

BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
)
RENEE ELISABETH GRANDI, MD) ORDER TERMINATING ORDER
LICENSE NO. MD23645) MODIFYING STIPULATED ORDER
)

1.

On October 3, 2019, Renee Elisabeth Grandi, MD (Licensee) entered into a Stipulated Order with the Oregon Medical Board (Board). This Order placed conditions on Licensee’s Oregon medical license to include a prohibition on practicing telemedicine. On March 8, 2020, the Governor of Oregon declared a public health emergency. On May 7, 2020, the Board issued an Order Modifying Stipulated Order which allowed Licensee to practice telemedicine during the declared public health emergency and specifying that the allowance would terminate when the Governor-declared emergency expires. On April 1, 2022, the Governor of Oregon lifted the public health emergency.

2.

The Board hereby terminates the May 7, 2020, Order Modifying Stipulated Order, effective the date this Order is signed by the Board Chair. The October 3, 2019, Stipulated Order remains in full force and effect, including term 4.9 prohibiting Licensee from practicing telemedicine.

IT IS SO ORDERED this 7th day of April, 2022.

OREGON MEDICAL BOARD
State of Oregon



ROBERT M. CAHN, MD
Board Chair

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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
RENEE ELISABETH GRANDI, MD)
LICENSE NO. MD23645) ORDER MODIFYING
STIPULATED ORDER

1.

On October 3, 2019, Renee Elisabeth Grandi, MD (Licensee) entered into a Stipulated Order with the Oregon Medical Board (Board). This Order placed certain conditions on Licensee's Oregon medical license. On March 8, 2020, the Governor of Oregon declared a public health emergency. Term 4.9 of Licensee's Stipulated Order reads:

4.9 Licensee must not practice telemedicine.

2.

Having fully considered the effects of the public health emergency, the Board modifies Term 4.9 of the October 3, 2019, Stipulated Order as follows:

4.9 Licensee must not practice telemedicine.

4.9.1 During the public health emergency declared by the Governor of Oregon on March 8, 2020, Licensee may provide telemedicine services for only established patients who have had an in-person visit with Licensee within the previous 12 months; Licensee may not establish a new physician-patient relationship with a telemedicine visit. Telemedicine services may be provided to Oregon residents who are physically present in Oregon. Providing care to patients located outside of Oregon is subject to the regulations of the state where the patient is located. Licensee must maintain medical records and comply with all other terms of this Order when providing telemedicine services.

1 4.9.2 Term 4.9.1 expires when the Governor-declared emergency is no longer in
2 effect.

3 4.9.3 This Order Modifying Stipulated Order terminates when the Governor-
4 declared emergency is no longer in effect.

5 This modification becomes effective the date this Order is signed by the Board Chair.
6 All other terms of the October 3, 2019, Stipulated Order are unchanged and remain in full force
7 and effect.

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9 IT IS SO ORDERED this 7th day of May, 2020.

10 OREGON MEDICAL BOARD
11 State of Oregon

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13 KATHLEEN M. HARDER, MD
14 Board Chair

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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
)
RENEE ELISABETH GRANDI, MD) STIPULATED ORDER
LICENSE NO. MD23645)
)

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. Renee Elisabeth Grandi, MD (Licensee) is a licensed physician in the State of Oregon.

2.

On May 9, 2019, the Board issued a Complaint and Notice of Proposed Disciplinary Action (Notice) in which the Board proposed taking disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of license, a \$10,000 civil penalty per violation, and assessment of costs, against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a), ORS 677.188(4)(b), and ORS 677.188(4)(c); ORS 677.190(9) making statements that Licensee knew, or with the exercise of reasonable care should know, are false and misleading, regarding skill or efficacy or value of the medicine, treatment or remedy prescribed or administered by Licensee; and ORS 677.190(13) gross or repeated acts of negligence.

3.

Licensee and the Board desire to settle this matter by entry of this Stipulated Order. Licensee understands that she has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the Board's records. Licensee neither admits nor denies, but the Board finds that she

1 engaged in the conduct described in the Notice dated May 9, 2019, and that this conduct violated
2 ORS 677.190(1)(a), as defined by ORS 677.188(4)(a), ORS 677.188(4)(b), and ORS
3 677.188(4)(c); ORS 677.190(9); and ORS 677.190(13). Licensee understands that this Order is a
4 public record and is a disciplinary action that is reportable to the National Practitioner Data Bank
5 and the Federation of State Medical Boards.

6 4.

7 Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order
8 subject to the following terms and conditions:

9 4.1 Licensee is reprimanded.

10 4.2 Licensee must pay a civil penalty of \$2,500.00 within 90 days from the effective
11 date of this Order.

12 4.3 Within 30 days from the date this Order is signed by the Board Chair, Licensee, at
13 her own expense, must enroll to undergo a comprehensive evaluation at the Center for
14 Personalized Education for Professionals (CPEP). Licensee must complete this evaluation
15 within 180 days from the date this Order is signed by the Board Chair. Licensee must sign all
16 necessary releases to allow full communication and exchange of documents and reports between
17 the Board and CPEP. Licensee must ensure CPEP submits the evaluation reports directly to the
18 Board.

19 4.4 In the event that CPEP identifies the need for remedial education, Licensee must
20 contract with CPEP for the development of an education plan within 30 days of receipt of the
21 evaluation report. Licensee must bear the cost of the completion of any CPEP recommendations,
22 the development of an education plan, and any post-education evaluation. Licensee must sign all
23 necessary releases to allow full communication and exchange of documents and reports between
24 the Board and CPEP. Licensee must ensure CPEP submits the education plan and reports
25 directly to the Board.

26 4.5 Licensee must sign the appropriate paperwork indicating that she agrees to enroll
27 in the education plan, and return the signed documents to CPEP within 15 days of approval of
28 the educational plan by the Board's Medical Director. Licensee must successfully complete the

1 CPEP education plan, including any post-education evaluation, within 18 months from the date
2 the educational plan is approved. Licensee must comply with any educational recommendations,
3 practice modifications, and timelines set forth by CPEP. Licensee must bear all costs associated
4 with the approved education plan and any post-education evaluation. Any educational mentor
5 must be pre-approved by CPEP and the Board's Medical Director. Licensee must sign all
6 necessary releases to allow full communication and exchange of documents and reports between
7 the Board, CPEP, and any mentors. Licensee must keep the Board apprised of her compliance
8 with the CPEP education plan throughout its duration.

9 4.6 Licensee must provide the Board with written proof from CPEP upon successful
10 completion of the approved education plan, including successful completion of any post-
11 education evaluation, as defined above.

12 4.7 Licensee must follow the clinical practice guidelines endorsed by the Endocrine
13 Society, including Treatment of Symptoms of the Menopause (November 2015), Diagnosis and
14 Treatment of Primary Adrenal Insufficiency (February 2016), Clinical Practice Guidelines for
15 Hypothyroidism in Adults: Cosponsored by the American Association of Clinical
16 Endocrinologists and the American Thyroid Association (2012), and subsequently endorsed
17 guidelines by the Endocrine Society for treating any patient for adrenal insufficiency or treating
18 any patient with thyroid, estrogen, or progesterone. Licensee must document in the patient chart
19 subjective and objective findings and her clinical reasoning for the treatment plan. Licensee may
20 elect to transfer the care of any patient to a board-certified endocrinologist for treatment for
21 adrenal insufficiency or treatment with thyroid, estrogen, or progesterone.

22 4.8 Licensee's medical practice is subject to random, no notice chart audits and office
23 visits by Board designees.

24 4.9 Licensee must not practice telemedicine.

25 4.10 Licensee must comply with Institutional Review Board requirements before
26 conducting or participating with any patient study or clinical research.

27 4.11 Licensee must obey all federal and Oregon state laws and regulations pertaining
28 to the practice of medicine.

1 4.12 Licensee must inform the Compliance Section of the Board of any and all practice
2 sites, as well as any changes in practice address(es), employment, or practice status within 10
3 business days. Additionally, Licensee must notify the Compliance Section of any changes in
4 contact information within 10 business days.

5 4.13 Licensee stipulates and agrees that any violation of the terms of this Order shall
6 be grounds for further disciplinary action under ORS 677.190(17).

7 4.14 Licensee stipulates and agrees that this Order becomes effective the date it is
8 signed by the Board Chair.

9 IT IS SO STIPULATED THIS 24 day of September, 2019.

10 
11 RENEE ELISABETH GRANDI, MD

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13 IT IS SO ORDERED THIS 30th day of October, 2019.

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15 OREGON MEDICAL BOARD
16 State of Oregon

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18 K. DEAN GUBLER, DO
19 BOARD CHAIR
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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
RENEE ELISABETH GRANDI, MD)
LICENSE NO. MD23645) COMPLAINT & NOTICE OF
PROPOSED DISCIPLINARY ACTION)

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. Renee Elisabeth Grandi, MD (Licensee) is a licensed physician in the State of Oregon.

2.

The Board proposes to take disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), that may include the revocation of license, a \$10,000 civil penalty per violation, and assessment of costs, against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a), unprofessional or dishonorable conduct, as defined by 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 677.188(4)(b) willful performance of any surgical or medical treatment which is contrary to acceptable medical standards, and ORS 677.188(4)(c) administration of unnecessary treatment; employment of outmoded, unproved or unscientific treatments; or otherwise utilizing medical service for diagnosis or treatment which is or may be considered inappropriate or unnecessary; ORS 677.190(9) making statements that Licensee knew, or with the exercise of reasonable care should know, are false and misleading, regarding skill or efficacy or value of the medicine, treatment or remedy prescribed or administered by Licensee; and ORS 677.190(13), gross or repeated acts of negligence.

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Licensee is a board-certified family practice physician practicing in Enterprise, Oregon.

Licensee's acts and conduct alleged to violate the Medical Practice Act follow:

3.1 On June 27, 2017, Patient A, a 60-year-old male patient, consulted with Licensee via teleconference for over an hour, complaining of weight gain, fatigue and muscle weakness. As part of the consultation, Patient A completed a new patient questionnaire. Licensee reviewed Patient A's record and obtained a health history. Licensee conducted a cursory examination via teleconference but never conducted an in-person examination or took vital signs, and did not conduct a mental status examination or otherwise screen for psychiatric illness. Patient A's history included hyperglycemia, hyperlipidemia, anxiety, major depression, mental disorder NOS, and obstructive sleep apnea. His family history included early heart disease and diabetes. Licensee ordered "endocrine blood work and Lyme testing" and initiated treatment with low dose naltrexone (LDN). The lab results were in the normal range and the Lyme test was negative. Licensee's diagnoses for Patient A after the first patient teleconference included "adrenal insufficiency," insomnia due to the mental disorder, and acquired hypothyroidism. During a second teleconference on July 26, 2017, Patient A continued to complain of fatigue and sleep related disorders. Licensee subsequently prescribed lorazepam (Ativan, Schedule IV) 1 mg at bedtime and liothyronine (Cytomel) 5 µg twice a day, and prazosin (Minipress) 1 mg, 1 - 2 capsules at bedtime. Patient A subsequently complained that taking Cytomel was causing diarrhea and stomach issues. In response, Licensee recommended that Patient A stop taking Cytomel. On September 7, 2017, Patient A reported that he had restarted taking Cytomel. Licensee recommended that Patient A try exercise, acupuncture and a naturopath, but had no later contact with Patient A. Licensee breached the standard of care by making a diagnosis of adrenal insufficiency that was not supported by laboratory or clinical findings, and initiated treatment with medications that were not indicated. In addition, Licensee ignored patient complaints that could be indicators of serious health issues, such as sleep apnea, heart disease or a psychiatric condition. Licensee's conduct violated ORS 677.190(1)(a), unprofessional or

1 dishonorable conduct, as defined by ORS 677.188(4)(a) any conduct or practice contrary to
2 recognized standards of ethics of the medical profession or any conduct or practice which does
3 or might constitute a danger to the health or safety of a patient or the public, ORS 677.188(4)(b)
4 willful performance of any surgical or medical treatment which is contrary to acceptable medical
5 standards, and ORS 677.188(4)(c); administration of unnecessary treatment; employment of
6 outmoded, unproved or unscientific treatments; or otherwise utilizing medical service for
7 diagnosis or treatment which is or may be considered inappropriate or unnecessary; ORS
8 677.190(9) making statements that Licensee knew, or with the exercise of reasonable care should
9 know, are false and misleading, regarding skill or efficacy or value of the medicine, treatment or
10 remedy prescribed or administered by Licensee; and ORS 677.190(13), gross or repeated acts of
11 negligence.

12 3.2 The Board subsequently conducted a review of patient charts (Patients B - E).
13 The Board's review revealed that Licensee diagnosed all of these patients with adrenal fatigue
14 (or adrenal insufficiency) and hypothyroidism, and treated every patient with an adrenal support
15 supplement (Cytzyme AD) and Cytomel, and often included low doses of naltrexone, when the
16 lab reports and clinical findings did not support her diagnoses. Licensee also ignored potential
17 psychiatric pathologies of her patients. Licensee's pattern of practice reveals that she focused on
18 a narrow template of diagnoses (most commonly adrenal insufficiency and hypothyroidism) that
19 were not supported by medical science. Licensee's conduct, subjected Patients B – E to the risk
20 of harm, and constituted unprofessional or dishonorable conduct, in violation of ORS
21 677.190(1)(a), as defined by ORS 677.188(4)(a) any conduct or practice contrary to recognized
22 standards of ethics of the medical profession or any conduct or practice which does or might
23 constitute a danger to the health or safety of a patient or the public, ORS 677.188(4)(b) willful
24 performance of any surgical or medical treatment which is contrary to acceptable medical
25 standards, and ORS 677.188(4)(c); administration of unnecessary treatment; employment of
26 outmoded, unproved or unscientific treatments; or otherwise utilizing medical service for
27 diagnosis or treatment which is or may be considered inappropriate or unnecessary; ORS

1 677.190(9) making statements that Licensee knew, or with the exercise of reasonable care should
2 know, are false and misleading, regarding skill or efficacy or value of the medicine, treatment or
3 remedy prescribed or administered by Licensee; and ORS 677.190(13), gross or repeated acts of
4 negligence. Specific concerns in regard to patient care are identified in the paragraphs below.

5 3.2.1 Patient B, a 47-year-old female, presented to Licensee for symptoms of
6 fatigue. Patient B underwent extensive laboratory testing that indicated no sign of
7 adrenal insufficiency and normal thyroid function. Nevertheless, Licensee diagnosed
8 Patient B with adrenal insufficiency and hypothyroidism. Without clinical justification
9 and in breach of the standard of care, Licensee began Patient B on Cytozyme, reportedly
10 an adrenal supplement, and Cytomel. Licensee's conduct was negligent and violated
11 ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), (b), and (c); and ORS 677.190(9).

12 3.2.2 Patient C, a 23-year-old female, presented to Licensee in July 2017 with
13 complaints of obesity and insomnia. Licensee performed extensive laboratory studies
14 that were normal except for a vitamin D level of 24 (below normal level). Licensee
15 diagnosed Patient C with hypothyroidism, adrenal insufficiency and vitamin D
16 deficiency. Without clinical justification and in breach of the standard of care, Licensee
17 prescribed an excessive dosage of vitamin D 10,000 units daily for 4 months, as well as
18 Cytomel and Cytozyme. Licensee's conduct was negligent and violated ORS
19 677.190(1)(a), as defined in ORS 677.188(4)(a), (b), and (c); and ORS 677.190(9).

20 3.2.3 Patient D, a 24-year-old female, presented to Licensee with symptoms of
21 fatigue. Licensee performed extensive laboratory studies in 2017 that were normal
22 except for a vitamin D level of 29 (below normal level). Licensee diagnosed Patient D
23 with adrenal insufficiency and vitamin D deficiency. Without clinical justification and in
24 breach of the standard of care, Licensee prescribed an excessive dosage of vitamin D
25 10,000 units daily for three months and Cytozyme. Licensee began the patient on
26 Cytomel in February 2018 for symptoms of fatigue even though thyroid studies were

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1 normal. Licensee's conduct was negligent and violated ORS 677.190(1)(a), as defined in
2 ORS 677.188(4)(a), (b), and (c); and ORS 677.190(9).

3 3.2.4 Patient E, a 64-year-old female, presented to Licensee in June 2017. The
4 patient had a history of a lymphoproliferative disorder. Licensee performed extensive
5 laboratory testing, which reflected normal results. Without clinical justification and in
6 violation of the standard of care, Licensee treated Patient E for adrenal insufficiency and
7 hypothyroidism with Cytozyme and Cytomel. Licensee's conduct was negligent and
8 violated ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), (b), and (c); and ORS
9 677.190(9).

10 3.2.5 Licensee's treatment of Patients B – E as described in the foregoing
11 summaries of care constitutes repeated acts of negligence, in violation of ORS
12 677.190(13) gross or repeated acts of negligence.

13 4.

14 Licensee is entitled to a hearing as provided by the Administrative Procedures Act
15 (chapter 183), Oregon Revised Statutes. Licensee may be represented by counsel at the hearing.
16 If Licensee desires a hearing, the Board must receive Licensee's written request for hearing
17 within twenty-one (21) days of the mailing of this Notice to Licensee. Upon receipt of a request
18 for a hearing, the Board will notify Licensee of the time and place of the hearing.

19 5.

20 5.1 If Licensee requests a hearing, Licensee will be given information on the
21 procedures, right of representation, and other rights of parties relating to the conduct of the
22 hearing as required under ORS 183.413(2) before commencement of the hearing.

23 5.2 In the event of a hearing, the Board proposes to assess against Licensee the
24 Board's costs of this disciplinary process and action, including but not limited to all legal costs
25 from the Oregon Department of Justice, all hearing costs from the Office of Administrative
26 Hearings, all costs associated with any expert or witness, all costs related to security and

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1 transcriptionist services for the hearing, and administrative costs specific to this proceeding in an
2 amount not to exceed \$30,000.00, pursuant to ORS 677.205(2)(f).

3 6.


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

10 7.

11 Failure by Licensee to timely request a hearing or failure to appear at any hearing
12 scheduled by the Board will constitute waiver of the right to a contested case hearing and will
13 result in a default order by the Board, including the revocation of her medical license and
14 assessment of such penalty and costs as the Board deems appropriate under ORS 677.205. If a
15 default order is issued, the record of proceeding to date, including Licensee's file with the Board
16 and any information on the subject of the contested case automatically becomes a part of the
17 contested case record for the purpose of proving a prima facie case per ORS 183.417(4).

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19 DATED this 9th day of May, 2019.

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21 OREGON MEDICAL BOARD
22 State of Oregon

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24 _____
25 NICOLE KRISHNASWAMI, JD
26 EXECUTIVE DIRECTOR
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