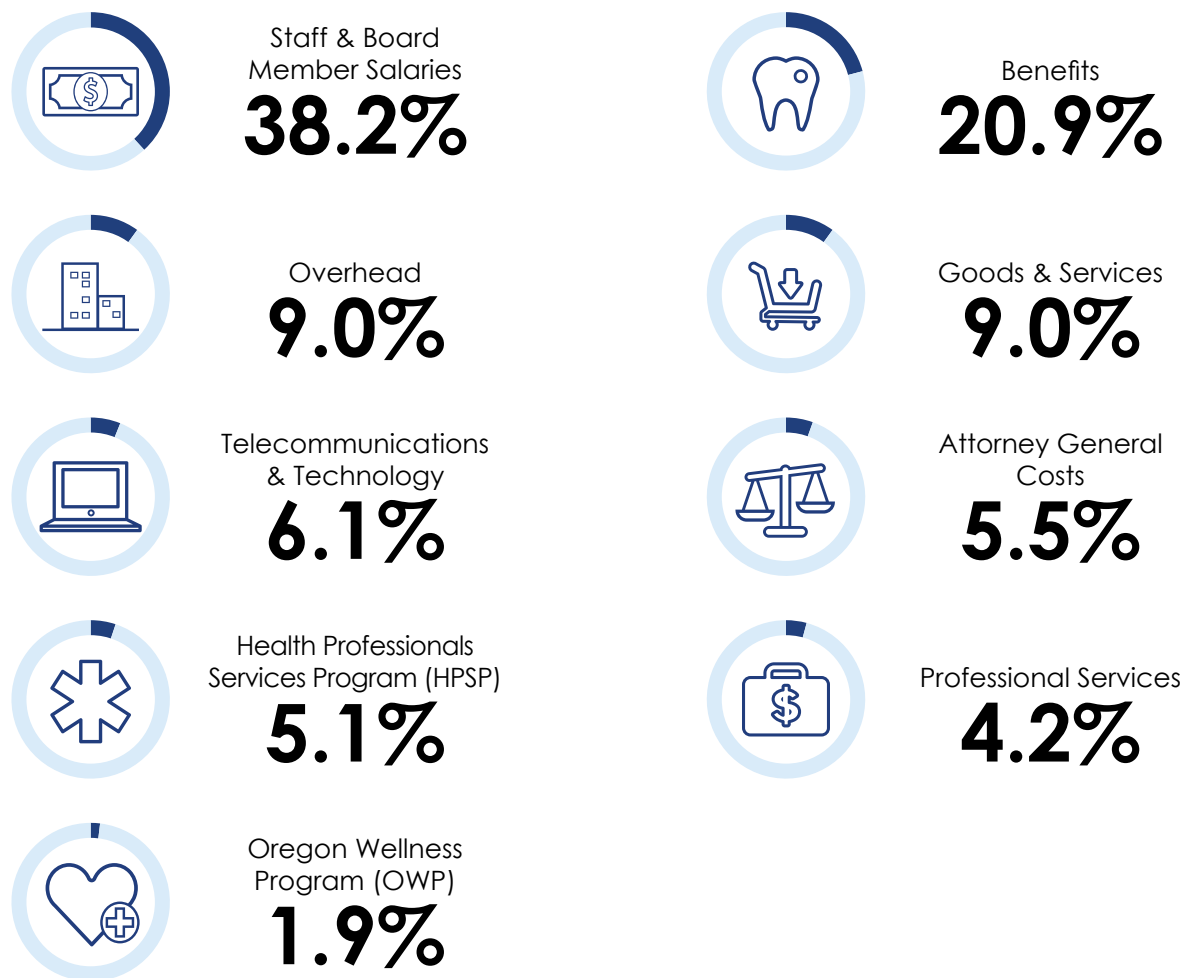
### Categories of Complaints



# 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



## Health Professionals' Services Program

The Health Professionals' Services Program (HPSP) is a confidential monitoring program for health professional licensees who may be unable to practice with professional skill and safety due to a substance use disorder, a mental health condition, or both. The program supports public safety while supporting licensees as they continue their careers. The program operates under ORS 676.190 and OAR 847-065.

A board may refer a licensee to HPSP, or a licensee may self-refer. When a board refers a licensee, HPSP works with the referring board to ensure the licensee is monitored in accordance with their board agreement. When a licensee self-refers, HPSP works with the licensee to develop an individualized monitoring agreement and keeps the licensee's enrollment confidential, as long as the licensee is in compliance with their HPSP monitoring

agreement. The program maintains communication with the appropriate regulatory board regarding compliance of participants who are known to the board. Self-referrals must not be under investigation by their licensing board.

HPSP provides information and education to employers, licensee associations, support networks, treatment programs, and other stakeholders.

HPSP services include agreement monitors, care coordination, fitness for practice evaluations, group consultations, independent third-party evaluations, interactive voice response (IVR), daily testing requirements, licensee enrollment, medical review, officer oversight, online wellness resources, recovery monitoring consultations, safe practice evaluations, toxicology testing, and weekly reporting by licensees.

| HPSP Statistics                        | 2021 | 2022 | 2023 | 2024 |
|--|------|------|------|------|
| Board Licensees Enrolled in HPSP       | 101  | 73   | 60   | 51   |
| Self-Referred Licensees Entering HPSP  | 4    | 3    | 0    | 3    |
| Board-Referred Licensees Entering HPSP | 8    | 12   | 6    | 8    |
| Self-Referred, Successfully Completed  | 3    | 3    | 4    | 4    |
| Board-Referred, Successfully Completed | 19   | 19   | 12   | 15   |

## Key Performance Measures

All OMB administrative services are coordinated through Carol Brandt, Business Manager. She has served the OMB since 1998 and has been the Board's Business Manager since 2007. As the Business Manager, Ms. Brandt serves as the principal consultant/advisor to the Executive Director on office management and budget matters and supervises/oversees the efficient functioning of the Administrative Services section. The Administrative Services section of the agency

provides the technical and support services that enable Board employees to best serve the public.

The OMB uses performance measures to ensure the agency is fulfilling its mission to protect the health, safety, and wellbeing of the public. The key performance measures cover licensing, investigations, and administrative functions. The measures are representative of overall agency functioning and performance.

| Key Performance Measures              | 2021 | 2022 | 2023 | 2024 |
|---------------------------------------|------|------|------|------|
| License Appropriately                 | ✓    | ✓    | ✓    | ✓    |
| Discipline Appropriately              | ✓    | ✓    | ✓    | ✓    |
| Monitor Licensees Who are Disciplined | ✓    | ✓    | ✓    | ✓    |
| License Efficiently                   | ✓    | ✓    | ✓    | ✓    |
| Renew Licenses Efficiently            | ✓    | ✓    | ✓    | ✓    |
| Customer Satisfaction                 | ✓    | ✓    | ✓    | ✓    |
| Board Best Practices                  | ✓    | ✓    | ✓    | ✓    |



## 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 ([oregon.gov/omb/Topics-of-Interest/Pages/PA-Title-Change.aspx](https://oregon.gov/omb/Topics-of-Interest/Pages/PA-Title-Change.aspx)) 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 OHA at [ems.trauma@odhoha.oregon.gov](mailto:ems.trauma@odhoha.oregon.gov).

## 2024 Administrative Rules

In 2024, the Oregon Medical Board adopted one rule, amended 17 rules, implemented one temporary rule, and repealed one rule. The following is a sample of the most pertinent rule changes of the year.

**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 PAs 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.

**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.

**847-005-0005: Increasing Oregon Medical Board license registration fees by 25% for all licensees.** The 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 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 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.

**847-050-0021, 847-070-0022, 847-080-0017: Updating documents submitted for PA, DPM, and acupuncture licensure.** The rule amendments align recent updates to the MD/DO rule regarding employment verifications submitted for licensure in OAR 847-020-0160. For PA, acupuncture, and podiatric physician applicants, the rule amendments clarify an evaluation of overall performance for an employer verification must include a statement of good standing or a statement regarding eligibility for rehire.

**847-035-0030: Implementing HB 2395 (2023) and adding administration of levalbuterol to the EMT scope.** The rule amendment implements HB 2395 (2023) allowing all emergency medical services (EMS) providers to distribute and administer a short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800. "Kit" is defined in ORS 689.800. Also, the amendment adds administration of levalbuterol to the Emergency Medical Technician scope, similar to albuterol. Levalbuterol was also added to an Advanced Emergency Medical Technician's scope to prepare and administer certain listed medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

**847-010-0073; 847-010-0070: Clarifies a reporting timeframe, updates NCCAOM code of ethics, and amends definition of unprofessional conduct.** The rule amendment: (1) Clarifies that a licensee and health care facility must report a voluntary withdrawal from practice, resignation, or limitation of privileges while the licensee is under investigation within 30 calendar days. The 30-day requirement aligns with the ORS 677.172(1) requirement that all licensees notify the Board of any practice address changes within 30 days. (2) Updates the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) code of ethics to the 2023 version. (3) Updates the definition of "unprofessional conduct" to include within the practice of acupuncture the failure to meet the standard of care. (4) Updates the definition of "unprofessional conduct" to include discrimination in the practice of medicine, podiatry, and acupuncture, which would make discrimination a ground for discipline. The amendment is an action item in the

Board's Diversity, Equity, and Inclusion Action Plan. (5) Updates an outdated "Board of Medical Examiners" reference in OAR 847-010-0070.

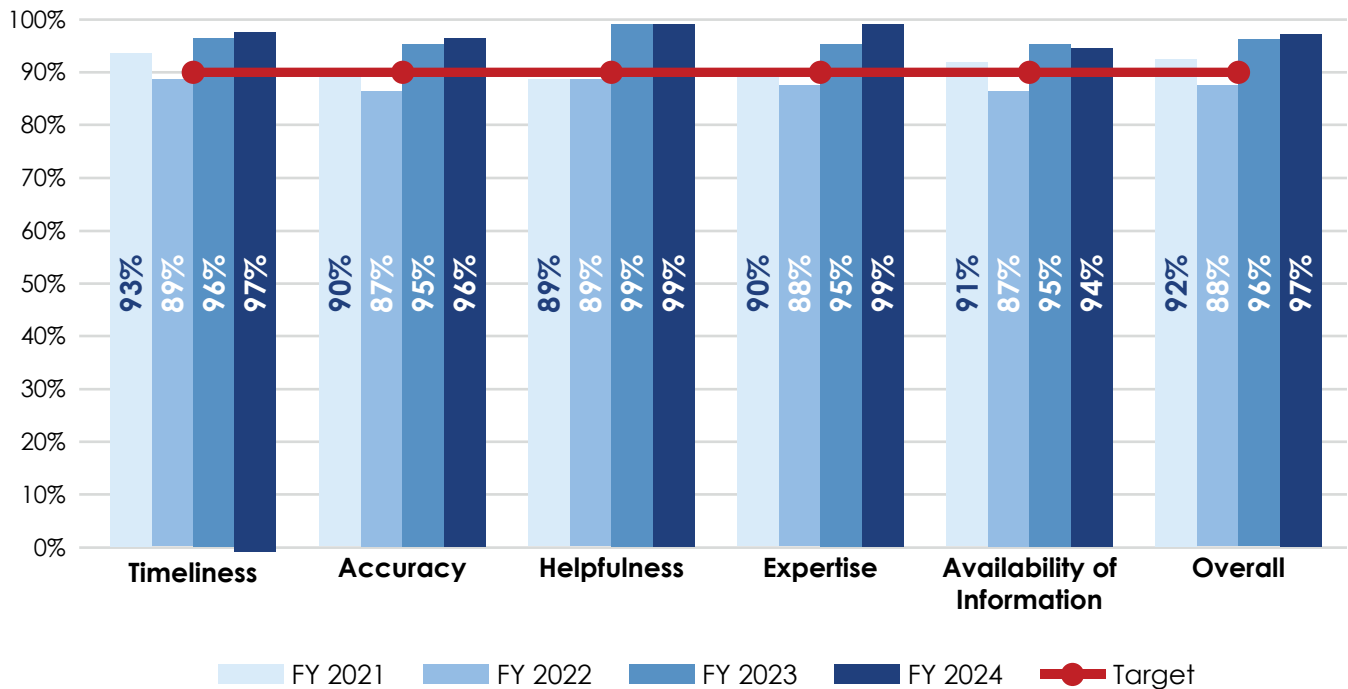
**847-010-0051: Increasing maximum registration period for postgraduate Limited License.** The rule amendments increase the maximum registration period for a postgraduate limited license from one year to up to five years, not to exceed a postgraduate trainee's enrollment in the postgraduate program. Most GME programs in Oregon are 3-4 years. If a postgraduate physician needed additional years, they could reapply. The current postgraduate limited license fee of \$185 per year remains the same; however, the annual registration fee will be paid up front when the license is issued rather than annually with each reapplication. For postgraduate physicians who wish to continue utilizing the current annual application for a one-year limited license, nothing in the rule would prevent them from doing so.

**847-005-0005, 847-008-0005, 847-008-0010, 847-008-0068, 847-008-0070, 847-010-0066, 847-010-0068, 847-010-0110, 847-010-0200, 847-015-0050, 847-017-0005, 847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0050, 847-028-0020, 847-035-0030, 847-050-0010, 847-050-0015, 847-050-0020, 847-050-0021, 847-050-0022, 847-050-0023, 847-050-0029, 847-050-0035, 847-050-0041, 847-050-0043, 847-050-0046, 847-050-0060, 847-050-0080, 847-050-0082, 847-065-0010, 847-065-0015: Implementing HB 4010 (2024) to update physician assistant title to physician associate.** HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The rule amendments implement the PA title change throughout Oregon Medical Board rules.

**847-035-0001, 847-035-0020: Updating qualifications for EMS supervising physicians and agents.** The rule amendments update the EMS supervising physician application process to align with current practice. The rule also updates EMS supervising physician and agent qualifications by removing the requirement they be a resident or actively practicing in the EMS area, but adds they hold an Active or Emeritus status MD/DO license with the Oregon Medical Board. A license status qualification can easily be determined on OMB's License Verification webpage. Active status licensees must actively practice in Oregon, with a current Oregon practice address. It can also be granted within certain Oregon bordering regions in California, Idaho, Nevada, or Washington. Emeritus status licensees practice in Oregon for no pay or any other type of compensation; these licensees volunteer their medical skills only.

## 2024 Customer Satisfaction Survey Results

The OMB prides itself on the strong customer service provided to applicants, licensees, and the public. The chart below showcases the OMB's continued success in exceeding customer satisfaction targets.



Each customer satisfaction survey provides OMB customers with the opportunity to provide additional comments. In 2024, the Board received more than 1,400 customer comments, approximately 92% of which contained positive or constructive feedback.

Below are several noteworthy comments regarding general information, investigations, and licensing.

*I have been in the process of getting licenses from all 50 states. Your state does a very good job of keeping the applicant regularly informed along the way.*

*Very quick process overall, the constant communication via email and this website was very helpful. More state boards should take this pathway especially for Telemedicine.*

*I had a rush need for a limited medical license and the staff completed that need in minutes! The absolute best service I have ever had from a licensing board. Thank you!*

*Of the four states that I have licenses in, this state board was by far the most available and friendly! I felt like I had a concierge ushering me through the whole process.*

*The OMB obviously took a thoughtful look at my complaint, explained why it was not legally actionable, expressed empathy for my injury and the letter was SIGNED BY A REAL PERSON."*

*Calling in for help was one of the best helplines I have used---everyone was friendly, efficient, and knew what they were talking about. Thank you for making it easy.*

# **Oregon Medical Board**

1500 SW 1<sup>st</sup> Avenue, Suite 620  
Portland, Oregon 97201

(971) 673-2700

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

