

read and understands the terms and conditions stated herein, and that this Agreement has been reviewed and discussed with him and his legal counsel.

PARTIES' AGREEMENT AND STIPULATIONS

Plaintiff, Defendant and the Board staff stipulate and agree as follows:

Findings of Fact

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.* The Board has jurisdiction over this matter, and notice has been given in all respects in accordance with law and the rules of the Board.

2 Defendant, Bruce Stewart Gilmore, M.D., holds Oklahoma license no. 15474

3. On or about June 29, 2000, a Complaint was filed against Defendant based upon excessive prescribing and narcotics laws violations. On or about January 25, 2001, a Final Order of Suspension was entered by this Board whereby Defendant was suspended indefinitely pending completion of a treatment program approved by the Board, to include psychiatric evaluation, substance abuse evaluation and fitness to practice evaluation. Defendant subsequently completed the requirements of the Board and on May 3, 2001, the Board entered an Order Granting Reinstatement of License Under Terms of Probation.

4. The Order Granting Reinstatement of License Under Terms of Probation sets forth Defendant's five (5) year term of probation beginning May 3, 2001, and provides as follows:

- C. Defendant will not prescribe, administer or dispense any medications for personal use or for that of any family member.
- E. Defendant shall abide by his post care contract with the Oklahoma Physicians Recovery Program and all recommendations of Rush Behavioral Health, and shall attend a minimum of one (1) Caduceus meeting and three (3) 12-Step meetings per week.
- G. 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 or continuation of treatment.
- H. Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.

- I. Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for substance abuse.
2. Failure to meet any of the terms of this Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify Defendant's license after due notice and hearing.
5. The provisions cited above have not been modified or deleted but remain in full force and effect as terms and conditions of Defendant's probation.
6. On January 15, 2002, Defendant provided an observed urine specimen at the request of Tom Sosbee, Compliance and Education Coordinator for the Board. The urine specimen subsequently tested positive for Hydrocodone.
7. On January 29, 2002, Defendant provided an observed urine specimen at the request of Tom Sosbee, Compliance and Education Coordinator for the Board. The urine specimen subsequently tested positive for Hydrocodone.
8. Defendant is guilty of unprofessional conduct in that he
 - A. Habitually uses habit-forming drugs in violation 59 O.S. §509(5) and OAC 435:10-7-4(3).
 - B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).
 - C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39).
 - D. Is unable 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 physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).

Conclusions of Law

1. The Board has jurisdiction and authority over the Defendant and subject matter herein pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act

(the "Act") and its applicable regulations. The Board is authorized to enforce the Act as necessary to protect the public health, safety and welfare.

2. Defendant, Bruce Stewart Gilmore, Oklahoma medical license 15474, is guilty of unprofessional conduct set forth below based on the foregoing facts:

A. Habitually uses habit-forming drugs in violation 59 O.S. §509(5) and OAC 435:10-7-4(3).

B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).

C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39).

D. Is unable 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 physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).

Order

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

1. The Board *en banc* hereby adopts the agreement of the parties in this Voluntary Submittal to Jurisdiction.

2. The license of Defendant, Bruce Stewart Gilmore, M.D., Oklahoma license no. 15474, is hereby **SUSPENDED** beginning February 19, 2002 and continuing for a period of ninety (90) days.

3. Pursuant to the parties' voluntary agreement and submittal to jurisdiction, Defendant shall be placed on **INDEFINITE PROBATION** following his suspension 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. Upon request of the Board Secretary, Defendant will request all hospitals in which he anticipates practicing to furnish to the Board Secretary of 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.

C. 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 or employment, a copy of the Board Order stipulating sanctions imposed by the Oklahoma State Board of Medical Licensure and Supervision.

D. Defendant will not supervise allied health professionals that require surveillance of a licensed physician.

E. Defendant shall obtain and continue both marital therapy and individual supportive psychotherapy from therapists to be approved in advance by the Board Secretary, and shall authorize in writing the release of any and all records of that treatment to the Board or its designee. Defendant shall obtain individual psychotherapy no less than two (2) times per week. Defendant shall provide quarterly reports of Defendant's treatment from his therapists to the Board Secretary for his review.

F. Defendant will submit biological fluid specimens to include, but not limited to, blood and urine, for analysis, upon request of the Oklahoma State Board of Medical Licensure and Supervision or its designee, and Defendant will pay for the analysis thereof. For the first six (6) months of probation, Defendant will submit to weekly tests.

G. Defendant will not prescribe, administer or dispense any medications for personal use or for that of any family member.

H. 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, or continuation of treatment.

I. Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.

J. Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Consultant or other Board designee to obtain copies of medical records and authorize the Compliance Consultant or other Board designee to discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

K. Defendant shall have no access to any samples of mood altering substances in his office.

L. Defendant will abide by the terms and recommendations of his postcare contracts with Rush and the Physicians' Recovery Program, copies of which are attached hereto, including psychiatric treatment or counseling with a doctor or therapist approved by the Oklahoma State Board of Medical Licensure and Supervision. Defendant will authorize in writing the release of any and all records of that treatment to the Oklahoma State Board of Medical Licensure and Supervision and will authorize the Compliance Consultant to the Board to discuss his case and treatment with the individuals providing Defendant's treatment.

M. Defendant shall attend ninety (90) 12 Step meetings in ninety (90) days. Thereafter, Defendant will attend five (5) meetings per week of a local 12-step program.

N. Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for substance abuse.

O. Defendant shall promptly notify the Board of any citation or arrest for traffic or for criminal offenses involving substance abuse.

P. Defendant will keep the Oklahoma State Board of Medical Licensure and Supervision informed of his current address.

Q. Defendant will keep current payment of all assessments by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of his case, which shall include but is not limited to a one hundred dollar (\$100.00) per month fee during the term of probation, unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.

R. Until such time as all indebtedness to the Oklahoma State Board of Medical Licensure and Supervision has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.

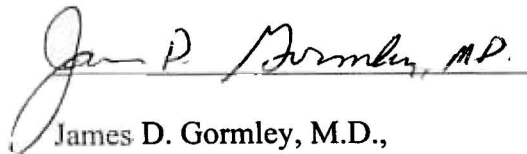
S. Defendant shall make himself available for one or more personal appearances before the Board or its designee upon request.

T. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or designee.

U. Failure to meet any of the terms of this Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify Defendant's license after due notice and hearing.

4. This Voluntary Submittal to Jurisdiction and Order will go into effect, Defendant's suspension will be lifted, and his license will be reinstated only upon payment in full of all costs and expenses incurred by the State of Oklahoma prior to March 15, 2002.

Dated this 13th day of March, 2002.

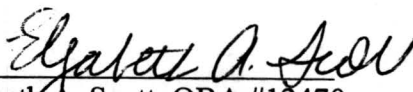


James D. Gormley, M.D.,
Vice-President
Oklahoma State Board of
Medical Licensure and Supervision

AGREED AND APPROVED



Bruce Stewart Gilmore, M.D.
License No. 15474



Elizabeth A. Scott, OBA #12470
Assistant Attorney General
State of Oklahoma
5104 N. Francis, Suite C
Oklahoma City, OK 73118



Bob Carpenter
217 N. Harvey, Suite 100
Oklahoma City, OK 73102

Attorney for Defendant

Attorney for the Oklahoma State
Board of Medical Licensure and
Supervision

CERTIFICATE OF MAILING

I certify that on the 15 day of March, 2002, a mailed a true and correct copy of the Order Accepting Voluntary Submittal to Jurisdiction to Bob Carpenter, 217 N. Harvey, Suite 100, Oklahoma City, OK 73102.



Janet Owens



RUSH BEHAVIORAL HEALTH CENTER-DuPAGE

CADUCEUS AFTERCARE AGREEMENT

I, **Bruce Gilmore**, 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:

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: Dr. Harold Thiessen.

3. I agree to practice my profession in the following location (specify profession, specify type of practice and location):

Profession: Doctor

Type of practice: Internal Medicine

Location: _____

4. I agree to the following terms concerning the prescribing of handling of mood-altering chemicals: N/A.

5. I agree to the following restrictions or conditions regarding my professional practice: N/A at the present time. A monitor may be mandated by the Oklahoma State Medical Board of Licensure and Supervision.

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: To be arranged with Dr. Thiessen

Frequency: 1x/week, to be reviewed at 6 month intervals

Monitor: Dr. Thiessen

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- 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:

Forms: _____

Frequency of mailing: _____

Name: _____

Address: _____

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: James Males, M.D.Address: Oklahoma CityPhone: 405-951-4160

- 9 I agree to the following recommendations concerning individual therapy, family therapy, or halfway house placement: Tony Ernst, individual therapy; Craig, Tutton, M.D., 580-224-0331, marital therapy and med management

- 10 I agree to attend the following professional's monitoring and support group: Caduceus - Oklahoma Impaired Physicians Program.

I agree to attend a recovery self-help group and obtain a sponsor. (Indicate self-help group and frequency): AA 3x/per week.

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

- 3 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: Patient will return on or about 7/13/01. Patient will call to confirm appointment.

- ~~14~~ I agree to attend the Rush Behavioral Health-DuPage Alumni Renewal on the following dates: _____

- 5 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.

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Caduceus Aftercare Contract
Page 3.

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.

Bruce Johnson 4/3/01
Signature of Caduceus Enrollee

Address: 830 FRANKLIN DRIVE ARMORIS OK 73401
City State

Home Phone: 580 226 4259 Work Phone: 580 223 5311

Pager: _____ Other: _____

Special Instructions for Caller: _____

[Signature] 4/3/01
Signature of Primary Counselor Date

[Signature] 4/4/01
Signature of Supervising Physician Date

First appointment scheduled with on: _____ with _____
(Date) (Rush Physician)

pho # 941-354-2 2