



Oregon Medical Board

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971-673-2700

Public Comments

847-008-0030 (Amendment) Adds Emeritus status licensee may not receive indirect compensation.	
First Review	December 11, 2024, Administrative Affairs Committee January 9, 2025, Board meeting
Public Comments Due	February 24, 2025, 5PM
Final Review	March 12, 2025, Administrative Affairs Committee April 3, 2025, Board meeting (Adoption Date)

Public Comment Follow Up:

On April 3, 2025, the Oregon Medical Board reviewed the two public comments received. No changes were made to the rule amendment. To address questions in the comments, the Board directed staff to create a frequently asked questions document for the Emeritus status licensees. The FAQ includes Emeritus licensees may accept reimbursement for nominal expenses (meals, lodging) and malpractice insurance while volunteering under the Emeritus status license.

The FAQ is posted on the OMB's website: [Frequently Asked Questions for Emeritus status licensees](#)

Public comments received provided below.

From: Daniel Hughson [REDACTED]
Sent: Friday, February 14, 2025 10:57 AM
To: ROSS Elizabeth * OMB
Subject: Proposed Rule 847-008-0030, Adds Emeritus status licensee may not receive indirect compensation

You don't often get email from [REDACTED]. [Learn why this is important](#)

Greetings,

I was reading this proposed rule amendment and am concerned that indirect compensation might include costs to the volunteer such as transportation, meals, and/or lodging for government-sponsored emergency or crisis volunteer activities (SERV-OR, MRC, or other public health endeavors). During the COVID pandemic, there were numerous testing and vaccination clinics set up across the Oregon landscape. Many of these were in distant rural communities. We received indirect compensation in the form of a free lunches, gas mileage and discounted lodging expenses to help entice physicians, nurses, and other health care workers to volunteer their time sometimes hundreds of miles from home.

I am hoping this rule change would not impact the costs incurred by a volunteer in times of crisis or emergency standing. I suspect the supplied lunch and/or lodging might have swayed several emeritus volunteers away from their cozy homes and surroundings to aid in health care emergencies.

Respectfully,
Daniel L Hughson, MD
Oregon City, OR



February 24, 2025

Via Email Elizabeth.Ross@omb.oregon.gov

Elizabeth Ross, Rules Coordinator
Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201

Re: Proposed Rule Amendment to OAR 847-008-0030

Dear Ms. Ross,

The Oregon Medical Association (OMA) is a nonprofit organization that represents physician and physician associate members in the State of Oregon. We are offering public comment on proposed amendment to OAR 847-008-0030 that would provide an emeritus status licensee may not receive indirect monetary compensation for their practice in Oregon.

Our understanding of the emeritus status is that physicians and PAs who may have closed or retired from their medical practices are able to change their active license to emeritus rather than fully retire a license. They may choose the emeritus status to be able to volunteer their services and continue to prescribe medications to patients.

An emeritus licensee is a valuable addition to Oregon's healthcare communities to help meet the demand for patient care and also continue to mentor the next generations of clinicians. We understand the status is voluntary in nature, there is no compensation permitted for services provided, and that some out of pocket expenses such as travel costs could be reimbursed.

We simply want to ensure that the addition of "or indirect" to the rule does not have an unintended effect of reducing the availability of volunteer emeritus services. One potential interpretation that we do not believe is intended is that the extension of private or public professional liability coverage to an emeritus licensee could be viewed as indirect compensation. Again, that is not our reading of the rule, but we could see situations where a clinic or hospital may not want to use a licensee's services if they viewed the extension of such coverage as compensation. We believe access to professional liability coverage is in the best interests of patient safety.

To that end, we offer the following proposed language that could address the issue in rule format:

(1) A licensee who has retired from active practice, but does only volunteer, non-remunerative practice and receives no direct or indirect monetary compensation, may register and pay an annual emeritus registration fee.



(2) The licensee with emeritus status who wishes to practice under a different license status must submit the reactivation application and fee and satisfactorily complete the reactivation process before beginning practice in Oregon.

(3) Nothing in this rule is intended to interfere with reimbursable or complimentary access to liability insurance coverage for a licensee with emeritus status.

In the alternative to our proposed language, we would welcome the Board's use of frequently asked questions to explain how the Board would view the application of a rule to a particular administrative practice.

Thank you for the opportunity to provide comment on the proposed amendment to the rule and we are glad to respond to questions from the Board if needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Bonanno". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mark A. Bonanno, JD, MPH
General Counsel and Vice President of Health Policy