



Oregon

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TESTIMONY IN OPPOSITION HOUSE BILL 3060

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Patient Safety Standards in Licensing: Case Examples

The PA Compact is not yet operating; however, it is based on the Interstate Medical Licensure Compact for physicians. Under these compacts, the Oregon Medical Board **cannot** refuse to grant a license to a compact-qualified provider.

The following examples are just some of the real Oregon physician applicants who would have qualified for a Compact privilege:

Dr. R is a compact-qualified physician licensed in AZ. His NPDB (national databank) report showed a significant malpractice claim related to narcotic prescribing. The AZ board issued him a private letter of admonition related to a different patient death due to overprescribing narcotics. He was terminated from his employer. None of these issues would have been identified via the compact. When the OMB scrutinized his application, he chose to withdraw.

Dr. W is a compact-qualified physician licensed in WI. OMB discovered a pattern of 22 complaints to the Iowa medical board based on employment issues, disruptive behavior, sexual boundary violations, and a mental health condition. None of these issues would have been identified via the compact. When the OMB scrutinized his application, he chose to withdraw.

Dr. L is a compact-qualified physician licensed in WA. On review of his employment history, OMB discovered he was “ineligible for rehire” due to viewing pornography on hospital computers. This would not have been identified via the compact. When OMB scrutinized his application, he chose to withdraw.

Dr. A is a compact-qualified physician licensed in WA. On review of his employment history, OMB discovered he was cognitively impaired and had a history of professionalism and disruptive behavior toward medical staff and patients. These issues would not have been identified via the compact. When OMB scrutinized his application, he chose to withdraw.

Dr. G is a compact-qualified physician licensed in AZ. She had been out of practice for more than 10 years. The OMB required a re-entry to practice plan (education and mentorship) to help her safely return to practice. She instead withdrew her application. A re-entry plan would not be required via the compact.

Dr. D is a compact-qualified physician licensed in VA. On review of his employment history, OMB discovered he surrendered his clinical privileges while under investigation for workplace impairment. This would not have been identified via the compact. He agreed to enter the HPSP monitoring program, and OMB then issued him a license.

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.

Dr. M is a compact-qualified physician licensed in WA. OMB discovered she was believed to be incompetent to perform part of her scope of practice. She agreed to a voluntary limitation of her license, and OMB then issued her a limited license.

Dr. S was a compact-qualified physician licensed in NY. The OMB issued a public Notice of Intent to Deny due to extensive failures on his licensing exam, lack of good moral character, and misrepresentations on his application for a license. None of these issues would not have been identified via the compact. He entered into a Stipulated Order in which he agreed to withdraw his license application in lieu of denial.