

HAILIALOHA HOPKINS 10707  
Regulated Industries Complaints Office  
Department of Commerce and Consumer Affairs  
State of Hawai'i  
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Honolulu, Hawai'i 96813  
Telephone: (808) 586-2660

2023 JUL 25 A 11:19

STATE OF HAWAII

DEPT. OF COMMERCE  
AND CONSUMER AFFAIRS

Attorney for Department of Commerce  
and Consumer Affairs

eFiled 2023 Sept 29 p 03:43

HEARINGS OFFICE

HAWAI'I MEDICAL BOARD  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAI'I

In the Matter of the License to Practice	)	MED 2021-50-L
Medicine of	)	
	)	SETTLEMENT AGREEMENT PRIOR TO
PAUL THOMAS, M.D.,	)	FILING OF PETITION FOR DISCIPLINARY
	)	ACTION AND BOARD'S FINAL ORDER;
Respondent.	)	EXHIBITS 1-2
	)	
	)	

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION  
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'  
REGULATED INDUSTRIES COMPLAINTS OFFICE ("RICO" or "Petitioner"), through its  
attorney, and Respondent Paul Thomas, M.D. ("Respondent"), through his attorney, enter into  
this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed as a physician by the Hawai'i  
Medical Board, Professional and Vocational Licensing Division, Department of Commerce and  
Consumer Affairs, State of Hawai'i ("Board"), licensed identification number MD-17272, issued  
on or about September 12, 2013 ("license"). This license is set to expire on or about January 31,  
2024.

2. Respondent's mailing address for purposes of this action is [REDACTED]

3. On or about December 4, 2020, the Oregon Medical Board issued an Order of

Emergency Suspension ("Emergency Suspension"), suspending Paul Thomas, M.D. from practicing medicine effective December 3, 2020 ("Exhibit 1").

4. On or about September 13, 2022, Paul Norman Thomas, M.D. stipulated to an Oregon Medical Board order ("Oregon Stipulated Order") that became effective as of October 6, 2022 ("Exhibit 2").

5. As one of the terms of the Oregon Stipulated Order, Respondent surrendered his license to practice medicine in Oregon, effective sixty (60) days after the order's effective date of October 6, 2022. Further, Respondent agreed to never reapply for a license to practice medicine in Oregon.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawai'i Revised Statutes ("HRS") §453-8(a)(11) (any license to practice medicine and surgery may be revoked by the board for disciplinary action taken by another state against the physician's license).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

**B. RESPRESENTATIONS BY RESPONDENT**

1. Respondent is being represented by his attorney Stephen J. Joncus in this matter.

2. Respondent enters into this Settlement Agreement freely, knowingly, intelligently, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, intelligently, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent represents Exhibit 1 is a true and correct copy of the Emergency Suspension.

5. Respondent represents Exhibit 2 is a true and correct copy of the Oregon Stipulated Order.

6. Respondent does not admit to violating any law or rule but acknowledges that RICO has sufficient basis to file a Petition for Disciplinary Action against Respondent's license.

7. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

8. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. MED 2021-50-L.

9. Respondent acknowledges that upon its approval, this Settlement Agreement constitutes disciplinary action and understands that this Settlement Agreement may be subject to reporting requirements.

10. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT

1. Voluntary Surrender of License. Respondent agrees to the voluntary surrender of his physician's license for a period of five (5) years. Respondent shall surrender his license and all indicia of licensure to the Executive Officer of the Board within ten calendar (10) days after receipt of notice that this Settlement Agreement has been approved. Respondent further agrees not to seek re-licensure from the Board.

2. Revocation. In the event that Respondent fails to abide by any of the terms of this Settlement Agreement, Respondent agrees to the revocation of its license without further hearing by the Board upon the filing of an affidavit by RICO attesting to any such failure by Respondent. If Respondent's license is revoked, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice that its license has been revoked. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if in the future Respondent violates any provision of the statutes or rules governing the conduct of licensed physicians in the State of Hawai'i, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., C.8., and C.9. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board. Respondent understands and agrees that RICO and the staff of the Board may communicate directly with the Board regarding this Settlement Agreement, without notice to or participation by Respondent or its counsel. By signing this Settlement Agreement, Respondent understands and agrees that they may not withdraw its agreement or seek to rescind the Settlement Agreement prior to the time the Board considers and acts upon it.

5. Electronic and Facsimile Copies. The parties understand and agree that electronic and facsimile copies of this Settlement Agreement, including electronic and facsimile signatures thereto, shall have the same force and effect as wet-ink originals.

6. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

7. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

8. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent, or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

9. Complete Agreement. This Settlement Agreement is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Settlement Agreement may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

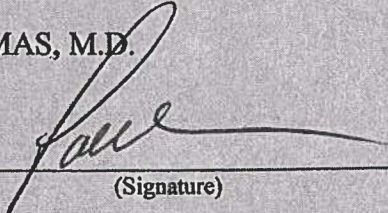
*[Remainder of this page intentionally left blank; signature page follows]*



IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that s/he is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

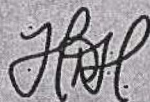
DATED: BEAVERTON, OREGON, 04-25-23.  
(City) (State) (Date)

PAUL THOMAS, M.D.  
Respondent

By:   
(Signature)

PAUL THOMAS  
(Print Name)

DATED: Honolulu, Hawai'i, April 27, 2023.



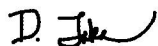
HAILUALOHA D. HOPKINS  
Attorney for Department of Commerce  
and Consumer Affairs

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IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE OF PAUL THOMAS, M.D.; SETTLEMENT AGREEMENT  
PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS 1-2; RICO  
CASE NO. MED 2021-50-L



IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE OF PAUL THOMAS,  
M.D.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY  
ACTION AND BOARD'S FINAL ORDER; EXHIBITS 1-2; RICO CASE NO. MED 2021-50-L

APPROVED AND SO ORDERED:  
HAWAII MEDICAL BOARD  
STATE OF HAWAII



DANNY M. TAKANISHI, JR., M.D.  
Chairperson

September 14, 2023

DATE



GARY BELCHER  
Vice Chairperson



FRANKLIN V.H. DAO, M.D.

ANGELA PRATT, M.D.



ANDREW R. FONG, M.D.



MICHAEL JAFFE, D.O.

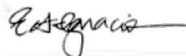


WESLEY MUN



REBECCA SAWAI, M.D.

GERI YOUNG, M.D.



ELIZABETH IGNACIO, M.D.



# Oregon

Kate Brown, Governor

## Medical Board

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Portland, OR 97201-5847

(971) 673-2700

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[www.oregon.gov/omb](http://www.oregon.gov/omb)

### Certification of True Copy

I certify that the enclosed document is a true and correct copy of the original on file with the Oregon Medical Board.

RE: Paul Thomas, MD15689

Order included:

- Order of Emergency Suspension Active 12/04/2020

*Carol Brandt*

Signature

March 25, 2021

Date

Carol Brandt  
Business Manager



BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
PAUL NORMAN THOMAS, MD ) ORDER OF EMERGENCY  
LICENSE NO. MD15689 ) SUSPENSION

**By order of the Oregon Medical Board, the license of Paul Norman Thomas, MD to practice medicine is hereby suspended, effective December 3, 2020, at 5:15 p.m. Pacific Time. As of this date and time, Licensee must stop practicing medicine until further order of the Board.**

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. The Board has the statutory duty under ORS chapter 677 to protect the public and to exercise general supervision over the practice of medicine. Paul Norman Thomas, MD (Licensee) is a licensed physician in the State of Oregon.

This order is made pursuant to 677.205(3), which authorizes the Board to temporarily suspend a license without a hearing when the Board has evidence that indicates that Licensee's continued practice constitutes an immediate danger to the public, as well as ORS 183.430(2), in that the Board has found that Licensee's continued practice of medicine by a physician presents a serious danger to the public health or safety.

2.

When making determinations about unprofessional conduct, negligence and gross negligence in the practice of medicine, the Board relies upon sources that are well recognized in the medical community and are relied upon by physicians in their delivery of care to patients.

2.1 The Centers for Disease Control and Prevention’s “Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020” (CDC Recommendations) and its predecessors provides a series of vaccinations for children that start at birth and continue through the ages of childhood to provide immunizations for a number of diseases that are potentially debilitating or fatal, to include Hepatitis, Rotavirus, Diphtheria, Tetanus, Pertussis (whooping cough),<sup>1</sup> Polio, Influenza: Pneumococcal pneumonia, Measles, Mumps, Rubella, and a number of other preventable diseases. This schedule has been relied upon for many years, is updated periodically, and is widely accepted as authoritative in the medical community.

2.2 The standard of care in Oregon, as defined by ORS 677.265(1)(c), is “that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.”

### 3.

Licensee is board certified in pediatrics and addiction medicine and practices medicine in Portland, Oregon. The Board finds that Licensee’s conduct has breached the standard of care and has placed the health and safety of many of his patients at serious risk of harm. It is therefore necessary to emergently suspend Licensee’s license to practice medicine. The acts and conduct that support this Order for Emergency Suspension follow:

3.1 Licensee has published an alternative vaccination schedule that decreases the frequency of many recommended vaccines and omits others, including rotavirus. Licensee promotes his unique, “Dr. Paul approved” schedule as providing superior results to any other option, namely improved health on many measures, and fraudulently asserts that following his vaccine schedule will prevent or decrease the incidence of autism and other developmental disorders. Licensee uses this claim to solicit parental “refusal” of full vaccination for their children, thereby exposing them to multiple potentially debilitating and life-threatening illnesses, including tetanus, hepatitis, pertussis (whooping cough), rotavirus, measles, mumps, and rubella.

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<sup>1</sup> DTaP.



1 Licensee's promotion of this alternative vaccination schedule exposes patients to the risk of harm  
2 in violation of ORS 677.190(1)(a), as defined by ORS 677.188(4)(a).

3 3.2 Licensee is insistent and direct in his communication with parents and guardians  
4 that they should accept his alternative vaccine schedule.

5 3.2.1 A patient's mother sought subsequent treatment by Provider X after  
6 having been "reduced to tears" by Licensee's "bullying" her into his personal vaccine  
7 schedule against her express wishes for full vaccination for her child.

8 3.2.2 Patient A's mother requested polio and rotavirus vaccinations for Patient  
9 A according to CDC Recommendations, but Licensee did not have those vaccines in the  
10 clinic, and Patient A would therefore not be able to get them. Patient A's mother reported  
11 that the Licensee questioned why she wanted Patient A to get the polio vaccine and asked  
12 whether they were traveling to Africa. During the appointment, Licensee continually  
13 connected vaccines (not specific) with autism. Licensee asked her how awful she would  
14 feel if Patient A got autism and she could have prevented it.

15 Licensee's false claims regarding the safety of the CDC Recommendations, his failure in  
16 following these Recommendations absent unsolicited parental refusal of vaccines, his failure to  
17 document any such refusal, and his failure to adequately vaccinate children is grossly negligent  
18 in violation of ORS 677.190(13) and exposed his patients to the risk of harm in violation of ORS  
19 677.190(1)(a), as defined in ORS 677.188(4)(a).

20 3.3 The Board's review has identified the following cases where Licensee's conduct  
21 violated ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), unprofessional or dishonorable  
22 conduct which exposed his patients to the risk of harm, as well as gross or repeated acts of  
23 negligence in violation of ORS 677.190(13).

24 3.3.1 Patient B, an 11-year-old male, was immunized on a delayed schedule  
25 according to Licensee's recommendation and practice agreements. Patient B was  
26 subsequently diagnosed with pertussis on September 24, 2018, requiring office visits and  
27 antibiotics. Pertussis is a fully vaccine-preventable illness. Patient B's chart shows that



1 Patient B was not immunized, but there are no records of recommendations for  
2 immunization or parental refusal of vaccines.

3 3.3.2 Patient C is a now 7-year-old male. He was admitted to Randall Children's  
4 Hospital in August 2013 at approximately 10 weeks of life with fever and a diagnosis of  
5 Kawasaki's disease. Licensee saw Patient C in clinic for three days in clinic with fever.  
6 Though Dr. Thomas reevaluated Patient C daily and sent repeated labs, he made a clinical  
7 decision to treat a febrile child a less than 3 months old with intramuscular ceftriaxone on  
8 the basis of a "bagged" and not catharized urine sample and in the absence of blood  
9 cultures. Any child of this age is at higher risk for serious bacterial infection (late onset  
10 group B strep, pneumococcal bacteremia, urinary tract infection, pneumonia, meningitis)  
11 as well as inflammatory illnesses such as Kawasaki's disease. Licensee breached the  
12 standard of care by failing to refer Patient C to the Emergency Room or hospital for  
13 definitive lab testing (guided bladder tap, blood cultures done with bedside ultrasound,  
14 possible lumbar puncture) and observation. Licensee's management of Patient C's illness  
15 in clinic breached the standard of care. Patient C remained non immunized for pertussis  
16 and subsequently contracted pertussis when his older brother, Patient C, became ill with  
17 pertussis on September 24, 2018.

18 3.3.3 Patient D, a now 9-year-old male, was completely non-immunized.  
19 Patient D sustained a large, deep scalp laceration at home in a farm setting on August 8,  
20 2017, and was treated with colloidal silver and with his parents suturing the wound  
21 independently. Patient D subsequently developed acute tetanus requiring intubation,  
22 tracheotomy, feeding tube placement and an almost two- month ICU stay at Doernbecher  
23 Children's Hospital. Patient D was then transferred to Legacy Rehabilitation. Licensee  
24 saw Patient D for follow-up in clinic on November 17, 2017. Licensee's notes  
25 documented a referral to a homeopath, recommendation of fish oil supplements, and  
26 "phosphatidyl seine." He did not document an informed consent discussion about the  
27 risk/benefit of immunization for a child who had just sustained and still had sequelae of,

1 and remained vulnerable despite prior infection, to tetanus, a life-threatening and  
2 disabling disease that is preventable by proper vaccination. Licensee's care placed Patient  
3 D at serious risk of harm and constitutes gross negligence.

4 3.3.4 Patient E is a 10-year-old female who received minimal immunization in  
5 Licensee's clinic. She required hospitalization for rotavirus gastroenteritis in April 2011.  
6 This was potentially a vaccine-preventable hospitalization. She also had a severe cough  
7 and was treated empirically for pertussis without testing by another physician who was  
8 working in Licensee's clinic. The care provided to Patient E in Licensee's clinic  
9 breached the standard of care and exposed the patient to the serious risk of harm.

10 3.3.5 Patient F is a 7-year-old female who Licensee followed in clinic for  
11 constipation, food allergies, mold allergies and possible "chronic Lyme disease. Review  
12 of her chart from Licensee's clinic reveals that she was nonimmunized. Licensee ordered  
13 repeated IgE allergy panels and recommended elimination diets, vitamin supplements and  
14 provided antibiotics for acute infections. Licensee failed to provide an appropriate  
15 referral to a pediatric gastroenterologist to exclude a diagnosis of malabsorption or celiac  
16 disease, a referral to pediatric allergy/immunology or to pediatric nutrition. Licensee's  
17 neglect to seek consultative support and oversight, and his failure to address Patient F's  
18 lack of immunizations, placed the health of this patient at serious risk and was grossly  
19 negligent.

20 3.3.6 Patient G and Patient H, twins, were born at 35 weeks gestation. They had  
21 no chronic medical conditions that would justify medical immunization exemptions.  
22 Both Patient G and Patient H became infected with rotavirus gastroenteritis when they  
23 were 10 months of age. They were suffering from severe dehydration and serum  
24 electrolyte abnormalities and required five days of hospitalization (April 25-30, 2019) at  
25 an area children's hospital. Rotavirus infection is fully vaccine-preventable. Licensee's  
26 clinic chart contains documentation of parental refusal of vaccines, but they are  
27 inconsistent regarding specific vaccines and their timing. In addition, Patient G and

1 Patient H's mother stated during hospitalization that she thought her children had  
2 received rotavirus vaccine. Failure to adequately document specific parental refusal and  
3 lack of providing parental clarity constitute acts of negligence.

4 3.4 Licensee provided a spreadsheet to the Board containing deidentified data  
5 describing a study of antibody responses to a single dose of MMR vaccines. Licensee obtained  
6 serum antibody levels ("titers") to measles, mumps, and rubella on 905 patients between  
7 February 17, 2002, and July 23, 2015. Except for rare cases of suspected immune deficiency,  
8 there is no clinical indication for assessment of antibody titers. The ordering of unnecessary  
9 testing is a violation of ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in  
10 ORS 677.188(4)(c) willful and repeated ordering or performance of unnecessary laboratory tests.

11 3.5 In Licensee's data sheet, 122 patients are identified as having had an inadequate  
12 response to the mumps vaccine. Of these, 32 are identified as having received the appropriate  
13 second dose of mumps vaccine. The remaining 90 are identified as having received no  
14 additional vaccination. Regardless of antibody titers, the standard of care requires a second dose  
15 of the recommended MMR vaccination. Licensee failed to ensure these patients were given the  
16 required second dose of MMR as soon as he obtained the test results. Knowingly leaving these  
17 children inadequately protected against a preventable, potentially debilitating illness constitutes  
18 90 acts of gross and repeated negligence in violation of ORS 677.190(13) and constitutes  
19 unprofessional or dishonorable conduct in violation of ORS 677.190(1)(a), as defined in ORS  
20 677.188(4)(a) any conduct or practice which does or might constitute a danger to the health or  
21 safety of a patient or the public.

22 4.

23 The Board has determined from the evidence available at this time that Licensee's  
24 continued practice of medicine would pose an immediate danger to the public and to his patients.  
25 Therefore, it is necessary to immediately suspend his license to practice medicine. To do  
26 otherwise would subject Licensee's patients to the serious risk of harm while this case remains  
27 under investigation.



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5.

Licensee has a right to a formal hearing to contest this suspension order. To have a hearing, Licensee must request one in writing. If requested, the hearing will be held pursuant to ORS chapter 183. Licensee has the right to demand the hearing be held as soon as practicable after the Board receives the written request. The written request for hearing must be received within 90 days from the date this order is served on Licensee personally or mailed by certified mail. Licensee will be notified of the time, place and date of hearing. Failure by Licensee to timely request a hearing, failure to appear at any hearing scheduled by the Board, withdrawal of the request for hearing, or failure to appear at any hearing scheduled by the Board on time will constitute waiver of the right to a contested case hearing. In that event, the record of proceeding to date, including Licensee's file with the Board and any information on the subject of the contested case, automatically becomes a part of the contested case record for the purpose of proving a prima facie case per 183.417(4) and this emergency suspension order.

6.

**NOTICE TO ACTIVE DUTY SERVICEMEMBERS:** Active duty Servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>. The Oregon Military Department does not have a toll-free telephone number.

IT IS SO ORDERED THIS 4th day of December, 2020.

OREGON MEDICAL BOARD  
State of Oregon

  
KATHLEEN HARDER, MD  
BOARD CHAIR



# Oregon

Tina Kotek, Governor

## Medical Board

1500 SW 1<sup>st</sup> Avenue, Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2669

[www.oregon.gov/omb](http://www.oregon.gov/omb)

### Certification of True Copy

I certify that the enclosed 3 paged document is a true and correct copies of the originals on file with the Oregon Medical Board.

Signature

Date

Annievi Aquiningoc

Accounting and Records Clerk



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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of  
PAUL NORMAN THOMAS, MD  
LICENSE NO. MD15689

} STIPULATED ORDER  
}  
}

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. Paul Norman Thomas, MD (Licensee) is a licensed physician in the State of Oregon.

2.

On June 3, 2021, Licensee entered into an Interim Stipulated Order with the Board in which he agreed to voluntarily limit his practice to acute care; refrain from engaging in consultations or directing clinic staff with respect to vaccination protocols questions, issues or recommendations; and refrain from performing any research involving patient care pending the completion of the Board's investigation. On November 21, 2021, the Board issued an Amended Complaint and Notice of Proposed Disciplinary Action in which the Board proposed to take disciplinary action against Licensee by imposing the maximum range of potential sanctions identified in ORS 677.205(2), which include the revocation of license, a \$10,000 civil penalty per violation, and assessment of costs, for violations of the Medical Practice Act, specifically: ORS 677.190(1)(a) unprofessional or dishonorable conduct as defined in ORS 677.188(4)(a) any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public; ORS 677.190(9) making false or misleading statements regarding the efficacy of the licensee's treatments; ORS 677.190(13) repeated negligence and gross negligence in the practice of medicine; ORS 677.190(17) willfully violating any provision of this chapter including ORS



1 677.080 knowingly making a false statement or representation on a matter; and failing to comply  
2 with a Board request made under ORS 677.320 (Board investigations); and ORS 677.190(26)  
3 failing to report an adverse action.

4 3.

5 Licensee and the Board desire to settle this matter by the entry of this Stipulated Order.  
6 Licensee understands that he has the right to a contested case hearing under the Administrative  
7 Procedures Act (Oregon Revised Statutes chapter 183), fully and finally waives the right to a  
8 contested case hearing, understands and acknowledges that this order is not subject to judicial  
9 review, and acknowledges and agrees the grounds to petition for the stipulated order to be set  
10 aside under ORS 183.417(3)(b) do not exist in this case, by the signing of and entry of this Order  
11 in the Board's records. Licensee neither admits nor denies, but the Board finds that Licensee  
12 engaged in conduct as described in the November 21, 2021, Complaint and Notice of Proposed  
13 Disciplinary Action, and that this conduct violated the Medical Practice Act, to wit ORS  
14 677.190(1)(a) as defined in ORS 677.188(4)(a); ORS 677.190(9); ORS 677.190(13); ORS  
15 677.190(17); and ORS 677.190(26). Licensee understands that this Order is a public record and  
16 is a disciplinary action that is reportable to the National Practitioner Data Bank and the  
17 Federation of State Medical Boards. Licensee understands the terms of this Order and signs  
18 freely.

19 4.

20 Licensee and the Board agree that the Board will close this investigation and resolve this  
21 matter by entry of this Stipulated Order, subject to the following conditions:

22 4.1 Licensee surrenders his Oregon medical license. Licensee's Oregon medical  
23 license shall be changed to surrendered status effective 60 days from the date this Stipulated  
24 Order is signed by the Board Chair.

25 4.2 Licensee agrees to never reapply for a license to practice medicine in Oregon.

26 4.3 All of Licensee's currently pending administrative matters before the Board are  
27 closed effective the date this Stipulated Order is signed by the Board Chair.

**4.4 The June 3, 2021, Interim Stipulated Order terminates effective the date this Stipulated Order is signed by the Board Chair.**

**4.5 Licensee must obey all federal and Oregon state laws and regulations pertaining to the practice of medicine.**

4.6 Licensee stipulates and agrees that any violation of the terms of this Order shall be grounds for further disciplinary action under ORS 677.190(17).

5.

**This Order becomes effective the date it is signed by the Board Chair.**

IT IS SO STIPULATED this 13<sup>TH</sup> day of SEPTEMBER 2022.

PAUL NORMAN THOMAS, MD

IT IS SO ORDERED this 10th day of October 2022.

OREGON MEDICAL BOARD  
State of Oregon

**ROBERT M. CAHN, MD**  
Board Chair