

IN AND BEFORE THE OKLAHOMA BOARD OF  
MEDICAL LICENSURE AND SUPERVISION

JK  
MK  
U

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel., )  
OKLAHOMA BOARD OF )  
MEDICAL LICENSURE AND )  
SUPERVISION, )

Plaintiff, )

vs. )


CASE NO. 97-07-1913

~~MICHAEL BEASON, M.D.,~~ )  
Medical License No. ~~14702,~~ )

Defendant. )

**AMENDED**  
**VOLUNTARY SUBMITTAL**  
**TO JURISDICTION AND ORDER**

NOW ON THIS ~~11<sup>th</sup> day of September, 1997,~~ there comes on before the Oklahoma State Board of Medical Licensure and Supervision, the above styled and numbered cause of action. The Defendant, Michael Beason, M.D., the undersigned, states that he is of sound mind and not under the influence of any medication or drug or impaired thereby and that the Defendant fully recognizes his right to appear before the Oklahoma State Board of Medical Licensure and Supervision, for evidentiary hearing on the allegations against the Defendant herein. Of his own volition and decision, the Defendant waives his right to appear before the Oklahoma State Board of Medical Licensure and Supervision for a full hearing and pleads no contest to the allegations as set forth in the Complaint. Further, the Defendant, Michael Beason, M.D., believes that a hearing before the Oklahoma State Board of Medical Licensure and Supervision would result in some sanction invoked by the Board under the Medical and Surgical Licensure and Supervision Act. Therefore, Defendant, Michael Beason, M.D., hereby voluntarily and of his own volition submits to the jurisdiction

of the Board, acknowledges the allegations herein and agrees to abide by the conditions and terms of the Order. 

### FINDINGS OF FACT

1. That Michael Beason, M.D., License No. 14702, is in violation of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S. Supp. 1996, Sec. 509 (5) and (16), to-wit:

"(5). Habitual intemperance or the habitual use of habit-forming drugs."

"(16). The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition."

2. That Defendant Beason is also in violation of the rules and regulations promulgated by this Board, specifically Rule 435:10-7-4, paragraphs (3), (17), and (40), to wit:

"(3). The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient."

"(17). Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety."

"(40). The inability to practice medicine and surgery with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition."

3. That Defendant was admitted to Rush Behavioral Center on or around June 13, 1997, for in-patient treatment for substance abuse and was released approximately August 26, 1997.

S

CONCLUSIONS OF LAW

1. The Oklahoma State Board of Medical Licensure and Supervision has jurisdiction in the matter.

2. The Defendant, by reason of the above facts, is in violation of 59 O.S. Supp. 1996, Sec. 509 (5) and (16), to wit:

"(5). Habitual intemperance or the habitual use of habit-forming drugs."

"(16). The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition."

3. That Defendant Beason is also in violation of the rules and regulations promulgated by this Board, specifically Rule 435:10-7-4, paragraphs (3), (17), and (40), to wit:

"(3). The habitual or excessive use of any drug which impairs the ability to practice medicine with reasonable skill and safety to the patient."

"(17). Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety."

"(40). The inability to practice medicine and surgery with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition."

S

ORDER

IT IS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision that:

1. The Defendant, Michael Beason, holding License No. 14702, shall be placed on probation to the Oklahoma State Board of Medical Licensure and Supervision for a period of five (5) years under the following terms and conditions:

(a) Defendant will conduct his practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as interpreted by the Oklahoma State Board of Medical Licensure and Supervision. Any question of interpretation regarding said Act shall be submitted in writing to the Board and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Oklahoma State Board of Medical Licensure and Supervision.

(b) During the period of probation, Defendant will furnish to each and every state in which he holds licensure or applies for licensure and hospitals, clinics or other institutions in which he holds or anticipates holding any form of staff privilege, a copy of the Board Order stipulating sanctions imposed by the Board.

(c) During the period of probation Defendant will submit biological fluid specimens to include, but not limited to blood and urine, for analysis, upon request of the Board or its designee, and Defendant will pay for the analysis thereof.

(d) During the period of probation, Defendant will not prescribe, administer or dispense any medications for personal use.

(e) During the period of probation, Defendant will take no medication except that which is authorized by a physician treating him for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating him of the Board Order immediately upon initiation of treatment.

(f) During the period of probation, Defendant will abide by the post care contract from Rush Behavioral Center (attached).

(g) During the period of probation, Defendant will keep the Board informed of his current address.

(h) During the period of probation Defendant will keep current payment of all assessment by the Board for prosecution, investigation and monitoring of his case.

(i) Until such time as all indebtedness to the Board has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.

(j) During the period of probation, Defendant will request all hospitals in which he anticipates practice to furnish to the Oklahoma State Board of Medical Licensure and Supervision, a written statement regarding monitoring of his practice while performing services in or to that hospital.

(k) During the period of probation, Defendant will abstain from consuming alcohol or any substance, specifically including but not limited to controlled dangerous substances, which would adversely affect his ability to practice medicine or

surgery as interpreted by the Oklahoma State Board of Medical Licensure and Supervision.

(l) As a condition of this probation Defendant cannot supervise a Physician Assistant.

(m) Defendant shall appear before the Board or a designated member thereof whenever requested to do so.

(n) That when Defendant obtains employment or a position to practice medicine and surgery that such information be immediately presented to the Board staff for its acceptance and approval.

(o) Violation of any of the terms and conditions of probation shall be grounds for additional charges to be presented to the Board after notice to the Defendant.

2. That the jurisdiction of the Board in this individual proceeding will continue until the terms and conditions of probation are modified or lifted by the Oklahoma Board of Medical Licensure and Supervision on their own motion or on the motion of the Defendant.

3. Failure to meet any of the above terms of probation will constitute cause for the Board to initiate additional proceedings to suspend or revoke Defendant's Oklahoma Medical License, after additional due notice and hearing.

Michael Beason  
MICHAEL BEASON, M.D.

8-3-98  
Date

Gerald Zumwalt  
GERALD C. ZUMWALT, M.D.  
Secretary/Medical Advisor

4-23-78  
Date



RUSH BEHAVIORAL HEALTH CENTER-DuPAGE

CADUCEUS AFTERCARE AGREEMENT

I, Michael Beason having completed the primary treatment phase of the Rush Behavioral Health Professional's Program, agree to the following terms concerning my on-going aftercare and monitoring. I understand that Rush Behavioral Health will act in an advocacy capacity regarding my professional standing so long as I adhere to the following conditions:

1. The terms of this contract shall be in effect for a period of twenty months from the contract date.
2. I agree to enroll in and abide by the conditions of my State Professional's Assistance Program under the direction of: Harold Theissen, M.D., Interim Director, Oklahoma, PRN.
3. I agree to practice my profession in the following location (specify profession, specify type of practice and location):

Profession: Physician  
Type of practice: OBGYN  
Location: \_\_\_\_\_

4. I agree to the following terms concerning the prescribing or handling of mood-altering chemicals: N/A
5. I agree to the following restrictions or conditions regarding my professional practice: \_\_\_\_\_

6. I agree to provide urine toxicology screens at a frequency indicated below or whenever requested by Rush Behavioral Health, the State Professional's Assistance Program, or my primary care physician. The urine-monitoring shall be random, observed, and performed through an approved agency. (Specify which facility will be handling the monitoring and frequency of drops.

Facility: TBA  
Frequency: 2x per week for first 6 months, thereafter as mandated by Oklahoma, PRN for a period of five years.  
Monitor: Mark Lynn, M.D. (405) 525-6869

7. If forms need to be sent, such as quarterly reports, toxicologies, etc. please state which forms need to be sent and frequency of mailing:  
(It is the patient's responsibility to set up appointments for office visits.)

Forms: \_\_\_\_\_

If this information changes, please contact the M.D. Secretary at Rush Behavioral Health at (630) 969-7300.

8. I agree to obtain a primary care physician who will assume responsibility for my medical health maintained. Preferably one knowledgeable about addiction.

Primary Physician: Harold Theissen, M.D. or his designate  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

9. I agree to the following recommendations concerning individual therapy, family therapy, or halfway house placement: Group therapy/individual work with S.O.

10. I agree to attend the following professional's monitoring and support group:  
Caduceus, Monday, 7:00 p.m., under the direction of the Oklahoma Medical Center.

11. I agree to attend a recovery self-help group and obtain a sponsor. (Indicate self-help group and frequency): AA/NA 5-7 meetings per week.

12. I agree to take responsibility for expenses associated with treatment and aftercare.

13. I agree to meet with my Rush Behavioral Health aftercare coordinator on a quarterly basis, or as indicated. If located outside the area, indicate type and frequency of aftercare contact: \_\_\_\_\_

14. I agree to attend the Rush Behavioral Health-DuPage Alumni Renewal on the following dates: October 13, 14, 1997.

15. I agree to abstain from the use of all mood-altering chemicals, except as prescribed by my primary or treating physicians, and whenever possible, in consultation with my supervising physician at Rush Behavioral Health at the earliest opportunity. Further, I agree to a policy of not self-prescribing medications for any reason.

16. I agree to notify Rush Behavioral Health immediately in the event of a relapse.



5

17. I understand that failure to comply with the terms of this contract may result in termination of professional advocacy, and that the appropriate monitoring agencies will be informed as necessary.

Michael Pearson 8.26.97  
Signature of Caduceus Enrollee Date

Address: 1492 Augusta ADA OK 78501  
Street City State Zip Code

Home Phone: 405-436-4045 Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

Special Instructions for Caller: \_\_\_\_\_

Christy Lee, M.A., C.I., R.A., C.A.P. 8.26.97  
Signature of Primary Counselor Date

[Signature] 8-28-97  
Signature of Supervising Physician Date

First appointment scheduled with on: \_\_\_\_\_ with \_\_\_\_\_  
(Date) (Rush Physician)