



Oregon Medical Board
Annual Report 2023

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The OMB Annual Report is published to promote accountability through transparently reporting the activities of the Board and 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. 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.



Standing from left: Niknam Eshraghi, MD (Board Member); Eve Klein, MD (Assoc. Medical Director); Katja Daoud, MD (Board Member); Patti Louie, PhD (Public Board Member); Scott Reichlin, MD (Board Consultant); Robby Azar, MD (Board Member); David Cook, MD (Board Member); Sudeep Taksali, MD (Board Member); Eric Evans, DPM (Board Member); Katharine Disalle, JD (Senior Assistant Attorney General); Jill Shaw, DO (Board Member); Sherrone Blasi (Public Board Member)

Seated from left: Ali Mageehon, PhD (Board Secretary); Christoffer Poulson, DO (Board Vice Chair); Erin Cramer, PA-C (Board Chair); Nicole Krishnaswami, JD (Executive Director); David Farris, MD (Medical Director)

2023 Oregon Medical Board Members, Committees & Staff

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 2023, the Board was composed of ten physician members (seven MDs, two DOs, and one DPM), one PA member, 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 5, 2023, Erin Cramer, PA-C, was sworn in as Board Chair. Chris Poulsen, DO, served as Vice Chair and Investigative Committee Chair. Ali Mageehon, PhD, served as Secretary and Administrative Affairs Committee Chair.

New Board Members

In 2023, the OMB welcomed the following new members:

Robby Azar, MD, is a board-certified general surgeon who has practiced in Oregon since 2005 and currently focuses on robotic general and robotic non-cardiac thoracic surgery. He completed medical school and residency at Oregon Health & Sciences University followed by fellowship training at UCSF in San Francisco, CA.

Ms. Sherrone Blasi is a proud U.S. Navy veteran, serving in both enlisted capacity and as a Supply Corps officer. After exiting the service and moving to Oregon, she earned a master's in public administration from Portland State University. She now works on behalf of Oregon's veterans as the Strategic Partnerships division director at the Oregon Department of Veterans' Affairs (ODVA).

David Cook, MD, is a native Oregonian who has practiced general surgery in Portland for more than 32 years. He graduated from OHSU where he also completed his internship and residency. Dr. Cook is the Dept. of Surgery Chair and Surgical Residency Site Director at Providence St. Vincent and serves as Chair of the Professional Quality Review Committee.

Katja Daoud, MD, has practiced as a clinical rheumatologist with Providence Arthritis Center in Portland for more than 20 years. She graduated with a BA in psychology from the University of Vermont and attended medical school at the University of Cincinnati. Following internal medicine residency at the University of Utah, she completed a rheumatology fellowship at OHSU.

Board 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.

2023 Roster: David Berkshire, LAc, DAOM, Chair; Lisa Albanese, MD; Diane Behall, LAc, DAOM; Forrest Cooper, LAc, DAOM; Barbara de la Torre, MD; Carli Gaines, LAc, RN; Paul Yutan, MD

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.

2023 Roster: Ali Mageehon, PhD, Chair; Erin Cramer, PA-C; Niknam Eshraghi, MD; Paula Lee-Valkov, MD; Christoffer 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.

2023 Roster: Paula Lee-Valkov, MD; Patti Louie, PhD

The **Emergency Medical Services (EMS) Advisory Committee** consists of six members: three emergency medical service providers, two physicians, and one public member (vacant in 2023), as well as a Board liaison. The committee develops the scope of practice for emergency medical service providers.

2023 Roster: Stephen Brost, Paramedic, Chair; Mike Lepin, Paramedic; Jim Cole, Paramedic; Matthew Neth, MD; Rusty Riis, Paramedic; Brenda Smith, MD

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.

2023 Roster: Christoffer Poulsen, DO, Chair; Erin Cramer, PA-C; Patti Louie, PhD; Jill Shaw, DO; Sudeep Taksali, 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.

2023 Roster: Erin Cramer, PA-C; Patti Louie, PhD; Christoffer Poulsen, DO

Board Staff

Nicole Krishnaswami, JD, is Executive Director of the OMB. Prior to this role, she served as the Board's Legislative and Policy Analyst for eight years. In 2023, Ms. Krishnaswami was elected Chair-Elect of the International Association of Medical Regulatory Authorities (IAMRA) and received the annual Leadership Award from the Federation of State Medical Boards (FSMB). Additionally, she is a member of many statewide and national workgroups and advisory councils focused on workforce, cultural competency, and public health, including the FSMB (Bylaws Committee; Advisory Council on Innovation and Technology), Oregon Health Authority (HOWTO Grant Program Advisory Committee; Cultural Competency Continuing Education Advisory Committee), and Linfield University (Women in Leadership Certificate Program Advisory Board), among others. She is a frequent lecturer at Oregon's medical schools, hospitals, clinics, and health care conferences. Ms. Krishnaswami 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, has been the Board's Medical Director since 2019, following more than 33 years of practice as an anesthesiologist at Legacy Emanuel/Randall Children's Hospital. As Medical Director, Dr. Farris has carried on the efforts of his predecessor, Joseph Thaler, MD, to expand understanding of the OMB's processes, reach, and limitations among licensees and the public. Dr. Farris has been instrumental in the alignment of the OMB'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 the controversial COVID treatments.

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 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 Miles, Licensing Manager; and Elizabeth Ross, Legislative & Policy Analyst.

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 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.

2023 Board Roster



Erin Cramer, PA-C
Chair | Stayton



Christoffer Poulson, DO
Vice Chair | Eugene



Ali Mageehon, PhD
Secretary | Coos Bay



Robby Azar, MD
Oregon City



Sheronne Blasi
Salem



David Cook, MD
Portland



Katja Daoud, MD
Portland



Niknam Eshraghi, MD
Portland



Eric Evans, DPM
Portland



Paula Lee-Valkov, MD
The Dalles



Patti Louie, PhD
Portland



Jill Shaw, DO
Astoria



Sudeep Taksali, MD
Wilsonville

There was one vacant MD position on the Board in 2023.

2023 Agency Overview

OMB Adopts Mental Health Attestation Model for Licensure, Renewal Applications

The OMB recognizes that licensees encounter personal health conditions, including mental health and substance use disorders, just as their patients and fellow health care providers do. According to a 2022 survey conducted by The Physicians Foundation, nearly 40% of providers were afraid (or knew a colleague who was afraid) to seek mental health care because of questions asked as part of medical licensure or credentialing applications.

The Dr. Lorna Breen Heroes' Foundation challenged all medical boards to audit licensure and renewal mental health questions, change invasive or stigmatizing language, and communicate these changes to licensees.



In response, on April 6, 2023, the OMB unanimously voted to remove intrusive mental health questions from all licensure and renewal applications and replace them with an advisory statement and attestation. The advisory statement uses supportive language around mental health and holds licensees and applicants accountable for their own well-being. The model makes it clear that self-care is patient care. The advisory statement and attestation were included in applications effective June 1, 2023.

For more information, visit omb.oregon.gov/wellness.

The OMB is proud to be named a 2023 WellBeing First Champion by ALL IN: WellBeing First for Healthcare.

Offering a Medical Chaperone

On July 1, 2023, OAR 847-010-0130 went into effect, requiring all OMB licensees to offer the services of a trained medical chaperone during sensitive examinations.

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.

The rule was written broadly to allow licensees and organizations flexibility when implementing the new requirement in various practice settings and specialties. Under the rule, OMB licensees **MUST**:

- Offer to make a trained chaperone available who can be present for any:
 - Genital/rectal examinations regardless of gender; and
 - Breast examinations for patients who identify as female.
- Ensure that the chaperone:
 - Is not a personal friend or relative of the patient or licensee; and
 - Holds an active Oregon license to practice a health care profession; or
 - Completes a course for medical chaperones reviewed by the OMB.
 - Does not participate in acts that would obstruct or distract the chaperone from observing the licensee's behavior and actions throughout the exam, procedure, or clinical encounter.
- Document the presence or absence of a chaperone in the patient chart.

New Patient Resources

In 2022, the OMB published **What to Expect During a Physical Exam: Patient Rights & Resources** to provide patients with information they may need to feel safe and appropriately cared for during sensitive examinations.



After receiving requests for more patient resources surrounding medical chaperones, specifically for communities for whom English is not their primary language, the OMB designed a series of informative posters, and, along with the brochure, had these documents translated into Russian, Spanish, and Vietnamese, with more translations planned for the future.

50 Years of Acupuncture Practice in Oregon

In 1973, the Legislature added acupuncturists to the Oregon Medical Board's regulatory responsibilities, and the Acupuncture Advisory Committee met for the first time the following year. The following is a brief history of acupuncture in Oregon, as outlined by legislative milestones.

1973: A new law permits acupuncture by non-physicians provided that it is performed under the "supervision and control" of a physician licensed by the OMB.

1981: The Legislature declares that Oregon citizens are entitled to treatment by acupuncturists if they are referred by a doctor, or if they have not been referred but have consented to release of, and the acupuncturist has received, their medical history "along with a diagnosis by any licensed practitioner of the healing arts."

1983: The requirement that acupuncture be performed under the supervision and control of a licensed physician is removed from the law, as is the requirement that patient records be submitted upon request to the Board or OHSU.

1991: The "registration" of acupuncturists is changed to "licensing," and ORS 677.750, which determined when a person was entitled to treatment by an acupuncturist, is repealed. Now anyone can seek treatment by an acupuncturist, making it especially important that acupuncturists are able to recognize symptoms that need to be treated by Western medical methods.

1993: The definition of "acupuncture" is broadened to include moxibustion; use of electrical, thermal, mechanical, or magnetic devices to stimulate acupuncture points; traditional and modern techniques of diagnosis and evaluation; Oriental massage, exercise, and related therapeutic methods; and the use of Oriental pharmacopoeia, vitamins, minerals, and dietary advice.

1997: The existence of the long-established Acupuncture Committee is incorporated into Oregon law.

2007: The law is updated to allow a licensee who has earned a doctoral degree in Oriental Medicine and Acupuncture from an accredited program to identify themselves as a "doctor of acupuncture and Oriental medicine."

2021: Rulemaking is implemented to clarify a licensee who has earned an acupuncture accredited doctoral degree may use the title of doctor in connection with their practice of acupuncture.

Today: More than 1,500 acupuncturists provide care to Oregonians.

OMB Executive Director Recognized for Leadership, Elected to Lead IAMRA

The Federation of State Medical Boards (FSMB) presented the 2023 Leadership Award to Oregon Medical Board Executive Director Nicole Krishnaswami, JD.

The FSMB bestows its annual Leadership Award to an individual in recognition of their outstanding and exemplary leadership, commitment, and contributions to the advancement of the public good at the state medical board level. As the OMB's Executive Director, Ms. Krishnaswami has dedicated countless hours to lead successful initiatives that protect the health, safety, and wellbeing of all Oregonians.

In November 2023, Ms. Krishnaswami was elected Chair-Elect of the International Association of Medical Regulatory Authorities (IAMRA) during the organization's International Conference on Medical Regulation. She is the first representative of a U.S. medical board to lead IAMRA since its founding in 1995.

Since 2019, Ms. Krishnaswami has represented the North American region on IAMRA's board of directors, during which time she also chaired a committee to facilitate the exchange of disciplinary information among health regulators globally. In addition, the Oregon Medical Board and the Federation of State Medical Boards (FSMB) co-sponsored a resolution on the international recognition of Doctors of Osteopathic Medicine.



Christoffer Poulson, DO; Nicole Krishnaswami, JD; Erin Cramer, PA-C

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 2023, the OMB amended six Statements of Philosophy: Advertising; Care of the Surgical Patient; Deep Brain Stimulation & Functional Neurosurgery; Electronic Health Records; Mental Health & Wellness; and Re-Entry to Clinical Practice.

The following Statements of Philosophy are available to read in full at omb.oregon.gov/philosophy.

Advertising

Care of the Surgical Patient

Chelation Therapy

Cultural Competency

Deep Brain Stimulatio & Functional Neurosurgery

Electronic Health Records

Ending the Provider-Patient Relationship

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

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.

2022-2024 Strategic Plan

The Strategic Plan establishes goals and directs the Oregon Medical Board in fulfilling its mission. 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.

The 2022-2024 Strategic Plan is available in full at omb.oregon.gov/StrategicPlan22-24.

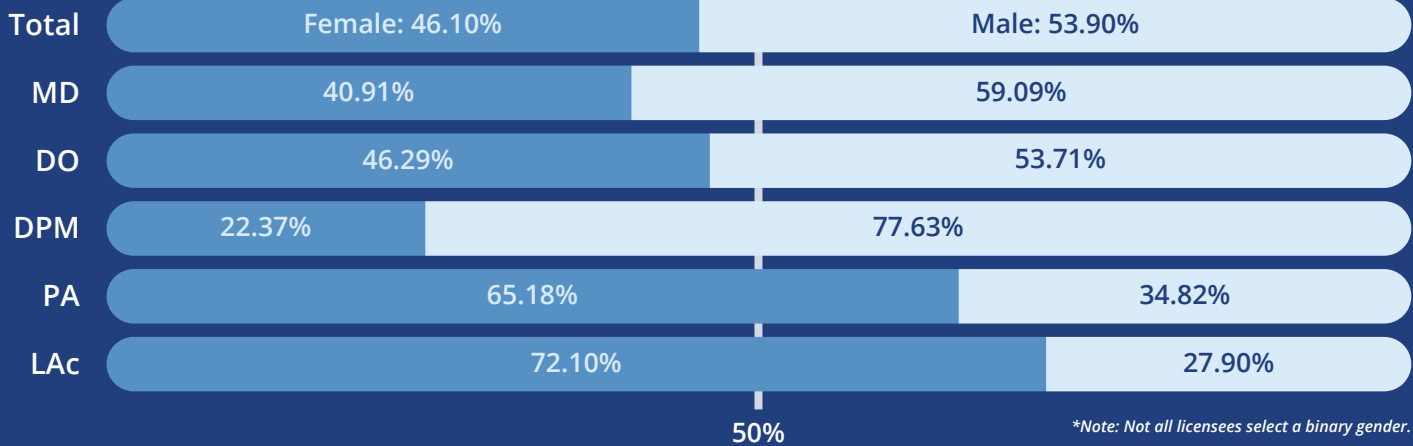
Annual Licensing Statistics

As of December 31, 2023, the OMB had a total of **25,004** licensees. Of that number, **22,878** held active licenses to practice in Oregon. Another **1,056** individuals held limited licenses of various kinds.

Status	MD	DO	DPM	PA	LAc	Total
Active*	16,246	2,079	207	2,778	1,568	22,878
Inactive	813	82	5	103	67	1,070
Limited (all types)	828	216	12	0	0	1,056
Total	17,887	2,377	224	2,881	1,635	25,004

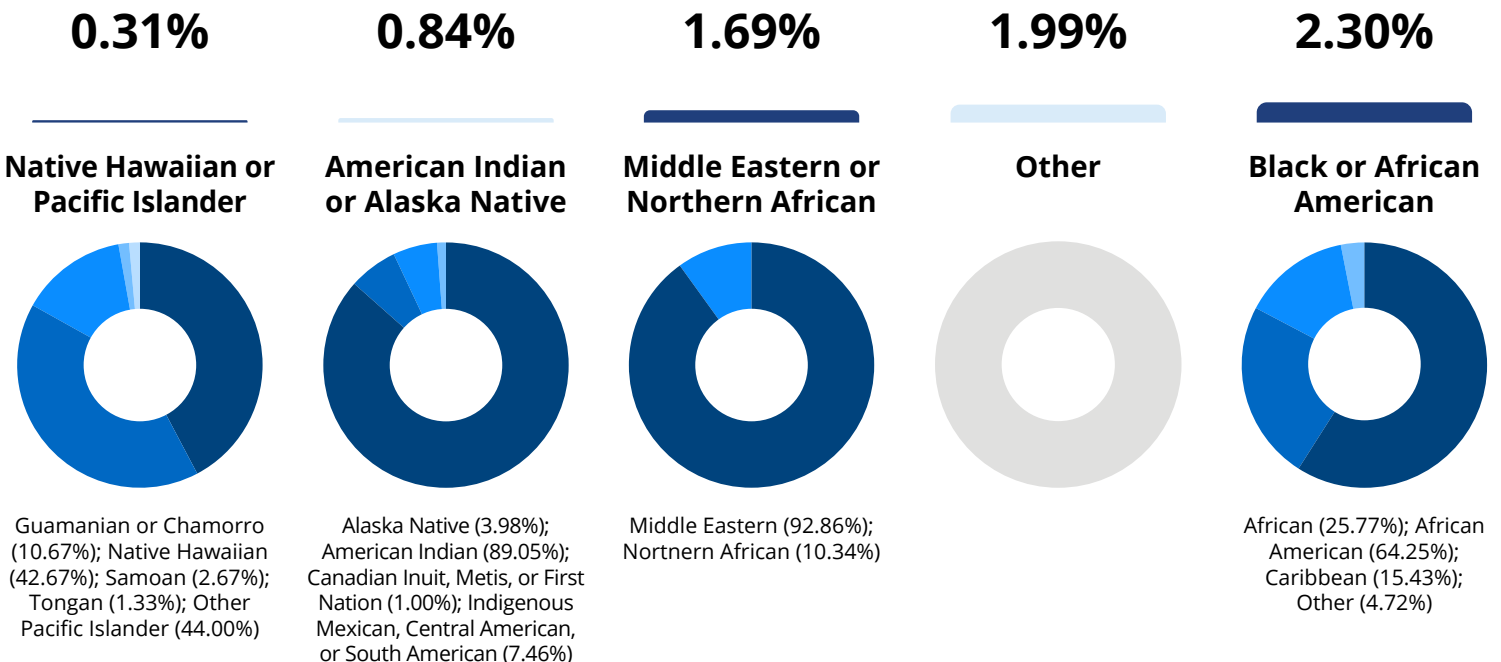
*Active licenses include: Active, Emeritus, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring, Teleradiology, Administrative Medicine, and Volunteer Emeritus

Active Licensees by Gender*



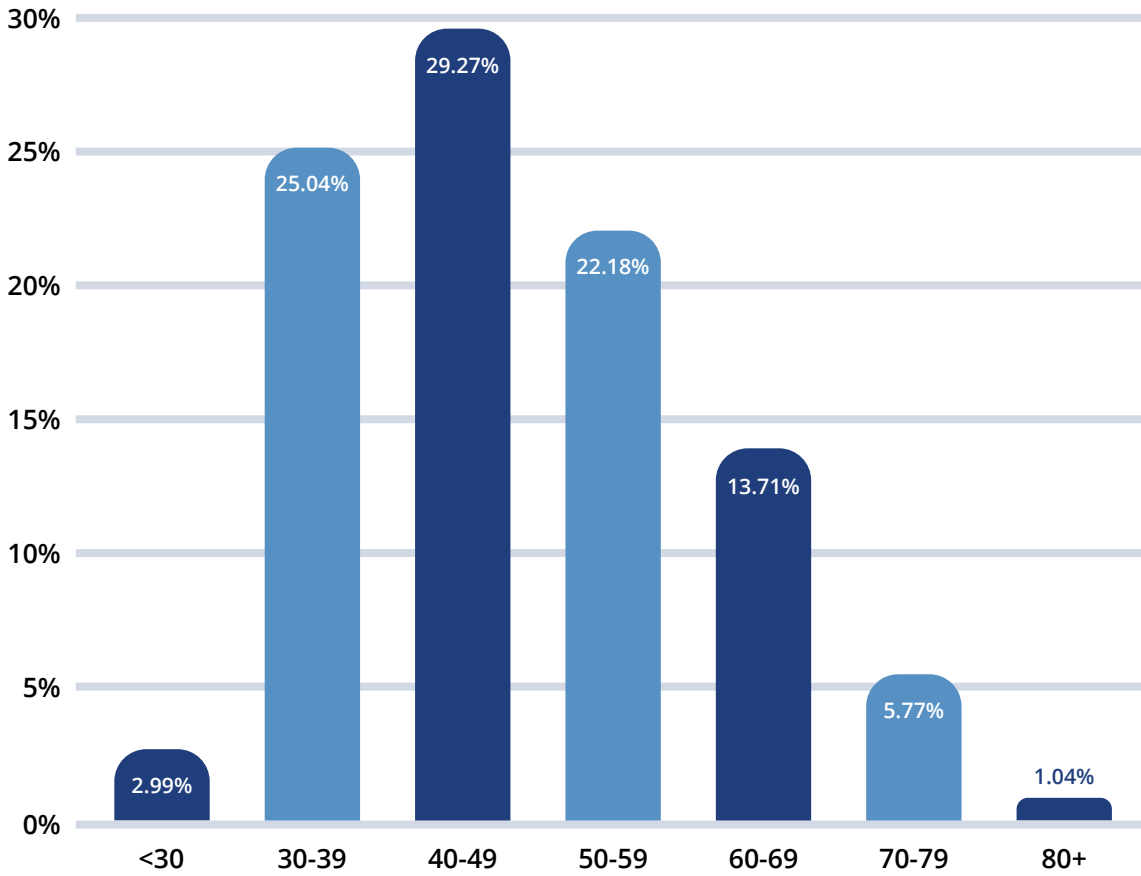
*Note: Not all licensees select a binary gender.

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.

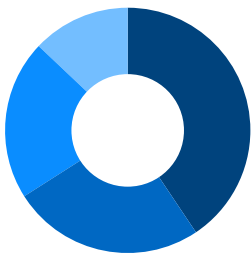
Active Licensees by Age



3.71%



Hispanic or Latino/a

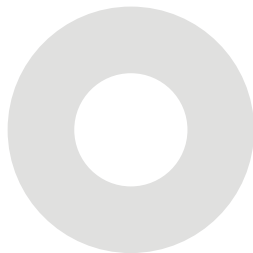


Central American (13.02%); Mexican (41.53%); South American (22.22%); Other (25.81%)

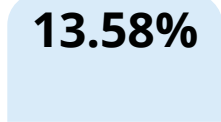
5.02%



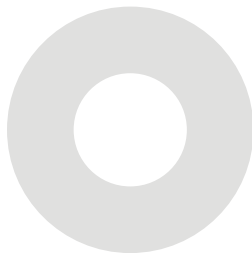
Unknown



13.58%



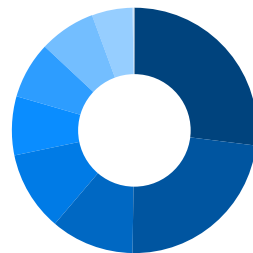
Decline to Answer



15.32%

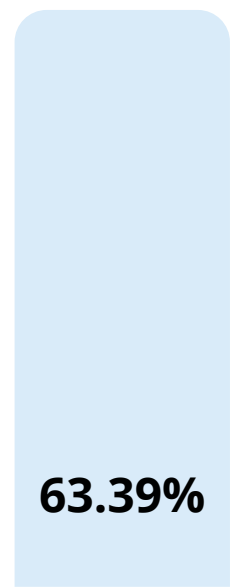


Asian

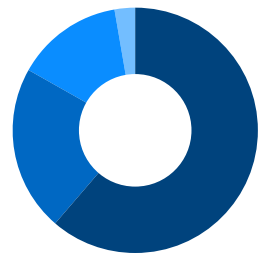


Asian Indian (24.95%); Chinese (27.69%); Filipino/a (8.19%); Hmong (0.11%); Japanese (7.67%); Korean (11.26%); Laotian (0.19%); South Asian (6.23%); Vietnamese (7.75%); Other (11.26%)

63.39%



White



Eastern European (14.88%); Slavic (2.94%); Western European (65.03%); Other (24.09%)

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)	79	14	2	15	1	111	16,927
Benton (Corvallis)	339	118	2	95	23	577	99,355
Clackamas (Oregon City)	1,340	168	28	194	124	1,854	424,043
Clatsop (Astoria)	117	26	4	32	13	192	42,095
Columbia (St. Helens)	22	6	1	18	6	53	53,143
Coos (Coquille)	172	31	3	26	10	242	66,945
Crook (Prineville)	33	6	0	17	2	58	26,583
Curry (Gold Beach)	52	8	2	10	6	78	24,439
Deschutes (Bend)	692	112	12	237	96	1,149	212,414
Douglas (Roseburg)	220	48	7	53	7	335	113,748
Gilliam (Condon)	2	0	0	2	0	4	2,062
Grant (Canyon City)	12	7	0	1	1	21	7,418
Harney (Burns)	20	9	0	4	1	34	7,600
Hood River (Hood River)	123	10	1	23	24	181	24,406
Jackson (Medford)	676	104	11	166	65	1,022	222,762
Jefferson (Madras)	37	3	0	19	0	59	25,878
Josephine (Grants Pass)	159	35	6	65	18	283	88,814
Klamath (Klamath Falls)	167	14	2	37	6	231	71,919
Lake (Lakeview)	9	1	0	2	0	12	8,562
Lane (Eugene)	1,028	112	14	247	90	1,491	384,374
Lincoln (Newport)	103	31	3	32	13	182	51,930
Linn (Albany)	185	76	7	60	8	336	131,984
Malheur (Vale)	138	32	0	33	0	203	32,981
Marion (Salem)	914	148	16	204	43	1,325	352,249
Morrow (Heppner)	12	4	0	7	0	23	13,010
Multnomah (Portland)	4,863	453	47	788	779	7,304	801,306
Polk (Dallas)	56	21	1	25	3	106	90,553
Sherman (Moro)	2	0	0	2	0	4	1,917
Tillamook (Tillamook)	61	7	1	10	10	89	28,000
Umatilla (Pendleton)	182	25	5	27	3	242	81,842
Union (La Grande)	61	17	2	4	4	88	26,335
Wallowa (Enterprise)	21	1	0	5	6	33	7,631
Wasco (The Dalles)	86	16	1	18	7	128	26,052
Washington (Hillsboro)	2,009	200	35	456	190	2,890	610,245
Wheeler (Fossil)	1	0	0	0	0	1	1,533
Yamhill (McMinnville)	188	34	6	53	19	300	109,743

Population based on July 1, 2023, Certified Population Estimate - College of Urban and Public Affairs, Portland State University

Annual 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:	\$243	\$243	\$50
OHSU Library:	\$10	\$10	N/A
Prescription Monitoring:	\$35	N/A	\$35
OHA Workforce Data:	\$2	\$2	\$2
Total:	\$290	\$255	\$87

Podiatric Physician (DPM)

License Status:	Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active	Inactive, Administrative Medicine Active	Emeritus
License Registration:	\$243	\$243	\$50
Prescription Monitoring:	\$35	N/A	\$35
OHA Workforce Data:	\$2	\$2	\$2
Total:	\$280	\$245	\$87

Physician Assistant (PA)

License Status:	Active, Locum Tenens, Military/Public Health Active	Inactive	Emeritus
License Registration:	\$191	\$191	\$50
Prescription Monitoring:	\$35	N/A	\$35
OHA Workforce Data:	\$2	\$2	\$2
Total:	\$228	\$193	\$87

Acupuncturist (LAc)

License Status:	Active, Locum Tenens	Inactive	Emeritus
License Registration:	\$161	\$161	\$50
OHA Workforce Data:	\$2	\$2	\$2
Total:	\$163	\$163	\$52

NOTE: All fees are nonrefundable and nontransferable; they cannot be credited or prorated. These fees are set to increase on July 1, 2024.

Compliance & Enforcement

In 2023, 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.

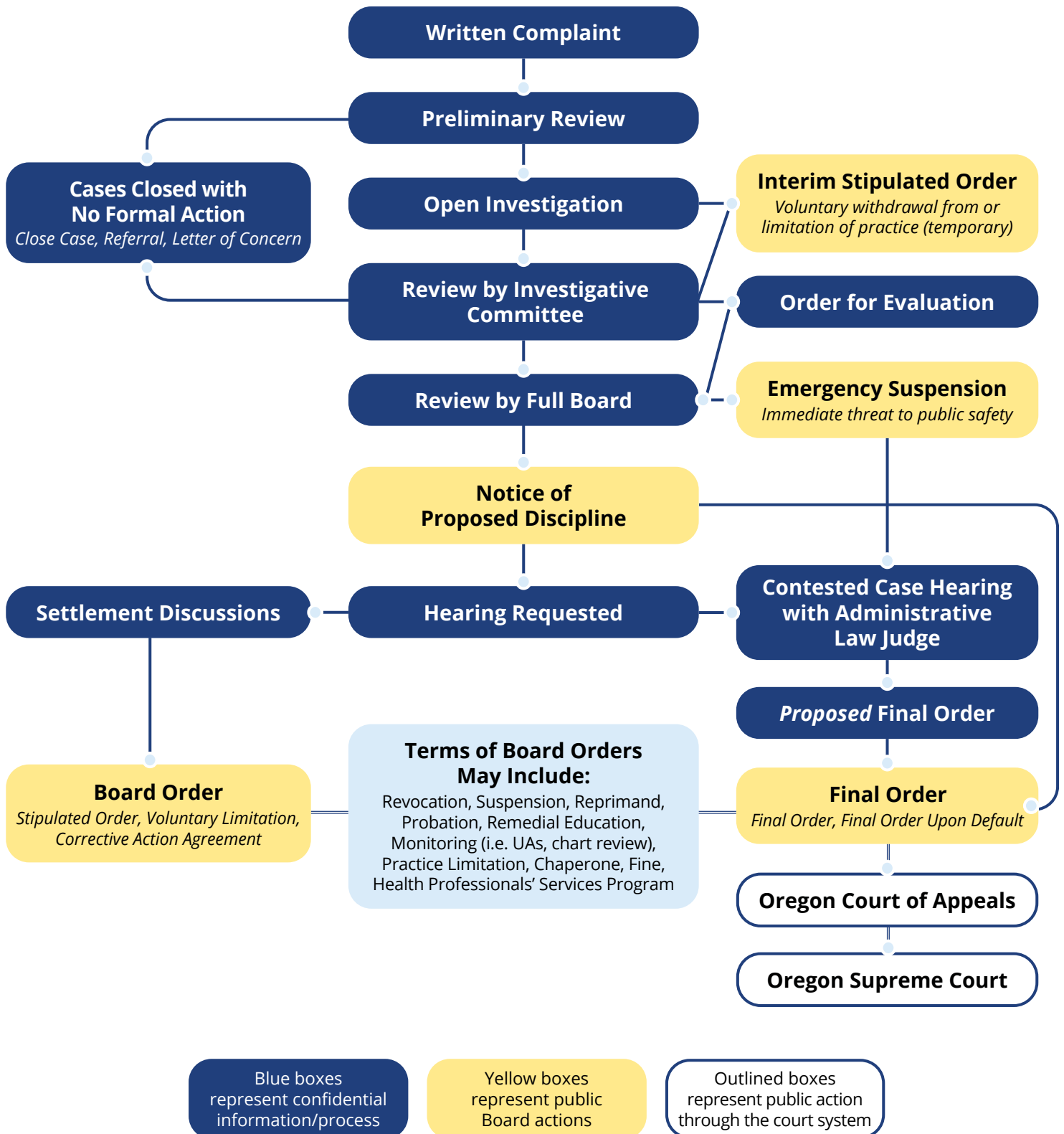
At these meetings, interviews are conducted with physicians or other licensees under the OMB's jurisdiction who are under investigation for possible violations of the Medical Practice Act. Licensees are advised that they may have attorneys present, and a court reporter transcribes the proceedings. Depending 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.

Annual Investigative Statistics

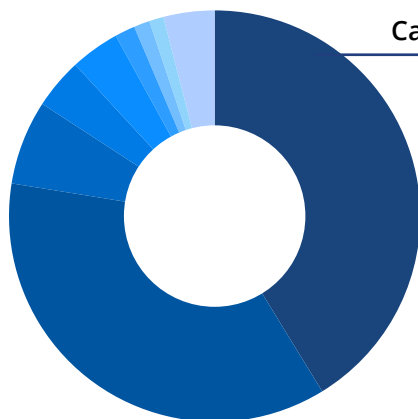
In 2023, the Investigative Committee met eight times to review investigations and form recommendations. Review of these recommendations occurs at each quarterly Board meeting and requires review of more than 10,000 pages of material at each meeting. The following statistical reports are a snapshot of the resulting work.

Final Dispositions of Investigations (No Violations)	2021	2022	2023
Exceptionally Closed	10	14	5
No Apparent Violation	353	315	374
Preliminary Investigation	102	111	135
Prior to Committee Appearance	122	101	147
Post Committee Appearance	10	5	14
Letter of Concern/Prior to Committee Appearance	170	109	101
Letter of Concern/Post Committee Appearance	19	20	16
After Staff Inquiry	0	0	1
Executive Staff Review of HPSP Noncompliance	7	4	3
Application Withdrawal with Report to Federation	0	0	0
Temporarily Closed with Board Order	0	1	2
Temporarily Closed without Board Order	0	1	1
Total Investigations Closed without Discipline	793	681	799

Source of Investigations	2021	2022	2023
Oregon Medical Board	66	63	71
Board/HPSP Noncompliance	2	1	0
Co-worker/Other Staff	4	13	6
Hospital/Other Health Care Institution	28	25	41
Insurance Company	0	5	7
Malpractice Review	32	66	70
HPSP/Monitoring Entity	18	10	12
Other	71	41	63
Other Boards	3	6	5
Other Health Care Providers	70	55	52
Patient or Patient Associate	451	535	526
Pharmacy	8	7	6
Self-Reported	14	23	48

Investigation Totals	2021	2022	2023
Investigations Opened	713	757	804
Investigations Closed	868	792	877
Investigative Committee Interviews	59	47	47
Reportable Orders	75	91	53

Public Orders & Agreements	2021	2022	2023
Automatic Suspensions	2	3	0
Corrective Action Agreements	14	12	9
Stipulated Orders	58	71	45
Voluntary Limitations	0	2	0
Final Orders	0	3	0



Categories of Complaints

- Unprofessional Conduct: **41.24%**
- Inappropriate Care: **36.30%**
- Inappropriate Prescribing: **6.64%**
- Malpractice Review: **3.97%**
- Other/Miscellaneous: **3.86%**
- Sexual Misconduct: **1.59%**

- Suspected/Known Criminal Involvement: **1.25%**
- Failure to Report: **1.13%**
- **< 1% Each:** Practice Without a License; Physical or Mental Illness or Impairment; Substance Abuse; HPSP Noncompliance; Board Compliance; Office-Based Surgery; HPSP/Monitoring Entity

2023-2025 Biennium Budgeted Expenses



Staff & Board
Member Salaries
38.2%



Benefits
20.9%



Overhead
9.0%



Goods & Services
9.0%



Telecommunications &
Technology
6.1%



Attorney General
Costs
5.5%



Health Professionals
Services Program (HPSP)
5.1%



Professional Services
4.2%

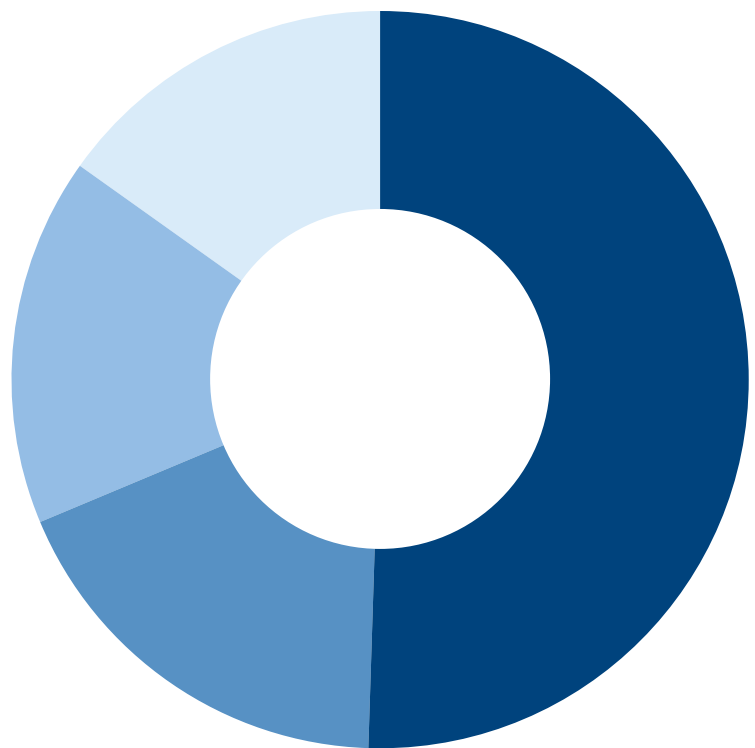


Oregon Wellness
Program (OWP)
1.9%

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: 50.3%
- License Services: 17.8%
- Administration, Communications, Board Salaries: 17.8%
- Administrative & Business Services: 15.7%

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	2020	2021	2022	2023
Number of Board Licensees Enrolled in HPSP	113	101	73	60
Self-Referred Licensees Entering HPSP	1	4	3	0
Board-Referred Licensees Entering HPSP	15	8	12	6
Self-Referred Licensees Successfully Completed HPSP	3	3	3	4
Board-Referred Licensees Successfully Completed HPSP	8	19	19	12

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, 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	2020	2021	2022	2023
License Appropriately	✓	✓	✓	✓
Discipline Appropriately	✓	✓	✓	✓
Monitor Licensees who are Disciplined	✓	✓	✓	✓
License Efficiently	✓	✓	✓	✓
Renew Licenses Efficiently	✓	✓	✓	✓
Customer Satisfaction	✓	✓	✓	✓
Board Best Practices	✓	✓	✓	✓



2023 Legislative Updates

In 2023, the Oregon Legislature passed several laws that became effective January 1, 2024:

HB 2627: Modified the Oregon Medical Board's composition to remove one MD physician position and add one PA position. The OMB remains a 14-member board with the new PA position being filled during the February 2024 legislative session.

HB 2584: Fully implemented PA collaborative practice by clarifying that PAs practice medicine; defining a PA's scope is based on their education, training, and experience; updating employer definition for collaboration agreements; and removing requirement that a PA's collaboration agreement include the PA's performance assessment.

HB 2817: Updated the scope of podiatry to include treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

SB 232: Updated telemedicine exemptions to Oregon licensure for out of state physicians and PAs with an established provider-patient relationship and the patient is temporarily in Oregon for business, work, education, or vacation, or the patient is located in Oregon and needs temporary or intermittent follow-up visits for continuity of care.

HB 2002: Affirmed rights and access to reproductive health care and gender-affirming treatment. For OMB licensees, the bill added licensure protections for a conviction resulting solely from the provision of a reproductive or gender-affirming health care that is otherwise lawful in Oregon, but unlawful in the jurisdiction where the services was performed, if performed in accordance with the standard of care.

HB 3258: Added Schedule V prescription drugs to the Prescription Drug Monitoring Program (PDMP). Pharmacists must report schedule V drugs to the PDMP, with exceptions for naloxone or drugs containing pseudoephedrine, ephedrine, or salt.

SB 450: Created labeling exemptions for dispensing drugs intended to reverse opioid overdose if drug is in the form of a nasal spray and personally dispensed by a physician or PA at their location of practice.

2023 Administrative Rules

In 2023, 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.

847-001-0005, 847-001-0015: Late Hearing Request Limitations

The rule amendments limit the type of late hearing requests the Oregon Medical Board will consider and accept.

847-001-0032: Modification and Termination of Board Orders and Agreements

The rule amendment adds definitions for “termination” and “modification” of Board Orders or Agreements and clarifies “modification” of an Order or Agreement.

847-001-0035: License Suspensions and Terminations of Orders by Operation of Law and Continuing Education Deficiencies

The rule amendment allows the Executive Director or Medical Director to issue final orders of license suspensions and reinstatements that occur by operation of law and for continuing medical education deficiency cases.

847-050-0021: Physician Assistant Documents to be Submitted for Licensure

The rule clarifies the documents and official verifications a physician assistant applicant must ensure are submitted to the Oregon Medical Board for licensure. The rule aligns with similar rules for other board licensees.

847-070-0020: Acupuncture via Telemedicine

The rule clarifies that an Oregon licensed acupuncturist may provide care via telemedicine to patients located in Oregon. The Board’s **Statement of Philosophy on Telemedicine** provides guidance to licensees.

847-001-0022: Updating the Board’s Notice Title

The rule amendment clarifies the Oregon Medical Board’s Complaint and Notice of Proposed Disciplinary Action is a Notice of Proposed Disciplinary Action (not a complaint). The rule amendment updates rule language to align with this clarification.

847-005-0008: Adding Public Records Fee for Board Attorney’s Time

ORS 192.324(4) allows an agency to establish public record fees and specifically allows the cost of time spent by an attorney reviewing the public records. The rule amendment allows the Oregon Medical Board to charge the actual cost of time spent by the Board’s DOJ attorney reviewing public records.

847-080-0022: Updating Qualifications to Perform Ankle Surgery

The rule amendment updates the qualifications for a licensed podiatrist to perform ankle surgery. Allowing multiple pathways to meet the qualifications ensures current licensed podiatrists who hold an OMB ankle surgery endorsement may maintain the endorsement. The rule also ensures a podiatrist has the minimum training or experience to safely perform these procedures. Podiatric physicians who now qualify under the updated the qualifications to perform ankle surgery in **OAR 847-080-0022** may request review for an ankle surgery endorsement by emailing licensing@omb.oregon.gov.

847-050-0041: Removing DEA X-Wavier Requirement to Align with U.S. Congress Elimination of X-Wavier

On December 29, 2022, with the Consolidated Appropriations Act of 2023, U.S. Congress eliminated the “DATA-Waiver Program.” To align with this change, the rule amendment removes the requirement for a physician assistant to obtain a buprenorphine waiver from the Drug Enforcement Administration (DEA) to prescribe or dispense buprenorphine for medication-assisted treatment for opioid dependency.

847-001-0015: Exempting License Denials from Timelines to Issue an Amended Proposed Order or a Final Order

The rule amendment adds license denials as a class of cases exempt from the requirements in OAR 137-003-0655(7), to issue an amended proposed order or a final order within 90 days of the date of the proposed order. Because of the Board’s quarterly meeting schedule and the complexity of cases, 90 days is often an insufficient amount of time to allow the Board to review an Administrative Law Judge’s (ALJ) proposed order and issue a final order in a contested case hearing.

847-003-0200: Increasing Board Member Compensation for Time Spent Preparing for Full Day Meetings

The amendment aligns the amount of compensation offered to prepare for a full day board or committee meeting with the compensation offered for a full day meeting. The amendment would increase the compensation from the Oregon legislative per diem, currently \$157, to \$250 to prepare for an Investigative Committee or Board meeting. Increasing the compensation for time spent preparing for full day meetings may expand the pool of candidates considering Board service, especially public members.

847-010-0200: Updating Volunteer Practice Program Rules

On January 1, 2023, Oregon Laws 2022, chapter 62 (HB 4096), became operative, allowing physicians or physician assistants authorized in another state or United States territory to practice in Oregon in connection with a coordinating organization or other entity without compensation for 30 days each calendar year. The rule amendment includes these volunteer authorizations within the meaning of “registration” for the Board’s purposes in ORS 677.190 and ORS 677.205 for suspending, revoking, or refusing to grant a registration or discipline.

847-010-0069: Repealing Compliance with the Oregon Health Authority’s COVID-19 Requirements

The Oregon Health Authority (OHA) rescinded provisions in OAR 333-019-1011 requiring workers in health care settings to wear masks on April 3, 2023, and repealed OAR 333-019-1010 requiring workers in health care settings to be COVID-19 vaccinated on May 11, 2023. With the OHA’s rescission of these rules, the Oregon Medical Board rule is no longer needed and has been repealed.

847-020-0130, 847-020-0150, 847-020-0160: Updating Licensure Requirements for International Medical School Graduates and Documents Submitted for MD/DO Licensure

The amendment updates the International Medical School Graduate (IMG) requirements for licensure by removing the requirement for an IMG to speak and write in English. IMGs also obtain certification by the Educational Commission for Foreign Medical Graduates, which includes passage of the USMLE. These exams intrinsically confirm English proficiency.

The rule amendment continues the work directed in Oregon Laws 2019, chapter 469 (SB 855), to implement methods to reduce barriers to licensure for applicants who may be immigrants or refugees. Second, the amendment updates the documents submitted for MD/DO licensure by adding the results of a Physician Data Center (PDC) Query from the Federation of State Medical Boards (FSMB). When available, licensing staff now utilize the PDC Query to directly verify other state licensure.

847-017-0003, 847-017-0010: Updating BLS and ACLS Certification Requirements for OMB Licensees Performing Office-based Surgery

The amendments clarify that an active American Heart Association Basic Life Support certification or equivalent CPR course that includes a practical skills evaluation is required for licensees performing office-based surgeries. Second, the amendments clarify licensees performing Level II or Level III office-based surgeries must be certified in American Heart Association Advanced Cardiovascular Life Support or equivalent ACLS course that includes a practical skills evaluation. Third, the amendments update the list of Board recognized accreditation agencies for Level II or Level III facilities.

TEMPORARY RULE

847-020-0185: License Application Withdrawals by Unqualified Applicants

On July 11, 2023, the Board adopted a temporary rule to treat unqualified applicants similar to qualified applicants who are not facing potential discipline. Under the temporary rule, an unqualified applicant would be able to request to withdraw their application, if there was no evidence of a statutory violation. Additionally, the Board would not report this action to Federation of State Medical Boards (FSMB), and the applicant could reapply at any time. Temporary rules are effective for 180 days, until January 6, 2024.

Oregon Medical Board Report

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OMB Adopts Mental Health Attestation Model for Licensure, Renewal Applications

The OMB is proud to be named a 2023 WellBeing First Champion by ALL IN: WellBeing First for Healthcare

The Dr. Lorna Breen Heroes' Foundation has challenged all medical boards to audit licensure and renewal application questions related to mental health, remove invasive or stigmatizing language, and communicate these changes to licensees.

In response, on April 6, 2023, the Oregon Medical Board (OMB) unanimously voted to remove intrusive mental health questions from all licensure and renewal applications and replace them with an advisory statement and attestation. The updated language reads:

"The Oregon Medical Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's practice, and anonymously self-referring to the Oregon Health Professionals' Services Program (uprisehealthmonitoring.com).

"The failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, can result in the Board taking action against your Oregon Medical Board license.

I have read and understand the above advisory and agree to abide by the Board's expectation."

For more information, visit omb.oregon.gov/wellness.

OMB Welcomes New Members

The Oregon Medical Board is pleased to welcome three new Board members: **Robby Azar, MD**, **Sheronne Blasi**, a public member; and **David Cook, MD**. Learn more about the Board's new members on page 2.

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 2023, the OMB published four editions of the *OMB Report*, which covered topics such as medical chaperones, prescribing authority, licensee mental health and wellness, cultural competency, physician assistant collaborative practice, and more.

More than 30,500 people received the digital edition of the newsletter each quarter. Approximately 10,000 print copies of each issue were also sent to subscribers.

Consumers and licensees can view current and back issues of the *OMB Report* on the Board's website at 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.

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.

In 2023, the OWP served 331 OMB licensees and provided 1,680 hours of counseling compared to 220 OMB clients and 1,078 hours of counseling in the 2022. A dedicated team of 34 mental health professionals uphold the OWP's standards of confidential services offered within 3 working days of a client's request. This year, the OWP provided a total of 3,437 hours of counseling to 642 clients, a 62% increase in clients and 74% increase in sessions overall from the year prior.

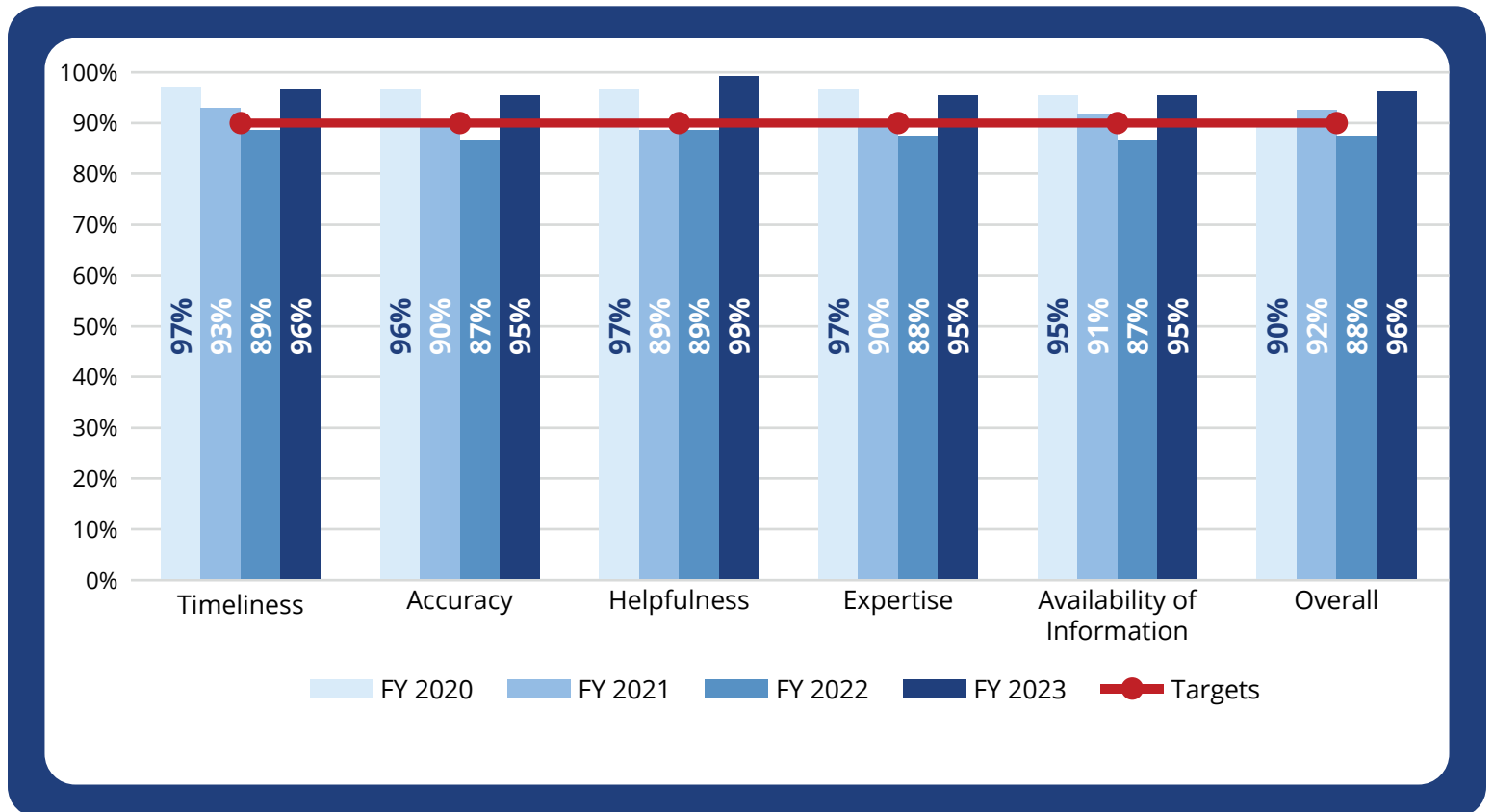
Health care professionals are central to the safety and health of the community in which they practice. Though many of the aspects of a career in medicine are rewarding, every medical provider experiences remarkable, often overwhelming stress. The OMB strongly supports and encourages its licensees to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



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

2023 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 2023, the Board received 947 customer comments, approximately 85% of which contained positive or mostly positive feedback.

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

As someone that cares for health care professional students, I am so grateful that the question about mental health was removed from the licensing process. This is a huge step forward in removing barriers for our health care providers seeking access to mental health services.

This was one of the most efficient online processes that I have used in my career. Kudos to the team.

The OMB has an amazing team that genuinely cares!

I applied for licensing in 3 states and found the Oregon Medical Board to be the most organized system. When I clicked into my application, it was very clear what documentation was still missing. I was also provided comments on my application. It was also very easy to reach a staff member by phone and have my questions answered. Thank you!

This is a superbly written renewal questionnaire. Thank you for your service to our medical communities and their personnel.

The staff were always friendly, helpful, and knowledgeable. I was happy to have had my application processed so quickly once all the correct items were submitted.

Of 4 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 and I was very impressed by the experience. It makes me want to recommend OR as a state to practice to my colleagues.

The OMB obviously took a thoughtful look at my complaint, explained why it was not legally actionable, [and] expressed empathy for my injury.

Oregon Medical Board

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