



NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 847
OREGON MEDICAL BOARD

FILED

10/08/2025 3:06 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Repealing division 23 for volunteer emeritus physicians to implement SB 873 (2025).

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/24/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S)

The rules are needed to implement SB 873 (2025) which repealed ORS 677.120 to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules for Volunteer Emeritus Physicians. No out-of-state physician currently holds a volunteer emeritus license. The proposed rulemaking is also needed to update the rule outlining the qualifications for licensure by expedited endorsement because it referenced qualifications established in the volunteer emeritus license rules. There are no substantive changes to the qualifications for expedited endorsement.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 677, https://www.oregonlegislature.gov/bills_laws/ors/ors677.html

SB 873 (2025), <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB873>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The proposed rules are implementing SB 873 (2025) repealing licensure for volunteer emeritus physicians which is not used, as ORS 676.347 provides an authorization for out-of-state physicians to practice in Oregon for up to 30 days each calendar year. The proposed rule will not impact racial equity.

FISCAL AND ECONOMIC IMPACT:

The proposed rules have no additional fiscal impact to the Oregon Medical Board beyond that estimated for SB 873 (2025). The proposed rules repeal the licensure for volunteer emeritus physicians which is not used, as ORS 676.347 provides an authorization for out-of-state physicians to practice in Oregon for up to 30 days each calendar year.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The rule amendments will have no economic impact on state agencies, units of local government, or the public. (2) The rule amendments apply to individual out-of-state physicians seeking to practice in Oregon; small businesses are not eligible for a Board license. (b) The rulemaking imposes no additional mandatory reporting, recordkeeping or other administrative requirements on small businesses. (c) The rulemaking imposes no additional requirements regarding equipment, supplies, labor or administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Members of the Board who were consulted in the development of the rule represent small businesses. The rule was reviewed by the Administrative Affairs Committee of the Board on September 10, 2025 as well as the full Board at its quarterly meeting on October 2, 2025.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The rule was reviewed by the Administrative Affairs Committee of the Board on September 10, 2025 as well as the full Board at its quarterly meeting on October 2 2025. Board members represent the interests of persons and communities likely to be affected by a proposed rule. Overall, board members are licensees of the Oregon Medical Board or public members who represent Oregon patients.

RULES PROPOSED:

847-023-0000, 847-023-0005, 847-023-0010, 847-023-0015, 847-026-0000

REPEAL: 847-023-0000

RULE SUMMARY: SB 873 (2025) repeals ORS 677.120 to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules. No out-of-state physician currently holds a volunteer emeritus license.

CHANGES TO RULE:

~~847-023-0000~~

~~Definitions~~

~~(1) "Health clinic" means a public health clinic or a health clinic operated by a charitable corporation that mainly provides primary physical health, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient.¶¶~~

~~(2) "Emeritus registration" means a licensee who has retired from active practice, but does only volunteer, non-remunerative practice and receives no direct monetary compensation, may register and pay an annual emeritus registration fee.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.120, 677.265~~

REPEAL: 847-023-0005

RULE SUMMARY: SB 873 (2025) repeals ORS 677.120 to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules. No out-of-state physician currently holds a volunteer emeritus license.

CHANGES TO RULE:

847-023-0005

Qualifications-

(1) The Board may issue a volunteer emeritus license to a physician who volunteers at a health clinic provided that the physician:¶¶

(a) Has a current license to practice medicine in another state or territory of the United States or the District of Columbia; and¶¶

(b) Has successfully passed one of the examinations or combination of examinations per OAR 847-020-0170.¶¶

(2) A physician applying for a license to volunteer in health clinics who has not completed postgraduate training within the past 10 years or been certified or recertified by a specialty board within the past ten years may be required to demonstrate clinical competency by passing the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX). This requirement may be waived if the applicant has done one or more of the following:¶¶

(a) Received a current appointment as Professor or Associate Professor at the Oregon Health and Science University or the Western University of Health Sciences College of Osteopathic Medicine of the Pacific-Northwest;¶¶

(b) Completed at least 50 hours of Board-approved continuing medical education each year for the past three years; or¶¶

(c) Can demonstrate ongoing participation in maintenance of certification with a specialty board as defined in OAR 847-020-0100.¶¶

(3) A physician applying for a license to volunteer in health clinics who has not practiced medicine for a period of 12 or more consecutive months may be required to demonstrate clinical competency by passing the SPEX or COMVEX. This requirement may be waived if the applicant has done one or more of the following:¶¶

(a) Within ten years of filing an application with the Board, completed an accredited one-year residency, or an accredited or Board-approved one-year clinical fellowship;¶¶

(b) Within ten years of filing an application with the Board, been certified or recertified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA-BOS);¶¶

(c) Obtained continuing medical education to the Board's satisfaction; or¶¶

(d) Can demonstrate ongoing participation in maintenance of certification with the ABMS or AOA-BOS.¶¶

(4) A physician applying for a license to volunteer in health clinics who has not practiced medicine for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the applicant may be required to do one or more of the following:¶¶

(a) Pass the SPEX/COMVEX examination;¶¶

(b) Practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the Board;¶¶

(c) Obtain certification or re-certification, or participate in maintenance of certification, with a specialty board as defined in OAR 847-020-0100;¶¶

(d) Complete a re-entry program as determined appropriate by the Board;¶¶

(e) Complete one year of accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director;¶¶

(f) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years.¶¶

(5) The applicant may be granted a Limited License, SPEX/COMVEX according to OAR 847-010-0064.

Statutory/Other Authority: ORS 677.120, 677.265

Statutes/Other Implemented: ORS 677.100, 677.120, 677.132, 677.265, 677.420

REPEAL: 847-023-0010

RULE SUMMARY: SB 873 (2025) repeals ORS 677.120 to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules. No out-of-state physician currently holds a volunteer emeritus license.

CHANGES TO RULE:

~~847-023-0010~~

~~Documents and Forms to be Submitted for Licensure~~

~~The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:¶¶~~

~~(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year. The application fee is waived for physicians applying for a volunteer emeritus license.¶¶~~

~~(2) Birth Certificate: A copy of birth certificate.¶¶~~

~~(3) Medical School Diploma: A copy of a diploma showing graduation from an approved school of medicine or an international school of medicine. International medical graduates must have graduated after meeting the attendance requirements specified in OAR 847-020-0130.¶¶~~

~~(4) American Specialty Board Certification or Recertification: A copy of the certification or recertification certificate issued by the American Specialty Board in the applicant's specialty, if applicable.¶¶~~

~~(5) Photograph: A close-up, color, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.¶¶~~

~~(6) The results of a Practitioner Self-Query from the National Practitioner Data Bank sent directly to the Board by the applicant.¶¶~~

~~(7) Legible fingerprints as described in 847-008-0068 for the purpose of a criminal records background check.¶¶~~

~~(8) An open-book examination on the Medical Practice Act (ORS chapter 677) and Oregon Administrative Rules chapter 847. If an applicant fails the examination three times, the applicant must attend an informal meeting with a Board member, the Executive Director, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.¶¶~~

~~(9) Any other documentation or explanatory statements as required by the Board.~~

~~Statutory/Other Authority: ORS 181A.195, 677.265~~

~~Statutes/Other Implemented: ORS 181A.195, 677.100, 677.120, 677.265~~

REPEAL: 847-023-0015

RULE SUMMARY: SB 873 (2025) repeals ORS 677.120 to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules. No out-of-state physician currently holds a volunteer emeritus license.

CHANGES TO RULE:

847-023-0015

Letters and Official Verifications to be Submitted for Licensure ¶¶

(1) The applicant must ensure that either official documents are sent directly to the Board from the source or a certified copy is sent directly to the Board from another state medical board where the applicant is licensed: ¶¶

(a) The Verification of Medical Education form, which includes degree issued, date of degree, dates of attendance, dates and reason of any leaves of absence or repeated years, and dates, name and location of medical school if a transfer student. Graduates of medical schools in the United States must have graduated from a school per OAR 847-020-0120(1) and graduates of international medical schools must have graduated from a school per 847-020-0130(2). ¶¶

(b) A Dean's Letter of Recommendation, which includes a statement concerning the applicant's moral and ethical character and overall performance as a medical student. If the school attests that a Dean's Letter is unavailable or the Board determines that it is unacceptable, a copy of the transcripts may be acceptable. ¶¶

(c) A letter from the Fifth Pathway Hospital, if such applies, which includes an evaluation of overall performance and specific beginning and ending dates of training. ¶¶

(d) A letter from the Director of Medical Education, Chairman or other official of the internship, residency and fellowship hospitals in the United States and other countries in which the postgraduate training was served, which includes an evaluation of overall performance and specific beginning and ending dates of training. ¶¶

(2) The applicant must ensure that official documents are sent directly to the Board from: ¶¶

(a) The Director or other official for practice and employment in hospitals, clinics, etc. in the United States and other countries: A currently dated original letter (a copy is not acceptable), from the hospital/clinic, which must include an evaluation of overall performance and specific beginning and ending dates of practice and employment, for the past five (5) years only. If the applicant has not practiced for more than two years, employment verifications will be required for the past ten (10) years. If such verification is unavailable or incomplete, and for physicians who have been or are in solo practice without hospital privileges at the time of solo practice, provide three reference letters from physicians in the local medical community who are familiar with the applicant's practice and who have known the applicant for more than six months. ¶¶

(b) The health licensing board in a state, district, territory or jurisdiction in the United States or Canada where the applicant has been licensed and is currently practicing or most recently practiced: Verification, which must show license number, date issued and status. ¶¶

(c) Official Examination Certifications: An official examination certification showing the examination score is required from the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), the Federation Licensing Examination (FLEX), the Federation of State Medical Boards for the United States Medical Licensing Examination (USMLE), or the Medical Council of Canada. ¶¶

(d) The Federation of State Medical Boards: A Board Action Databank Inquiry report. ¶¶

(e) The Educational Commission for Foreign Medical Graduates Verification of Certification. ¶¶

(f) Any other documentation as required by the Board, including but not limited to medical records and criminal or civil records.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.100, 677.120, 677.265

AMEND: 847-026-0000

RULE SUMMARY: The proposed rulemaking updates the rule outlining the qualifications for licensure by expedited endorsement because the rule referenced qualifications established in the volunteer emeritus license rules which were repealed by SB 873 (2025). There are no substantive changes to the qualifications for expedited endorsement.

CHANGES TO RULE:

847-026-0000

Qualifications for License by Endorsement ¶¶

(1) The Oregon Medical Board may issue a license by endorsement to a physician who:¶¶

(a) Meets the requirements for licensure as stated in OAR 847-020-0120, 847-020-0130, 847-020-0170, 847-020-0182, and ~~847-023-00050-0183~~;¶¶

(b) Has a current license to practice medicine in another state or territory of the United States or the District of Columbia;¶¶

(c) Has not had privileges at a hospital, clinic, or surgical center denied, reduced, restricted, suspended, revoked, terminated and has not been subject to staff disciplinary action or non-renewal of an employment contract for reasons in the Board's judgment related to medical practice or unprofessional conduct, or been requested to voluntarily resign or had privileges suspended while under investigation;¶¶

(ed) Is eligible for primary source verification of medical education, post-graduate training and examination scores through the state in which the applicant was originally licensed. The Board may use current certification by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists as a proxy for verification of medical education, post-graduate training and examination scores from the initial state of licensure;¶¶

(de) Is in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his/her license in any state, district, territory, or jurisdiction where applicant is or has been licensed;¶¶

(ef) Has no significant malpractice claim patterns or patient care issues as determined by the Board;¶¶

(fg) Has one (1) year of current, active, unrestricted, unlimited clinical practice in their medical specialty, if any, as an active, unrestricted, unlimited licensee of a state, district, territory, or jurisdiction in the United States or Canada in the year preceding the physician's submission to the Board of an application to practice in Oregon, or if retired must have been retired for no more than one (1) calendar year preceding the physician's submission to the Board of an application to practice in Oregon.¶¶

(A) Clinical patient practice will be documented by verification of staff privileges, or non-consulting medical employment.¶¶

(B) A year of accredited clinical fellowship in the applicant's medical specialty as an active, unrestricted, unlimited licensee of a state, district, territory or jurisdiction in the United States or Canada qualifies as a year of clinical practice.¶¶

(2) A physician is not eligible for licensure by endorsement if the Board finds that the applicant has engaged in conduct prohibited by ORS 677.190.¶¶

(3) An applicant ineligible for licensure by endorsement may make a full and complete application per the requirements of OAR 847, division 020, or OAR 847, division 023.

Statutory/Other Authority: ORS 677.133, 677.265

Statutes/Other Implemented: ORS 677.133, 677.265