



Oregon Medical Board

Annual Report 2022



The OMB Annual Report is published to demonstrate accountability through transparency in reporting the activities of the Board in an effort to further our mission to ensure patient safety in Oregon.

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. For more than 130 years, the OMB has adhered to a simple yet profound purpose:

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 is the regulatory agency and governing board for a large portion of the professional health care 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 (EMTs), 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, make recommendations on investigations to the Board, and interview applicants and licensees when needed.



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The Board

The Oregon Medical Board is composed of 14 members appointed by the Governor and confirmed by the state Senate. Seven of the members have the degree of Doctor of Medicine (MD), two have the degree of Doctor of Osteopathic Medicine (DO), one has the degree of Doctor of Podiatric Medicine (DPM), and one must be a physician assistant (PA). There is at least one professional member appointed from each federal congressional district in Oregon.

Physician and PA appointees may be nominated by their professional association or may be individuals who apply directly to the Governor's Office as candidates for Board service. In addition to the 10 physician members and one physician assistant, there are three public members representing health consumers. Board members must be Oregon residents.

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.

In 2022, the OMB welcomed three new members to the Board – Niknam Eshraghi, MD, Eric Evans, DPM, and Sudeep Taksali, MD.

Dr. Eshraghi is a board-certified general surgeon with specialty training in burn surgery who has cared for patients in the Portland area since 1999. He completed his medical school training, surgical internship, and residency at Oregon Health & Science University and later completed a senior

clinical burn fellowship at the University of Washington in Seattle. Dr. Eshraghi is currently the medical director of the Oregon Burn Center at Legacy Emanuel Medical Center and has served on several committees.

Dr. Evans is a practicing podiatrist with Kaiser Permanente NW and is certified by the American Board of Foot & Ankle Surgery. Dr. Evans earned a bachelor's degree in sports medicine from the University of the Pacific in Stockton, CA, and attended medical school at the California College of Podiatric Medicine in San Francisco. Dr. Evans is actively involved with the Legacy Health/Kaiser Permanente surgical residency training program and has served in leadership roles such as podiatry section chief at Providence St. Vincent and podiatry department chief for the Kaiser Permanente Physician Group, as well as several roles with the American Board of Foot and Ankle Surgery.

Dr. Sudeep Taksali is a board-certified orthopedic trauma surgeon. He practiced at Kaiser Permanente in Southern California before joining Hope Orthopedics of Oregon in Salem in 2012 where he currently serves on the Board of Directors. Dr. Taksali has degrees in biology and economics from Stanford University and earned his medical degree from Rush Medical College. Dr. Taksali went on to complete his orthopedic residency at Yale and his orthopedic trauma fellowship at the University of Texas Southwestern. He also completed leadership training through the University of Chicago School of Business, as well as Salem Health's Physician Leadership Institute.



Robert Cahn, MD
Chair | Portland



Christoffer Poulson, DO
Vice Chair | Eugene



Erin Cramer, PA-C
Secretary | Stayton



Anthony Domenigoni, DPM
Happy Valley



Niknam Eshraghi, MD
Portland



Eric Evans, DPM
Portland



Kathleen Harder, MD
Salem



Paula Lee-Valkov, MD
The Dalles



Charlotte Lin, MD
Bend



Patti Louie, PhD
Portland



Ali Mageehon, PhD
Coos Bay



Chere Pereira
Corvallis



Jill Shaw, DO
Portland



Sudeep Taksali, MD
Portland

2022 Board Updates: On January 6, 2022, Robert Cahn, MD, was sworn in as Board Chair. Chris Poulson, DO, served as Board Vice Chair and Investigative Committee Chair. Erin Cramer, PA-C, served as Board Secretary and Administrative Affairs Committee Chair. Erin Cramer, PA-C, and Chris Poulson, DO, were appointed to their second term on the Board.

Board Committees

The Oregon Medical Board 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, and one Board member. This committee meets at least twice a year and reviews all applications for licensure and administrative rules related to acupuncture.

Roster: David Berkshire, LAc, Portland, Chair
Lisa Albanese, MD, Bend
Diana Behall, LAc, Tigard
Forrest Cooper, LAc, DAOM, Portland
Barbara de la Torre, MD, Portland
Charlotte Lin, 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 and procedures.

Roster: Erin Cramer, PA-C, Chair
Robert Cahn, MD
Anthony Domenigoni, DPM
Chere Pereira, Public Member
Ali Mageehon, PhD, Public Member

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

Roster: Paula Lee-Valkov, MD
Patti Louie, PhD, Public Member

The **Emergency Medical Services (EMS) Advisory Committee** consists of six members: three emergency medical service providers, two physicians, and one public member (vacant in 2022), as well as a Board liaison. The committee develops emergency medical technician and paramedic scopes of practice.

Roster: Stephen Brost, Paramedic, Pendleton, Chair
Jim Cole, Paramedic, Veneta
Matthew Neth, MD, Portland
Michael Lepin, Paramedic, Madras
Brenda Smith, MD, Astoria
Christoffer Poulsen, DO, Board Liaison

The **Investigative Committee (IC)** consists of six Board members. 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.

Roster: Chris Poulsen, DO, Chair
Robert Cahn, MD
Erin Cramer, PA-C
Charlotte Lin, MD
Patti Louie, PhD, Public Member
Jill Shaw, DO

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.

Roster: Kathleen Harder, MD, Chair
Erin Cramer, PA-C
Chris Poulsen, DO

Board Staff



Nicole Krishnaswami, JD, is Executive Director of the Oregon Medical Board. Prior to becoming Executive Director in 2018, she was the Board's Legislative and Policy Analyst for eight years. Ms. Krishnaswami currently represents North America on the International Association of Medical Regulatory Authorities

(IAMRA) Board of Directors, serves as Chair of IAMRA's Physician Information Exchange Working Group, and is a member of the FSMB Advisory Council on Innovation and Technology. Additionally, she is a member of many Oregon statewide workgroups and advisory councils focused on workforce, cultural competency, and public health. She is a frequent lecturer at Oregon's medical schools, hospitals, clinics, and health care conferences. Nicole 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. Prior to joining the OMB, she worked in broadcast news and health care administrative support. Nicole is passionate about leading by example, sparking innovation, and amplifying diverse voices to advance medical regulation.



David Farris, MD, became the Board's Medical Director in October 2019 following more than 33 years of practice as an anesthesiologist at Legacy Emanuel/Randall Children's Hospital. During his time there, he provided trauma care, pediatric ICU care, and adult and pediatric cardiac anesthesia. He also served as Chair of Anesthesia, Medical

Director of Legacy's Bloodless Medicine/Surgery and Patient Blood Management Program, and Medical Staff Officer, and was an active member of the Credentials and Peer Review Coordination Committees. Dr. Farris is a graduate of Stanford University, where he majored in human biology, and obtained his medical degree from the University of California, San Diego. He completed his anesthesia residency and fellowship in pediatric anesthesia at the University of California, Los Angeles.



Eve Klein, MD, joined the OMB staff as Associate Medical Director in 2022. She is board certified in neurology and addiction medicine. Originally from Massachusetts, she graduated from Columbia University and attended medical school at the University of Massachusetts. She moved

to Oregon in 2006 and completed her residency in neurology, as well as fellowships in pain medicine and addiction medicine, at OHSU. She currently serves as medical director of CODA, Inc, providing substance use treatment in Multnomah, Washington, Clackamas, and Clatsop counties. She also teaches medical students at OHSU on the topics of opioids, pain, and addiction. Prior to her work at CODA, Dr. Klein practiced pain medicine at Legacy Health.

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

Medical Consultants

The OMB uses over 150 qualified medical consultants who work as independent contractors. These consultants provide medical consulting services such as case review, licensee evaluations, written reports, testimony at hearings, and investigative interviews. Consultants 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 and timely manner.

2022 Agency Overview

House Bill 3036: Physician Assistant Collaborative Practice

During the 2021 Oregon Legislative Session, House Bill 3036 passed, thus moving physician assistant regulation from a supervisory to a collaborative model. The Oregon Medical Board was charged with implementing these changes.

The first phase for HB 3036 became operational on January 15, 2022, and focused on PA telemedicine, dispensing authority, and on-site supervision. The first phase:

- Allowed Oregon Active status PAs to practice via telemedicine for patients located in Oregon;
- Removed the requirement for PAs to include a supervising physician's information on their prescriptions;
- Removed the monthly requirement for eight hours of on-site supervision;
- Removed the limit on PA practice to the scope of practice of their supervising physician;
- Removed the requirement that a supervising physician apply for a PA to dispense prescription drugs. HB 3036 allows PAs to register directly with the OMB to dispense prescription drugs; and
- Added a PA Telemedicine Active status license for PAs who are physically located outside of Oregon but render medical treatment to patients in Oregon via electronic means.

Although some requirements on PA practice were removed as of January 15, many existing requirements remained in effect until the second phase for HB 3036 began on July 15, 2022. The OMB organized a workgroup which reviewed the proposed draft rules associated with phase two.

The second phase shifted PA practice from a supervisory to a collaborative model and established collaboration agreements. All PAs are required transition to a collaboration agreement by the end of 2023. In Oregon, collaborative practice allows a PA to provide care and practice by engaging in collaboration, defined as indicated by the patient's condition, community standards of care, and a PA's education, training, and experience, and includes consultation between the PA and a physician or referral by the PA to a physician. The degree of collaboration is determined at the PA's primary location of practice.

Offering a Medical Chaperone

In 2022, the OMB adopted [OAR 847-010-0130](#), which requires all OMB licensees to offer a trained chaperone to be physically present for all genital, rectal, and breast examinations starting July 1, 2023.

On recommendation of the Oregon Medical Board's Sexual Misconduct Workgroup, the OMB adopted this requirement due to the evidence of the detrimental effects of sexual misconduct on patients' wellbeing, the patient-provider relationship, and public trust in the medical profession. There is a need to institute routine offerings of a chaperone to reduce the risk of sexual misconduct for Oregon patients.

The presence of a trained chaperone in the examination room can provide reassurance to the patient about the professional context and content of the examination and the intent of the provider. The chaperone also serves as a witness to the events taking place should there be any misunderstanding or concern for misconduct.

115 Years of Osteopathic Medicine in Oregon

2022 marked 115 years of doctors of osteopathic medicine providing distinctive, whole-person care to Oregonians. DO licensees have made immense contributions to the Board's mission of public safety and wellbeing. See [The OMB Report](#) for information about the history of osteopathic medicine in Oregon.

OMB Office Reopens to the Public

Throughout the COVID-19 state of emergency, the Board's telework policies allowed staff to continue working to support the mission of patient safety while adhering to federal, state, and local government guidance. After two years of remote work, the Oregon Medical Board reopened its office to the general public on May 1, 2022. Board staff have now transitioned to a post-emergency hybrid workplace.

2022-2024 Strategic Plan

The Strategic Plan directs the Oregon Medical Board in fulfilling its mission by establishing goals. Each goal is followed by a purpose statement, explaining why the goal is needed and how the goal relates to the agency's guiding values. 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. Following is a list of the Board's chief goals, along with a purpose statement.



Provide Optimal Staffing and 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 and Retain Highest Qualified Board Members and Consultants

Board members 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 provide *customer service* by advocating for patient safety for all Oregonians.



Efficiently Manage Licensure

Oregon licensure requirements for Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Doctors of Podiatric Medicine (DPM), Physician Assistants (PA), and Acupuncturists (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 and Equitably Review Complaints Against Licensees and 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 and Wellbeing of OMB Providers, Remediating Licensees and Applicants to Safe and 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 prevents 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 licensees' progress in remediating identified issues maintains the *integrity* of the agency's enforcement functions, and evaluating their ultimate success or failure ensures *accountability* in these efforts.



Increase Outreach and Education

Educating patients, licensees, and the general public is an important *customer service*. Board publications and resources 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.

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. Statements of Philosophy cover a wide range of topics and can be reviewed in full on the Board's website.

In January 2022, the Board adopted a new Statement of Philosophy: **Licensee Responsibility to Share Evidence-based Information**. Additionally, the Board amended its Statements of Philosophy regarding **Telemedicine** (April), **Use of Unlicensed Healthcare Personnel** (July), and **Ending the Provider-Patient Relationship** (October).

In July 2022, the Board adopted a rule to allow OMB-licensed physicians or physician assistants to practice expedited partner therapy for the treatment of sexually transmitted chlamydia and gonorrhea infections as provided in the rule. See [OAR 847-015-0050](#) for requirements. With this rule, the Statement of Philosophy regarding **Expedited Partner Therapy for Sexually Transmitted Diseases** was no longer needed.

Advertising	Care of the Surgical Patient	Chelation Therapy	Cultural Competency	Deep Brain Stimulation	Electronic Health Records
Ending the Provider-Patient Relationship	Licensee Responsibility to Share Evidence-based Information	Licenses with Mental Illness	Medical Use of Lasers	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.oregon.gov/Philosophy

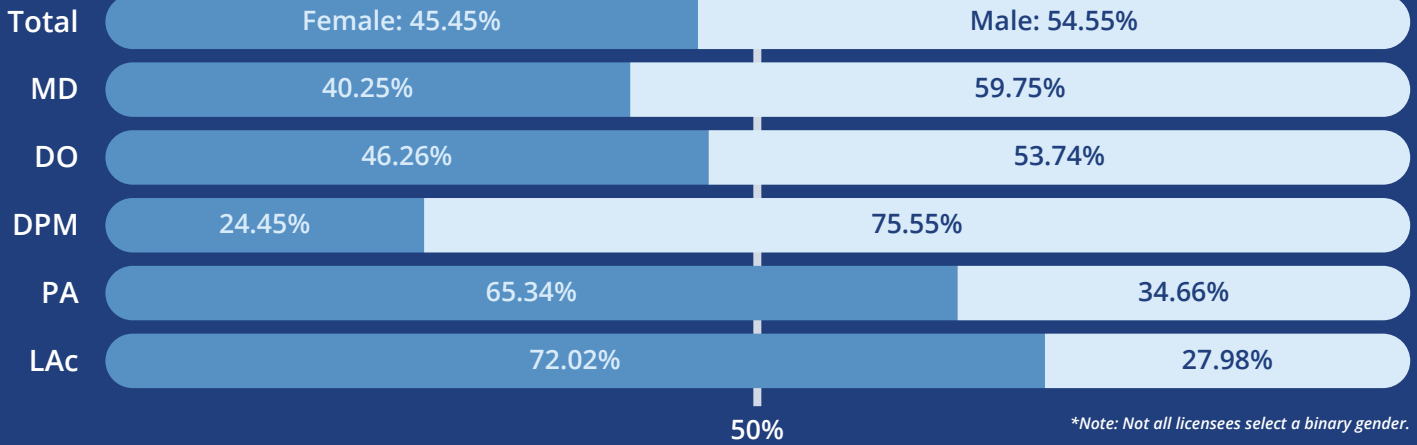
Annual Licensing Statistics

OMB licensure and registration is coordinated through Netia N. Miles, Licensing Manager. She has served the OMB since 2005 and has been the Board's Licensing Manager since 2013. Ms. Miles and her team of 10 provide exceptional customer service and assist in ensuring that licensed practitioners are providing quality care to the citizens of Oregon. As of December 31, 2022, the OMB had a total of **25,480** licensees.

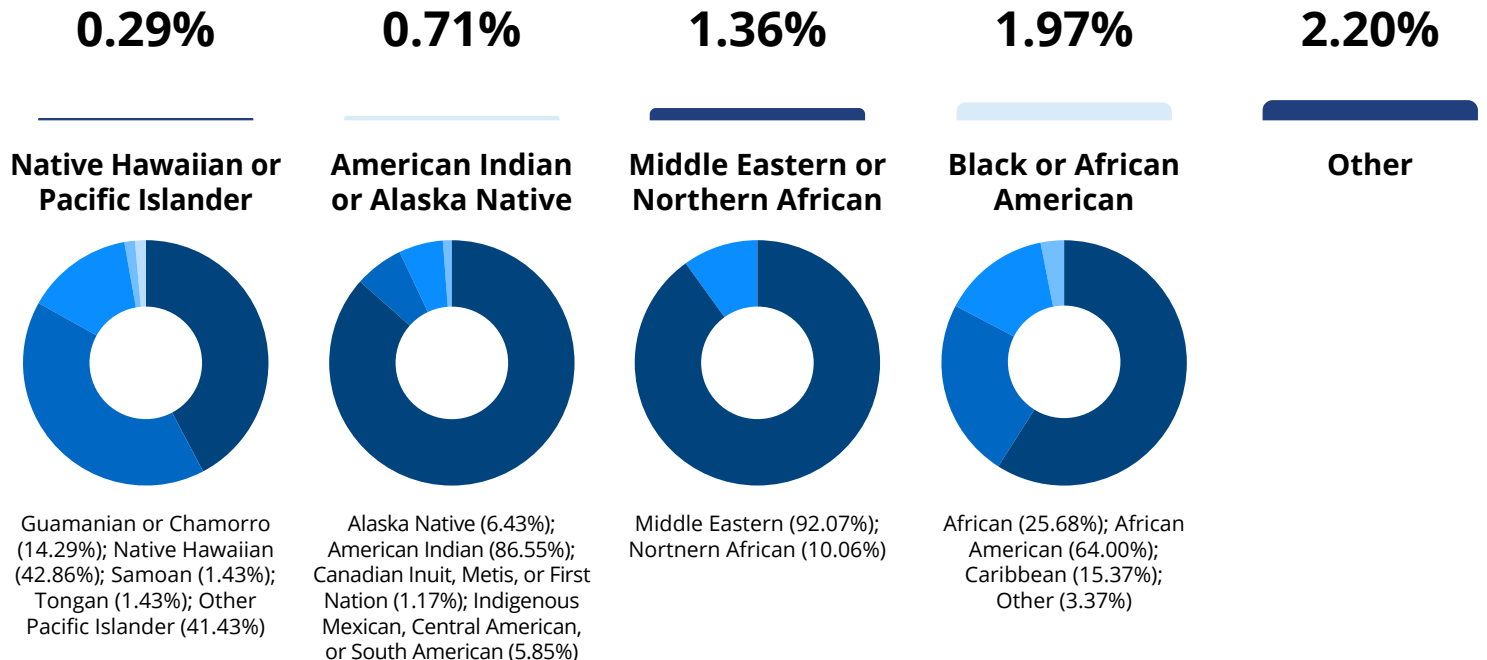
Status	MD	DO	DPM	PA	LAc	Total (All)
Active*	16,621	2,003	215	2,701	1,503	23,043
Inactive	1,103	115	8	134	57	1,417
Limited (All Types)	786	217	13	3	1	1,020
Total	18,510	2,335	236	2,838	1,561	25,480

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

Active Licensees by Gender*

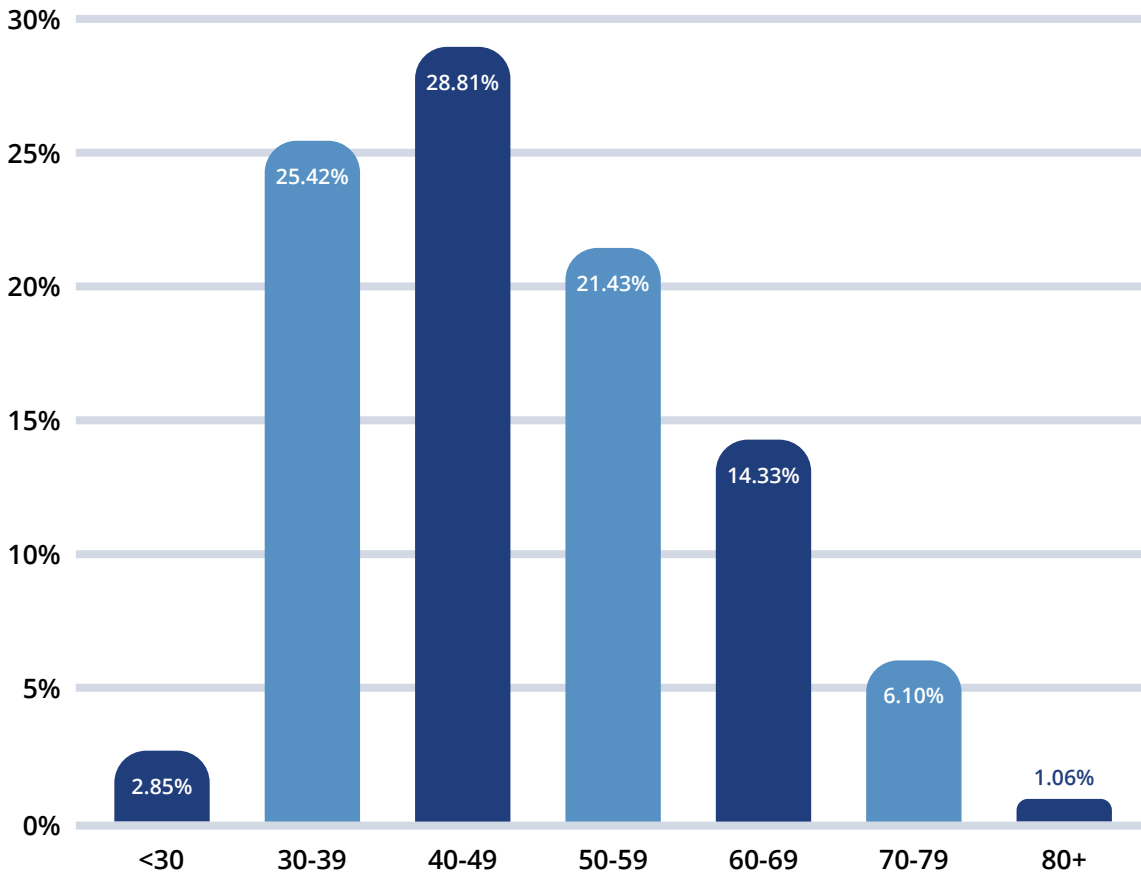


Active Licensees by Racial and Ethnic Background

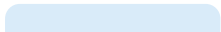


Note: Totals may not equal 100% as licensees may select more than one option. Data continued on the next page.

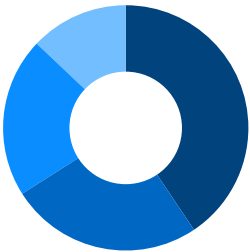
Active Licensees by Age



3.22%



Hispanic or Latino/a



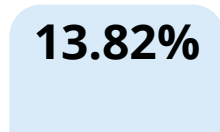
Central American (13.16%); Mexican (41.29%); South American (21.42%); Other (25.81%)

4.93%

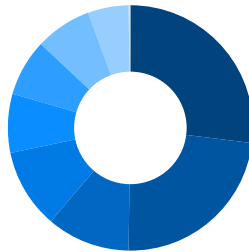


Unknown

13.82%



Asian



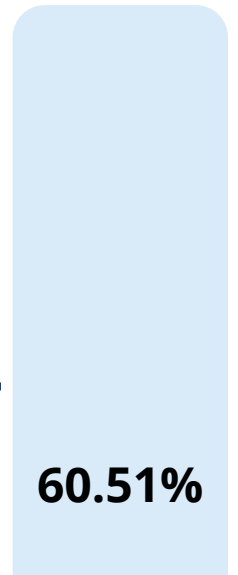
Asian Indian (24.33%); Chinese (28.21%); Filipino/a (8.11%); Hmong (0.09%); Japanese (7.75%); Korean (11.47%); Laotian (0.15%); South Asian (5.65%); Vietnamese (7.81%); Other (10.99%)

16.83%

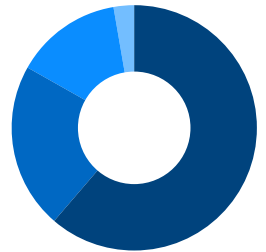


Decline to Answer

60.51%



White



Eastern European (14.97%); Slavic (2.87%); Western European (65.07%); Other (23.23%)

Licenses 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	8	2	15	1	111	17,148
Benton (Corvallis)	352	114	3	95	21	585	95,594
Clackamas (Oregon City)	1,340	177	28	187	119	1,851	430,421
Clatsop (Astoria)	123	21	4	29	13	190	41,971
Columbia (St. Helens)	29	6	0	17	6	58	53,156
Coos (Coquille)	182	29	3	26	11	251	65,112
Crook (Prineville)	32	7	0	22	1	62	26,162
Curry (Gold Beach)	57	10	2	8	6	83	23,897
Deschutes (Bend)	737	94	9	242	89	1,171	207,561
Douglas (Roseburg)	235	47	7	62	7	358	111,716
Gilliam (Condon)	1	0	0	2	0	3	2,071
Grant (Canyon City)	16	7	1	1	1	26	7,337
Harney (Burns)	15	8	0	3	1	27	7,640
Hood River (Hood River)	115	10	1	20	21	167	23,894
Jackson (Medford)	722	103	11	164	64	1,064	224,013
Jefferson (Madras)	31	2	0	23	0	56	25,404
Josephine (Grants Pass)	151	39	7	61	16	274	88,695
Klamath (Klamath Falls)	179	21	2	41	6	249	70,848
Lake (Lakeview)	12	2	0	4	0	18	8,246
Lane (Eugene)	1,067	110	17	245	88	1,527	383,958
Lincoln (Newport)	114	32	4	32	12	194	51,090
Linn (Albany)	192	68	8	56	10	334	131,194
Malheur (Vale)	149	25	1	40	0	215	32,095
Marion (Salem)	913	136	17	208	41	1,315	348,616
Morrow (Heppner)	11	4	0	5	0	20	12,315
Multnomah (Portland)	5,242	460	51	813	738	7,304	810,242
Polk (Dallas)	65	16	1	22	3	107	90,593
Sherman (Moro)	3	0	0	2	0	5	1,938
Tillamook (Tillamook)	76	11	1	13	10	111	27,868
Umatilla (Pendleton)	250	30	5	30	2	317	80,302
Union (La Grande)	63	17	3	4	4	91	26,673
Wallowa (Enterprise)	19	1	1	5	7	33	7,541
Wasco (The Dalles)	91	13	1	19	8	132	26,794
Washington (Hillsboro)	2,044	188	36	443	178	2,889	606,378
Wheeler (Fossil)	2	0	0	2	0	4	1,436
Yamhill (McMinnville)	195	31	7	58	18	309	108,993

Population based on July 1, 2022, Certified Population Estimate - College of Urban and Public Affairs, Portland State University

2022-2023 Licensing Fees

Licensing fees for 2022 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.

- The Oregon Health Sciences University (OHSU) receives library funding.
- The Oregon Health Authority (OHA) receives funding for the workforce database and prescription drug monitoring program.

Medical Doctor (MD)/Doctor of Osteopathic Medicine (DO) Two-Year Registration Period

License Status:	Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active, Teleradiology Active	Inactive, Administrative Medicine Active
License Registration:	\$486	\$486
OHSU Library:	\$20	\$20
Prescription Monitoring:	\$70	N/A
OHA Workforce Database:	\$4	\$4
Total to Renew:	\$580	\$510

Medical Doctor (MD)/Doctor of Osteopathic Medicine (DO) One-Year Registration Period

License Status:	Active-One Year, Active-Distinguished Professor	Inactive-One Year	Emeritus
License Registration:	\$243	\$243	\$50
OHSU Library:	\$10	\$10	N/A
Prescription Monitoring:	\$35	N/A	\$35
OHA Workforce Database:	\$2	\$2	\$2
Total to Renew:	\$290	\$255	\$87

Podiatric Physician (DPM) Two-Year Registration Period

License Status:	Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active	Inactive, Administrative Medicine Active
License Registration:	\$486	\$486
Prescription Monitoring:	\$70	N/A
OHA Workforce Database:	\$4	\$4
Total to Renew:	\$560	\$490

Podiatric Physician (DPM) One-Year Registration Period

License Status:	Active-One Year	Inactive-One Year	Emeritus
License Registration:	\$243	\$243	\$50
Prescription Monitoring:	\$35	N/A	\$35
OHA Workforce Database:	\$2	\$2	\$2
Total to Renew:	\$280	\$245	\$87

Physician Assistant (PA) Two-Year Registration Period (One-Year Emeritus)

License Status:	Active, Locum Tenens, Military/Public Health Active	Inactive	Emeritus (One-Year)
License Registration:	\$382	\$382	\$50
Prescription Monitoring:	\$70	N/A	\$35
OHA Workforce Database:	\$4	\$4	\$2
Total to Renew:	\$456	\$386	\$87

Acupuncturist (LAc) Two-Year Registration Period (One-Year Emeritus)

License Status:	Active, Locum Tenens, Inactive	Emeritus (One-Year)
License Registration:	\$322	\$50
OHA Workforce Database:	\$4	\$2
Total to Renew:	\$326	\$52

NOTE: All fees are nonrefundable and nontransferable; they cannot be credited or prorated.

Compliance & Enforcement

All OMB investigations in 2022 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 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 six 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 OMB 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).

Annual Investigative Statistics

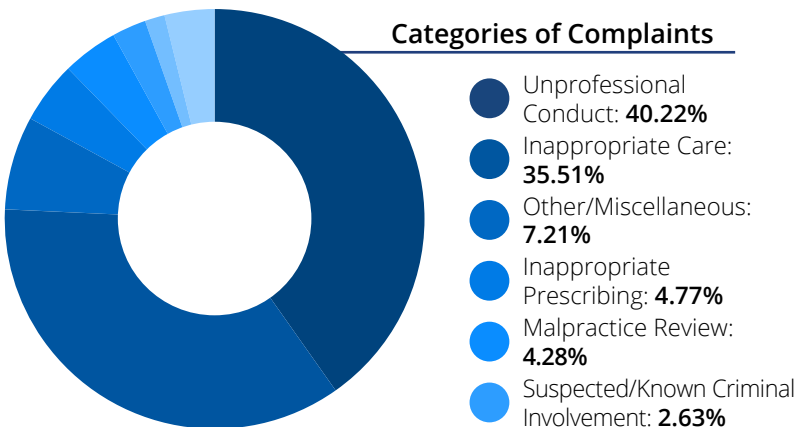
In 2022, the Investigative Committee met eight times to review investigations and form recommendations. Review of these recommendations occurs at each quarterly Board meeting and requires review of more than 10,000 pages of material at each meeting. The following statistical reports are a snapshot of the resulting work.

Final Dispositions of Investigations (No Violations)	2020	2021	2022
Exceptionally Closed	10	10	14
No Apparent Violation	298	353	315
Preliminary Investigation	90	102	111
Prior to Committee Appearance	97	122	101
Post Committee Appearance	2	10	5
Letter of Concern/Prior to Committee Appearance	149	170	109
Letter of Concern/Post Committee Appearance	12	19	20
After Staff Inquiry	1	0	0
Executive Staff Review of HPSP Noncompliance	8	7	4
Application Withdrawal with Report to Federation	0	0	0
Temporarily Closed with Board Order	0	0	1
Temporarily Closed without Board Order	0	0	1

Source of Investigations	2020	2021	2022
Oregon Medical Board	96	66	63
Board/HPSP Noncompliance	6	2	1
Co-worker/Other Staff	10	4	13
Hospital/Other Health Care Institution	26	28	25
Insurance Company	0	0	5
Malpractice Review	44	32	66
HPSP/Monitoring Entity	25	18	10
Other	64	71	41
Other Boards	4	3	6
Other Health Care Providers	50	70	55
Patient or Patient Associate	413	451	535
Pharmacy	3	8	7
Self-Reported	23	14	23

Investigation Totals	2020	2021	2022
Investigations Opened	750	713	757
Investigations Closed	768	868	792
Investigative Committee Interviews	61	59	47
Reportable Orders	80	75	91

Public Orders & Agreements	2020	2021	2022
Automatic Suspensions	1	2	3
Consent Agreements	16	14	20
Corrective Action Agreements	13	14	12
Stipulated Orders	62	58	71
Voluntary Limitations	0	0	2
Final Orders	8	0	3



- Sexual Misconduct: **1.53%**
- < 1% Each:** Practice Without a License; Failure to Report; Physical or Mental Illness or Impairment; Substance Abuse; HPSP Noncompliance; Board Compliance; Office-Based Surgery; HPSP/Monitoring Entity

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 disorder, 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	2019	2020	2021	2022
Number of Board Licensees Enrolled in HPSP	122	113	101	73
Self-Referral Licensees Entering HPSP	7	1	4	3
Board-Referral Licensees Entering HPSP	18	15	8	12
Self-Referral Licensees Successfully Completed HPSP	4	3	3	3
Board-Referral Licensees Successfully Completed HPSP	15	8	19	19

Key Performance Measures (KPMs)

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, Carol 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.

Measure	2019	2020	2021	2022
License Appropriately	✓	✓	✓	✓
Discipline Appropriately	✓	✓	✓	✓
Monitor Licensees who are Disciplined	✓	✓	✓	✓
License Efficiently	✓	✓	✓	✓
Renew Licenses Efficiently	✓	✓	✓	✓
Customer Satisfaction	✓	✓	✓	✓
Board Best Practices	✓	✓	✓	✓

2021-2022 Budget Statistics



Staff Salaries & Board Member Per Diems

36%



Benefits

23%



Overhead

9%



Goods & Services

8%



Telecommunications & Technology

8%



Health Professionals Services Program (HPSP)

5%



Attorney General Costs

5%



Professional Services

4%



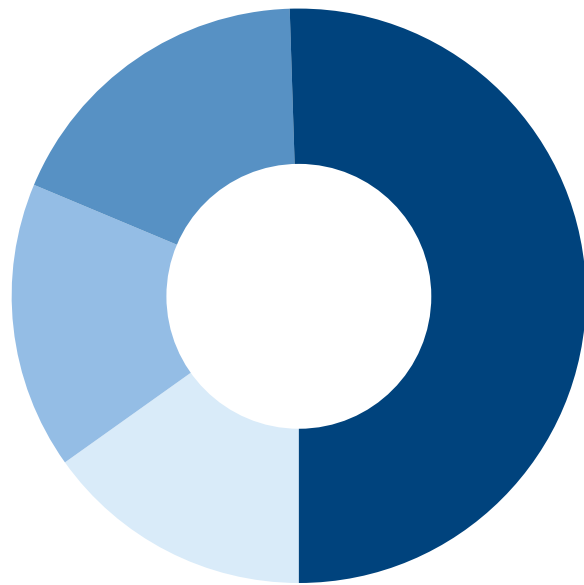
Oregon Wellness Program (OWP)

2%

Where The Money Goes

The OMB is an other-funded agency, meaning the majority of revenue is generated from licensing fees. The numbers to the left are a breakdown of how that money is utilized.

Expenditures by Business Unit



- Investigations & Compliance
50.03%
- License Services
18.38%
- Administration, Communications, Board Per Diems
16.15%
- Administrative & Business Services
15.44%

2022 Administrative Rules

In 2022, the Oregon Medical Board adopted seven rules, amended 64 rules and one temporary rule, and repealed three rules. The following is a sample of the most pertinent rule changes of 2022.

847-008-0075: Updating Mandatory Pain Management Education

The rule implemented HB 2078 (2021) requiring pain management continuing education on an ongoing basis starting January 1, 2022. The Oregon Pain Management Commission provides the education program through a free, online, one-hour course updated every two years. Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, the rule requires all actively licensed Board licensees to complete the one-hour of training at initial licensure and every 24 months thereafter. The 24-month timeframe aligns with the Board's license registration renewal cycle. The Board will first audit this requirement for most licensees during the Fall 2023 renewal cycle.

847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0040, 847-025-0050, 847-025-0060: Creating Physician Assistant Telemedicine License as Provided in HB 3036

The rulemaking implemented House Bill 3036 (2021) sections 3 through 6 to add a physician assistant telemedicine license to allow a physician assistant to practice medicine across state lines when providing care to patients located in Oregon.

847-050-0035, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041: Updating Physician Assistant Rules as Provided in HB 3036

The rulemaking implemented House Bill 3036 (2021) sections 1 and 2. The rules removed the requirement that a supervising physician apply to the Board for a physician assistant to dispense prescription drugs, rather the physician assistant would register directly with the Board to dispense prescription drugs. The rules also updated requirements for a physician assistant to provide medical services and removes the requirement that the supervising physician's contact information be included on prescriptions written by a physician assistant.

847-010-0069: Licensee Compliance with OHA Masking and Vaccination Rules to Control COVID-19 in Health Care Settings

Given the pandemic, the Oregon Health Authority (OHA) implemented administrative rules, at the direction of the Governor, mandating compliance actions by healthcare workers including providers licensed by the Oregon Medical Board. The Oregon Medical Board adopted a temporary rule to require licensees to comply with the OHA's rules requiring

masking and vaccination to control COVID-19 in health care settings. This rule permanently adopted the OMB's temporary rule to provide continued clarification for OMB licensees regarding compliance with the OHA rules. If the OHA updates their related rules, the OMB will update this rule.

847-003-0200: Board Member Compensation Implementing HB 2992

The rule amendments implemented HB 2992 (2021), which requires qualified Board members to be compensated at a rate at least equal to the daily per diem rate paid to state legislators.

847-050-0005, 847-050-0010, 847-050-0023, 847-050-0027, 847-050-0029, 847-050-0035, 847-050-0036, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041, 847-050-0042, 847-050-0043, 847-050-0046, 847-050-0050, 847-050-0055, 847-050-0080, 847-050-0082: Shifting Physician Assistant Practice from a Supervision to Collaboration Model Provided in House Bill 3036 (2021)

The rulemaking implemented HB 3036, shifting the practice of a physician assistant from a supervisory to collaborative practice model with collaboration agreements starting July 15, 2022. Physician assistants have until December 31, 2023, to transition to a collaboration agreement.

847-015-0050: Expedited Partner Therapy for Sexually Transmitted Infection

As allowed in ORS 676.350, the rule allowed an Oregon Medical Board licensed physician or physician assistant, otherwise permitted by law to prescribe or dispense controlled substances, to practice expedited partner therapy for the treatment of sexually transmitted chlamydia and gonorrhea infections as provided in the rule. The Oregon Health Authority has determined that sexually transmitted chlamydia and gonorrhea infections are appropriately addressed with expedited partner therapy.

847-005-0005: Updating Licensure Fees

The rule updated agency licensure fees based on 2021 legislation, HB 3036 and HB 2074. The rule added the new PA telemedicine license status within the existing PA Registration/Renewal fee of \$191/year. Second, the rule increased the Oregon Health Authority's Prescription Drug Monitoring Program (PDMP) fee from \$25 to \$35 per year per licensee with prescribing authority. Lastly, the rule removes an obsolete fee that is no longer applicable.

847-070-0050: Updating Oregon Association of Acupuncturists Name

The rule amendment updated the association name from "Oregon Association of Acupuncture and Oriental Medicine" to "Oregon Association of Acupuncturists."

847-010-0073: Medical Incompetence and Unprofessional or Dishonorable Conduct Definitions and Incorporate Recognized Ethics Standards

The rule amendments further defined “medical incompetence” to clarify that evidence of medical incompetence also includes failure to pass a competency exam/program or complete a course/program when required by the Board or a health care facility. The rulemaking broke out the nine separate types of conduct within the definition of “unprofessional or dishonorable conduct” in ORS 677.188(4). The rulemaking clarified that a licensee may not intentionally contact the known complainant, until the licensee has requested a contested case hearing and the Board has authorized the taking of the complainant’s deposition. Lastly, the amendments incorporated, by reference, the ethics standards of the Board’s regulated professions.

847-035-0011: EMS Advisory Committee Requirements and Compensation

The Emergency Medical Services (EMS) Advisory Committee advises the Oregon Medical Board on scope of practice and other EMS-related matters. To expand the pool of candidates for this committee, the rule amendment allowed Oregon-licensed EMS providers who reside within 50 miles of the Oregon border to qualify to serve on the EMS Advisory Committee. The rule amendment defines “rural” and “frontier” Oregon and adds the geographic requirement for the physician or EMS members is met by practicing in rural or frontier Oregon. The amendments also align with the Board’s other advisory committee rules. Lastly, the amendment clarifies that EMS Advisory Committee members are compensated by contract with the Board, which may be different than Board member compensation.

847-008-0040, 847-028-0020: Implemented House Bill 3036 (2021) by Updating Provisions Specific to Supervising Physicians and Volunteer Camp Physicians

The rule amendments updated or removed the language related to supervising physicians, which is no longer relevant due to HB 3036.

847-025-0000, 847-025-0010, 847-025-0020, 847-025- 0030, 847-025-0040, 847-025-0050, 847-025-0060: Updating Telemedicine Status License Provisions to Align with House Bill 3036 (2021) and House Bill 4034 (2022)

The rule amendments updated the telemedicine status licensee rules to clarify language, add consistent definitions, and incorporate amendments to align with HB 3036 and HB 4034.

847-035-0030: Expanding Mass Distribution Medication Efforts and Occupational Health Program Immunizations to AEMT Scope of Practice

The rule amendment moved the tasks of distributing medications as a component of a mass distribution effort and preparing and administering routine or emergency

immunizations and tuberculosis skin testing, as part of an EMS Agency’s occupational health program from the EMT Intermediate’s scope of practice to the Advanced Emergency Medical Technician’s (AEMT) scope of practice. The rule amendment added training and retention of training records to these tasks.

847-010-0066: Limited License, Visiting Provider

The rule amendments provided visiting providers a limited license and adds physician assistants to the rule. After a declared emergency, the rule will support access to health care by providing a 90-day limited license to out of state physicians and physician assistants who held emergency authorizations. The rule makes permanent the March 10, 2022, temporary rule.

847-001-0015: Delegates Authority for Executive Director to Issue Qualified Protective Order for Discovery Materials

The rule amendment delegated authority to the Oregon Medical Board’s Executive Director to issue a Qualified Protective Order (QPO) prior to referring the case to the Office of Administrative Hearings (OAH) to protect the confidentiality of the Board’s investigative materials produced for discovery, which is necessary to facilitate settlement negotiations.

TEMPORARY RULE

847-010-0066: Limited License, Visiting Provider

The temporary rule automatically granted a 90-day limited license to physicians and PAs who held a temporary authorization at the end of the declared emergency. The temporary rule was needed to provide time for providers to apply for Oregon licensure. The temporary rule was valid from March 10, 2022, until September 5, 2022.

The Oregon Medical Board Report



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Upcoming Meetings

February 18, 9 a.m.
EMS Advisory Committee

February 25, Noon
Acupuncture Advisory Committee

March 3, 8 a.m.
Investigative Committee

March 9, 5 p.m.
Administrative Affairs Committee

April 7-8, 8 a.m.
Board Meeting

Visit omb.oregon.gov/meetings for a complete list of upcoming meetings.

Implementation of PA Modernization

During the 2021 Oregon Legislative Session, House Bill 3036 passed, thus moving physician assistant regulation from a supervisory to a collaborative model. The Oregon Medical Board is charged with implementing these changes.

The first phase for HB 3036 became operational on January 15, 2022, focusing on PA telemedicine, dispensing authority, and on-site supervision. The first phase:

- Allows Oregon Active status PAs to practice via telemedicine for patients located in Oregon (see the OMB's [Telemedicine webpage](#) for more information).
- Removes requirement for PAs to include a supervising physician's information on their prescriptions.
- Removes monthly requirement for eight hours of on-site supervision.
- Removes limit on PA practice to the scope of practice of their supervising physician.
- Removes requirement that a supervising physician apply for a PA to dispense prescription drugs. HB 3036 allows PAs to register

directly with the OMB to dispense prescription drugs.

- Adds a PA Telemedicine Active status license for PAs who are physically located outside of Oregon but render medical treatment to patients in Oregon via electronic means.

Although some requirements on PA practice were removed as of January 15, many existing requirements are still in effect until the second phase for HB 3036 begins on July 15, 2022. The second phase will shift PA practice from a supervisory to a collaborative model and establish collaboration agreements. All PAs will need to transition to a collaboration agreement by the end of 2023.

Additionally, the OMB has organized a workgroup to review proposed draft rules that will go into effect on July 15. The workgroup consists of Board members, provider association representatives, PAs, and supervising physicians.

For more details on meetings, draft rules, and the rulemaking process, visit the OMB's [HB 3036 webpage](#).

OMB Welcomes New Board Member



The Oregon Medical Board is pleased to announce Dr. Sudeep Taksali as its newest member. Dr. Taksali was sworn in on January 6, 2022.

Continued on page 3.

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 Oregon Medical Board Report is the Board's quarterly newsletter. The OMB Report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.

Copies are sent to all current Board licensees and a great number of former licensees. Interested parties are able to sign up to receive the newsletter via the Board's website.

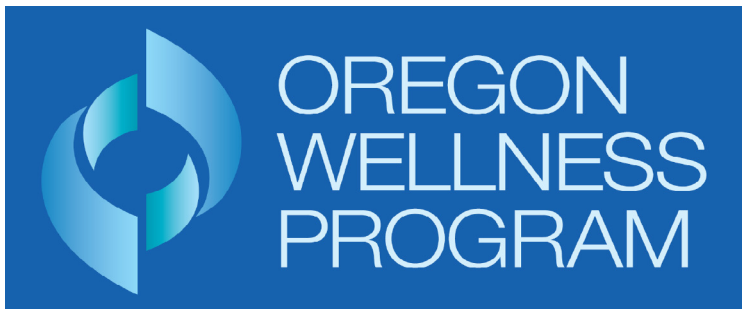
In 2022, the OMB published four editions of *The OMB Report*, which covered topics such as provider wellness and burnout, PA practice modernization, medical chaperones, opioid prescribing, and more.

29,029 people subscribed to the digital edition of the newsletter in 2022. An additional 9,777 people received the print edition.

Consumers and licensees can view current and back issues of the OMB Report on the Board's website: omb.oregon.gov/newsletter. The website displays issues dating back five years.

Oregon Wellness Program

To acknowledge the tremendous effect burnout and suicide have had on the medical profession and the attendant impact on patient safety, the OMB strives to "promote and maintain the wellness of OMB applicants and licensees" as part of its Strategic Plan. To achieve this goal, the OMB partnered with a network of professional societies and health care institutions to establish the [Oregon Wellness Program](#) (OWP). The OMB has maintained its financial and philosophical support of the program since its formal launch in 2018.



The OWP is a proactive, upstream approach to help licensees avoid impairment in their practice of medicine

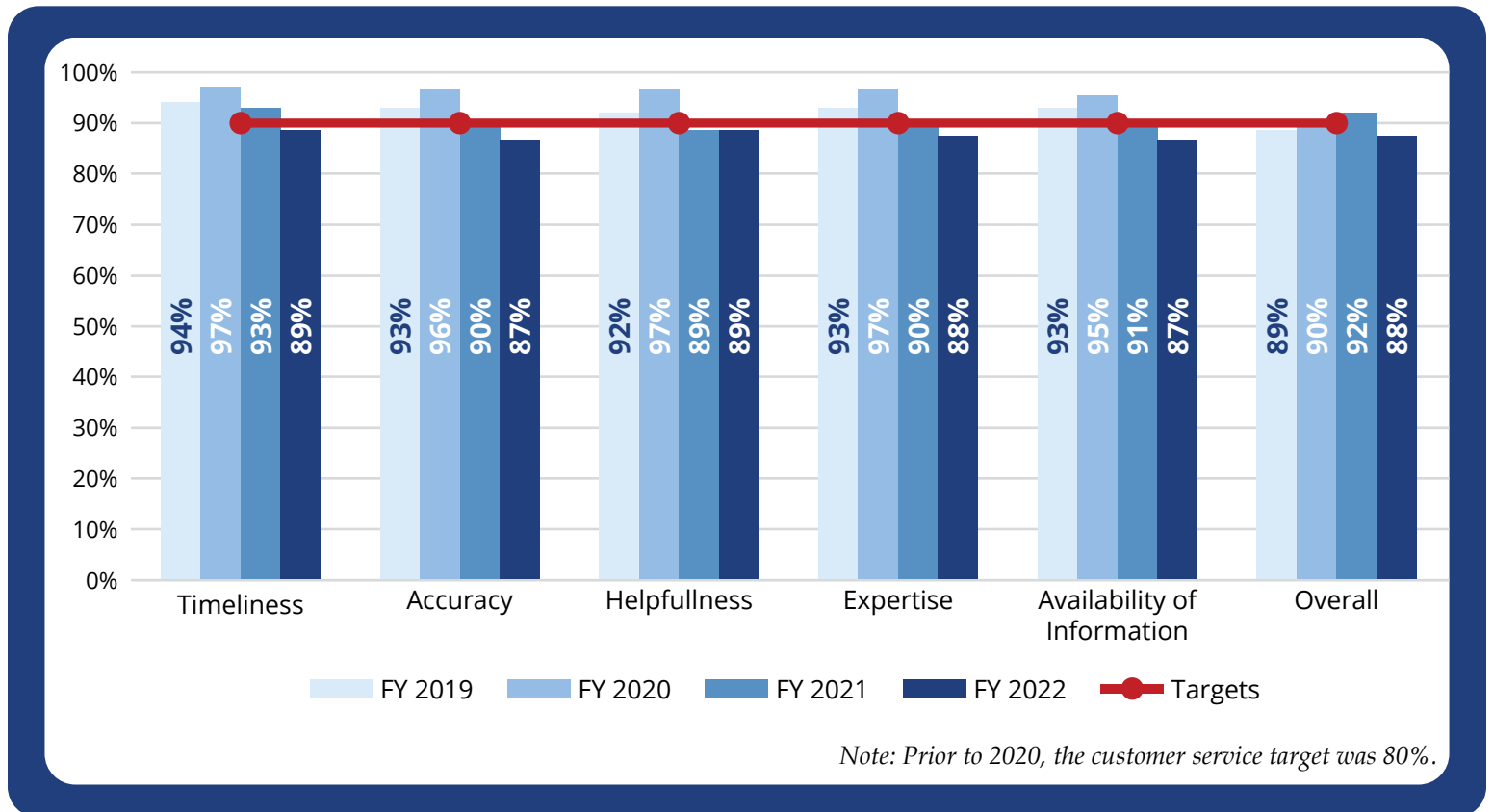
and to promote the wellbeing of Oregon health care professionals through education, research, and coordinated regional counseling and telemedicine services. This is the first statewide program in the nation to offer a collection of free, confidential wellness and counseling resources aimed at supporting the wellbeing of OMB licensees.

Health care professionals are central to the safety and health of the community in which they practice. Though many of the aspects of a career in medicine are rewarding, every medical provider experiences remarkable, often overwhelming stress. The OMB strongly supports and encourages its licensees to take advantage of the services provided by the OWP.

In 2022, funds provided by the OMB were used to expand the OWP's mental health care professional team from 12 to 35 members. In the long term, the Oregon Medical Board hopes that the Oregon Wellness Program and the funds it has dedicated to its start-up and growth will help guide health care providers to a more positive and empowered place and renew their love for the profession.

2022 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 2022, the Board received 1,031 customer comments, 76% of which contained positive or mostly positive feedback.

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

"The licensing staff were wonderful. I was under a significant time constraint to get my license before practicing in Oregon and they were able to help guide me through the process in an efficient way. Much obliged!"

"Every time the staff were very helpful and willing to spend as much time as I needed on the phone to make sure I was on track. Truly exceptional work by everyone at your office."

"This was the most streamlined application for a PA license I have ever completed."

"[To OMB Investigations] Thanks for keeping patients safe!"

"The process is about as painless as it perhaps can be. I'm also pleased that a phone call to the licensing personnel was very helpful when I could not discern how to reload the application to finish."

"I work in the military with providers from all over the country. From what I hear from my co-workers, no state has a better ran, more responsive medical board than Oregon."

Oregon Medical Board

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