



applicable regulations, 59 O.S. 2011 § 480, *et seq.* The Board is authorized to enforce the Act as necessary to protect the public health, safety and welfare. Notice of this proceeding was given in all respects in accordance with law and the rules of the Board.

2. On March 24, 2015 the Board filed a Complaint against the Defendant for alleged violations of unprofessional conduct, including impermissible prescribing of controlled and dangerous substances (“CDS”) from her office located in Tulsa, Oklahoma, failing to provide a proper and safe medical facility and qualified assistive personnel, and failing to maintain accurate medical records. The Complaint also contained a request for an emergency hearing to temporarily suspend the Defendant’s medical license due to an emergency pursuant to 59 O.S. 2011, § 503.1. The Board Secretary entered an Order setting the matter for an emergency hearing on March 30, 2015. An emergency proceeding was held before the Board’s Secretary, resulting in the Secretary issuing an Order temporarily suspending the Defendant’s license to practice medicine on March 30, 2015. On May 14, 2015, this Board, *en banc*, after hearing evidence and testimony, entered an Order continuing the emergency suspension of the Defendant’s license pending a full hearing of the Complaint. The emergency order executed by the Board Secretary on March 24, 2015 is attached hereto as **Exhibit “1”**, and this Board’s Order Continuing the emergency suspension of the Defendant’s license filed May 21, 2015, are attached hereto as **Exhibit “2”** and incorporated herein by reference.

#### SUMMARY OF THE PERTINENT EVIDENCE

3. The following exhibits were introduced and admitted at the Board hearing on November 5, 2015, and reviewed and considered by the Board in rendering its decision:

- a. State Exhibit, without Number: Final Order Including Findings of Fact and Conclusions of Law, filed September 25, 2015; *State Bureau of Narcotics and Dangerous Drugs Control, et al. v. Dr. Tamerlane Rozsa, M.D.*, Case No. SCH-2015-0008, which is attached hereto as **Exhibit “3”** and incorporated herein by reference;
- b. State Exhibit 1: Photographs of Dr. Rozsa’s clinic; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000001-000017)
- c. State Exhibit 2: Affidavit of Cindy Spitler, executed March 23, 2015, Environmental Health Specialist, Tulsa Health Department; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000018-000020 and 001042-001044);
- d. State Exhibit 3: Patient chart of F.C.M.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000024-000308);
- e. State Exhibit 4: Patient chart of A.J.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000310-000451);
- f. State Exhibit 5: Patient chart of E.W.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000452-000551);

- g. State Exhibit 6: Patient chart of G.M.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000552-000634);
- h. State Exhibit 7: Patient chart of H.A.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000636-000800);
- i. State Exhibit 8: Patient chart of S.M.; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000804-001041);
- j. State Exhibit 9: St. John Medical Center's Patient chart of Tamerlane Rozsa; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates Nos. 000895-001041);
- k. State Exhibit 11: Copy of forged prescription dated February 12, 2015; titled: *OSMBLS v. Rozsa*, Emergency Hearing 3-30-15 (Bates No. 001055);
- l. Respondent Exhibit No. 1 – Photograph of Dr. Rozsa's office, tile floor.

#### **TESTIMONY OF STEVE WASHBOURNE**

4. Board Investigator Steve Washbourne was called as a witness for the State, and he explained that he has been an investigator for the Board for 24 years; during which he has investigated approximately one thousand cases. He testified regarding the Board investigation in the instant case. Washbourne testified that he was assigned to this case in August of 2014 to investigate the many complaints received by the Board from ex-patients of Dr. Rozsa, ex-employees, family members of current patients and past patients, MDs in the community of Tulsa, law enforcement from the Tulsa area, state law enforcement, federal law enforcement and pharmacies.

5. In particular, Investigator Washbourne reviewed Defendant's prescribing history, and it was revealed that she is a high prescriber of opiates in combination with benzodiazepines and muscle relaxers along with promethazine with codeine, a CDS known by illicit users of the drug as "lean." Washbourne analyzed the prescribing information and determined that in the past three years, Dr. Rozsa was number one in the milliliters prescribed of promethazine with codeine, and she was consistently in the top five on the dosage or the number of prescriptions written to an individual patient in Oklahoma for this CDS.

6. Investigator Washbourne obtained a subpoena for patient medical records and he visited with Dr. Rozsa at her office on multiple occasions. On the first visit, he served a records subpoena. He found Dr. Rozsa very unkempt, wearing stained clothing, very groggy, and the office was a very unclean environment. It had stained carpets, and the exam room was piled with boxes and papers everywhere. Another visit revealed a small dog running loose and an air mattress in the waiting room that Dr. Rozsa admitted to using to sleep on, and an area that is not closed off to the waiting room full of "stuff," including medical pill bottles lying around. Investigator Washbourne testified regarding his knowledge of Dr. Rozsa's stay at St. John's Medical Center in Tulsa, Oklahoma. He testified that Dr. Rozsa's records indicated that skilled nursing was highly recommended. After her inpatient stay at St. John's Medical Center, Washbourne observed Dr. Rozsa in a wheelchair propped up in a blanket and her office. The office was in disarray, and she was still writing prescriptions for CDS. Washbourne offered Dr.

Rozsa the opportunity to execute an Agreement Not to Practice which she declined. Admitted Exhibit 1 is true and accurate photographs of a visit by Investigator Washbourne's to Dr. Rozsa's office on February 20, 2015, objected to by Dr. Rozsa, which was overruled.

7. Exhibits 3, 4, 5, 6, 7, 8 are of patient medical records and Exhibit 9 is the medical record of Dr. Rozsa at St. Johns Medical Center; all were reviewed by Investigator Washbourne, and Dr. Rozsa and admitted without objection.

8. Exhibit 11 is a copy of an alleged forged prescription dated February 12, 2015; that was reviewed by Investigator Washbourne and Dr. Rozsa and admitted without objection. Investigator Washbourne testified that Dr. Rozsa was a patient in St. Johns Center on the date the prescription was written, and when he spoke to her about it, she stated the person it is written to "He's not a patient of mine. That must be a forged prescription because I was in the hospital at that time." *Hearing Transcript* at 41:18-21. Investigator Washbourne further testified that Dr. Rozsa advised him that it had happened before, that prescriptions were taken from her office and forged.

9. On February 26, 2015, Investigator Washbourne offered Dr. Rozsa the opportunity to execute an agreement not to write CDS to protect the public welfare and safety, and again she declined. *Hearing Transcript* at 43:24-44:6.

10. Investigator Washbourne explained "red flags" as:

Red flags for me in this agency has to do with diversion of medications, mainly controlled drugs. *Id.* Transcript at 45:9-11.

Red flags when it comes to diversion of controlled dangerous substances from a medical office are no appointments, no set appointments, a number of people waiting, a combination of those controlled drugs coming out in combinations of opiates, benzodiazepines, muscle relaxers and -- and in this case cough medicine, people coming in together in groups, going to not just one pharmacy but a number of pharmacies.

*Id.* at 46:5-13.

11. Investigator Washbourne testified that some "red flags" occurred at Dr. Rozsa's office. Washbourne stated:

Some of them did occur there. There were combinations of those high dosages of opiates along with benzos and -- and muscle relaxers. There are people that are waiting for hours, we're talking hours on end, from our evidence that we've gathered from other loved ones and patients that have called me and said, "This is what has to happen. They wait for hours and then sometimes she won't come out of her - -"

*Id.* at 46:17-25.

12. Investigator Washbourne testified that his investigation revealed that Dr. Rozsa likes to work at night. *Hearing Transcript* at 47:12-18.

13. Investigator Washbourne testified of his investigation related to the employees working at the office of Dr. Rozsa. In particular, Investigator Washbourne observed that C.M. pulled medical charts for Investigator Washbourne in compliance with a subpoena he served Dr. Rozsa, and then while he was reading the St. Johns Medical Center chart, C.M. was making some medical decisions on her behalf. Upon inquiry, Dr. Rozsa stated: “[C.M.]’s working off some clinical – clinic charges that he owes me,” and is helping her get on Medicare billing. C.M. is a patient of Dr. Rozsa receiving CDS from her. Investigator Washbourne ran his criminal background and it’s quite lengthy. *Hearing Transcript* at 48:1-5. In Tulsa, Oklahoma, C.M. has been arrested for possession of CDS, obtaining CDS by fraud, forgery of a CDS and a weapons charge.

14. Investigator Washbourne testified as to his investigation of employees G.M. and Y.M., both receptionists and patients of Dr. Rozsa, whose information and medical records were obtained by Subpoena. Both received CDS from Dr. Rozsa.

#### **TESTIMONY OF CINDY SPITLER**

15. Cindy Spitler is a Senior Environmental Health Specialist, with the Tulsa City County Health Department. Ms. Spitler appeared by Skype at the hearing on November 5, 2015 to accommodate a recent medical procedure.

16. On or about March 16th, 2015, Ms. Spitler received a complaint about medical waste piling up at the office of Dr. Rozsa. On March 17, 2015, Ms. Spitler visited Dr. Rozsa’s office, and at first found it locked and unoccupied. After contacting the owner for access, Ms. Spitler returned to Dr. Rozsa’s office where she found the parking lot full of people and an armed security guard was at the door. An armed security guard would not allow Ms. Spitler in the building because she was not on the doctor’s list of patients. Ms. Spitler presented her badge and explained that she was there to investigate a complaint about medical waste, however, the security guard still denied her access. An anonymous employee of the building allowed her access when the security guard was not looking. In the office, Ms. Spitler observed Dr. Rozsa seeing patients from a medical bed by the window. A man with a clipboard was taking names, there were no lights on in the room – the only light was from a south-facing window where the medical bed was placed. Ms. Spitler observed that Dr. Rozsa wasn’t completely coherent, that she was having trouble putting sentences together, and looked like she had just gotten out of the hospital – which Dr. Rozsa confirmed in their conversation.

17. Ms. Spitler identified herself to Dr. Rozsa, advised a complaint had been received that medical waste was being stockpiled at her office. Dr. Rozsa said they didn’t create any bio-waste out of her facility, and also said that she has a lab company that comes in and draws people’s blood and that sort of thing – in the same breath contradicting herself. Ms. Spitler asked to access the four closed doors off to the right, and then Dr. Rozsa started screaming: “Get her out of here. Get this woman out of here now.” *Hearing Transcript* at 81:7-8. The security guard started to come over, but was pulled away by something else. Mrs. Spitler asked a patient

what kind of doctor's office this was. She was told "It's a doctor's office." "Just aches and pains, just a regular doctor. People see her for aches and pains."

18. A second anonymous complaint later that day was received advising that three truckloads of medical waste were being removed from Dr. Rozsa's office. On March 17th at 21:36 an email was received that states:

"After the agent from the health department attempted to visit this location today, the employees and patients removed three truckloads of the medical waste red bags from the property. I do not know where they dispose of it. There are cameras that I do not know if they actually work or record what is going on. They are attempting to clean, bleach, dispose of everything before you try to come back."

*Hearing Transcript at 83:16-25.*

19. An Affidavit of Cindy Spitler, with emails attached, was introduced as State's Exhibit #2. The emails attached to Exhibit #2 were objected to by Dr. Rozsa; the entire Exhibit #2 was admitted into evidence.

#### **TESTIMONY OF DR. FRANCOIS DU TOIT**

20. Dr. Francois du Toit testified on behalf of the State as an expert witness. He received graduated from medical school in South Africa in 1985 and has been working for 30 years. He went to England in 1990, then to Canada in 1991 and moved to Oklahoma in 1994 and has been here since. Dr. du Toit is certified in family medicine and is familiar with the standard of care as it relates to prescribing of CDS in the State of Oklahoma.

21. After the State moved to certify Dr. du Toit as an expert, Defense counsel objected to Dr. du Toit as an expert witness on the grounds that he had not testified in a proceeding before as an expert and therefore was not qualified. This objection was overruled and the Board and determined Dr. du Toit is a qualified expert to render testimony in this proceeding.

22. Dr. du Toit was asked to serve as an expert witness by the State and is paid per the terms of contract for his testimony. He is not a competitor of the Defendant. Dr. du Toit is qualified to render an expert opinion in this matter regarding the standard of care rendered by the Defendant to the patients identified in State Exhibit Nos. 3 through 8.

23. Dr. du Toit reviewed thirteen patient charts at the request of the State and he rendered a professional opinion. State Exhibit Nos. 3 through 8, were presented at the hearing as to the practice of medicine reflected in those charts.

24. With respect to the State Exhibit Nos. 3-8, Dr. du Toit's opinion can be summarized by his following testimony:

Very little clinical information, not enough to justify the prescriptions. In this case there was some MRIs reviewed, but there was no treatment plan. There was

no signed pain management contract in this chart and no justification for the amounts, types, quantities and combination of CDS.

*Hearing Transcript* at 104:10-15.

### **TESTIMONY OF DETECTIVE JO GHO**

25. Detective Jo Gho testified on behalf of the State. He explained that he is a detective with the special investigations division of the Tulsa Police Department, where he has been assigned as a drug diversion investigator for over 20 years.

26. Detective Gho's first interaction with Dr. Rozsa was in the 1990's by way of an investigation with her along with the DEA and OBN referencing her overprescribing of Dilaudid. Through the years, he has had numerous occasions to read reports referencing Dr. Rozsa in reports written by other police officers, as well as telephone calls from police officers, pharmacists and concerned citizens. Detective Gho also heard discussion of Dr. Rozsa in interviews with people that he has arrested; he further stated that he found a pill bottle on somebody that was arrested, that was prescribed by Dr. Rozsa, for which the person was not lawfully in possession.

27. Detective Gho testified that Dr. Rozsa has a reputation in the community with a nickname of the "queen of lean." He explained that Promethazine with codeine is called "lean" on the street, among other street terms, and is very profitable and popular drug. A 400 milliliter, a pint, bottle sells from \$300 to \$800 a bottle. Detective Gho stated that prescriptions of Promethazine with codeine by the pint raise red flags for diversion. *Hearing Transcript* at 118:4-16.

28. He further stated pharmacists have contacted him exasperated that Dr. Rozsa was still practicing because of the type of prescriptions they were seeing, the overprescribing, the type of clientele that was coming into their pharmacies. Pharmacists do not like to fill their prescriptions for several reasons including the overprescribing, the type of medication, the type of clientele.

29. Detective Gho has never arrested Dr. Rozsa. In 1999 he recommended the U.S. District Attorney file criminal charges for overprescribing of Dilaudid, but charges were not filed. State's counsel stipulated that Dr. Rozsa has never been the subject of criminal charges.

### **TESTIMONY OF RYAN WALKER**

30. Ryan Walker testified on behalf of the State. He explained that he is a registered pharmacist in Oklahoma and a supervisor for Walgreen's in Tulsa. Mr. Walker works directly with the pharmacists in 67 Walgreen's stores in eastern Oklahoma, southeast Kansas and southeast Oklahoma. In his position, he deals with their questions, concerns, policies, deals with the state board of pharmacy, third-parties, concerned doctors and concerned patients.

31. Mr. Walker stated that he does not know of any Walgreen's pharmacist that will or have filled a prescription for Dr. Rozsa for quite some time. Mr. Walker stated that he supports that because:

We have a policy and pharmacists are required to make sure that patients are receiving medication for a legitimate medical use. If it is found in any course of their professional judgment that a patient is not and they refuse to fill that prescription, our policy is to support that decision.

*Hearing Transcript* at 126:6-12.

32. Mr. Walker testified that he is familiar with prescribing and promethazine with codeine. He stated that anything by the pint would be very abnormal for a pharmacist. In response to a question by a Board member, Mr. Walker stated that he guessed a pint of promethazine with codeine sells for \$20-30 from a pharmacy, and he recalled that Officer Gho's statement that it sells for \$300-800 on the street.

33. Mr. Walker stated that Walgreen's pharmacists have chosen to not fill prescriptions for Dr. Rozsa. Further he stated:

In my job I talk to pharmacists not only with Walgreen's but multiple pharmacists in multiple places. An in Tulsa community that group of pharmacists is pretty tight knit and – and that is the feeling with multiple pharmacists from multiple employment capacities in the Tulsa area.

*Hearing Transcript* at 129:16-22.

#### **TESTIMONY OF THE DEFENDANT**

34. Dr. Rozsa explained that her premedical education was in the field of music. She obtained many scholarships; most notable was a Fulbright scholarship that took her to Paris and France. She also had a Tulsa University, Perry Fellowship, and other scholarships every year; the best was the Faculty Owners Scholarship for the best student tin the school of music.

35. Dr. Rozsa explained that the year she applied, approximately 1979, her ranking for medical school applications was number one from Tulsa University. She acquired her medical education at the University of Oklahoma and graduated in 1983. Post-graduate work included two years at the University of North Carolina and the remainder at the University of West Virginia; she then returned to Oklahoma but did not finish a residency program. Dr. Rozsa went ahead and opened a medical practice in Tulsa, Oklahoma, working in emergency rooms at Doctors' Hospital, until she was invited to join Harvard Family Physicians where she stayed for one year. Dr. Rozsa explained that HFP "engaged in a number of rather unethical activities with me and I left and went into solo practice." *Hearing Transcript* at 132:16-18. This was a general practice in a shared office with a plastic surgeon in Tulsa, Oklahoma.

36. Following the demise of the plastic surgeon, Dr. Rozsa relocated to an office on 51<sup>st</sup> street, for 10 years; then temporarily to an office at 31<sup>st</sup> and Harvard. Finally, Dr. Rozsa moved

to her present location on Sheridan. Dr. Rozsa explained that she has remained in the private practice of medicine since returning to Tulsa, Oklahoma after receiving her education.

37. Dr. Rozsa explained that at present her patient population is largely black, and that she tries not to see color. She stated:

I have spent my life in patient care ever since I went to medical school. And that's basically what I do. I work up to 16-hour days, sometimes even longer. I try to think of each person as a member of my family. I have tried to treat people that really know very little about medicine or their bodies, and I try to educate them. A large part of the time that I spend with my patients is to make them understand the medical conditions that they have and the importance of adhering to the treatments that I deem best for them. Or when I have sent them, referred them to real experts such as cardiologists, nephrologists, orthopedic surgeons, general surgeons, I try to work with those doctors and make sure that they comply with them and their treatments.

*Hearing Transcript at 134:10-24.*

38. Dr. Rozsa explained the Pekinese in her office, Yechoo, as a cameo appearance, and that: "My patients love him. They bring him gifts. In fact, last year I even had a birthday party for him and many patients came by spontaneously to share in some fruit and angel food cake. And they -- many of them brought him gifts. . . . And at Christmas they bring him gifts." *Hearing Transcript at 135:18-24.*

39. Dr. Rozsa stated she does not have, dispense or administer CDS in her office.

40. Dr. Rozsa testified regarding her affiliation with Sarah's Residential Care, as a home in north Tulsa operated by Elaine McDonald for around 15 years.

41. Dr. Rozsa testified regarding her affiliation with Harvest Homes since 1994, operated by Gail McElroy.

42. Dr. Rozsa testified regarding the six patient charts presented at this hearing that were reviewed by expert Francois du Toit, including admitted Exhibits Nos. 3, 4, 5, 6, 7, 8. She explained that she has made prescriptions with charted medical support and detailed history. Dr. Rozsa stated:

I take a very detailed history when I initially see a patient. And for that reason I have limited my new patients to three in a week in the past – the past year or so. I spend a minimum of one hour with them getting their history, their full history, reviewing what tests they have had. They bring tests. I try to update MRIs especially of back problems about every two years or more frequent [sic] if they have injuries or a change of symptoms.

*Hearing Transcript at 138-139:18-25, 1-2.*

Dr. Rozsa answered regarding the use of pain management contracts: Yes, I do. And – and those patients have signed those contracts. Now, I may not sign it. I don't think that would be rather superfluous because I have administered it, but they are required to sign that prior to my seeing them.

*Hearing Transcript at 139:5-9.*

43. Dr. Rozsa explained her personal illnesses in February 2015, and a robbery that took place at her office by a former employee had limited her financially. Dr. Rozsa was taken by ambulance to St. Johns for twelve days. Upon release she went to her office, as her house was begin remodeled, where she could negotiate in a wheelchair. Dr. Rozsa stated it took several weeks but she gradually improved.

44. Dr. Rozsa explained that Mr. Washbourne came to see her when she had just gotten out of the hospital on one visit. Rozsa stated that she was not seeing patients, however, one patient, an asthmatic, was going out of town the next day and she agreed to give her prescriptions; the patients chart was on Rozsa's lap during Mr. Washbourne's visit.

45. Dr. Rozsa reviewed admitted Exhibit 11, of the alleged forged prescription. She explained that she had pointed out to Investigator Washbourne that it was a forgery; directing him to her signature, and the numbering on the prescription reflects that this was a copy that had been made and then forged. Dr. Rozsa further testified that she had visited with Detective Gho regarding a receptionist in her office, and a telephone conversation Rozsa overheard from a pharmacist inquiring about a patient. Dr. Rozsa inquired as to who the caller was and the receptionist lied, giving Rozsa cause for suspicion of a forgery. Rozsa then called around to pharmacies in the Tulsa area to locate the pharmacist in Bixby and had that person arrested.

46. Dr. Rozsa testified regarding the photographs of her office. *See State Exhibit No. 1.* Rozsa stated that the photographs were taken on a day that she was not seeing patients; the carpet was over 10 years old and cleaned once a month and then spot cleaned. The carpet has since been removed and replaced with tile. Respondent Exhibit No. 1 – Photograph of Dr. Rozsa's office, tile floor; admitted without objection.

47. Dr. Rozsa testified regarding the agreement not to write prescriptions offered to her by Investigator Washbourne. Rozsa stated:

He asked me if I would sign this agreement that I would not write prescriptions until I was seeing patients. And I told him no, I would not sign any agreement but that I would give him my word that I would not write any additional prescriptions until I was up to seeing patients, which was to be a minimum of two weeks.

*Hearing Transcript at 156:21-157:2.*

Dr. Rozsa testified that she kept her word; that she did not see patients or write prescriptions until March 9th.

48. In response to Investigator Washbourne's information regarding the office hours of Dr. Rozsa, she explained that she had a number of patients that worked and would come later in the evening and she had at least one night when she saw those patients; increasing to every night.

49. Dr. Rozsa testified as to the employees working in her office. She stated that C.M. did not make medical decisions. C.M. asked the nursing staff to keep her room secret for her protection.

50. In relation to Cindy Spitler's testimony, Dr. Rozsa testified that there has never been a medical waste problem at her office. She stated that Precision Toxicology was the lab used, and neither they nor she ever drew blood in her Sheridan office. Urine specimens went out every afternoon, and there were perhaps an occasional urine test that she would take after the lab had left her office, but it went out the next day by UPS. *Hearing Transcript* at 159:5-18.

51. Dr. Rozsa explained that at the time of Ms. Spitler's visit, she was "not high, not consuming any kind of mind-altering medication." *Hearing Transcript* at 159-160: 25, 1.

52. Dr. Rozsa explained that the armed security guard that Ms. Spitler referred to in her testimony, was not a security guard. She testified:

This was not a security guard. This was a patient who volunteered to come and be at my office door because my patients sometimes do peculiar things and I have limited control over what those individuals do. The reason being that they were anxious to see me, I had not seen patients for over a month and people were trying to crowd in even though they did not have appointments.

*Hearing Transcript* at 160:7-14.

## VIOLATIONS

53. The Board *en banc* found the State has proven by clear and convincing evidence, based on the exhibits, including the Final Order Including Findings of Fact and Conclusions of Law, filed September 25, 2015 in *State Bureau of Narcotics and Dangerous Drugs Control, et al. v. Dr. Tamerlane Rozsa, M.D.*, Case No. SCH-2015-0008, the expert testimony of the medical expert, the pharmacy expert, the fact witnesses, and the law enforcement officer, that the Defendant is guilty of unprofessional conduct as follows:

17(b) Violating, or attempting to violate, directly or indirectly, any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice, or aiding or abetting the practice of medicine by an unlicensed person, in violation of 59 O.S. 2011, § 509(13) and Okla. Admin. Code § 435:10-7-4(21);

17(c) Prescribing, dispensing or administering CDS in a manner prohibited by:

i. 59 O.S. 2011, § 509(12),

ii. 59 O.S. 2011, § 509(16),

- iii. Okla. Admin. Code § 435:10-7-4(1),
  - iv. Okla. Admin. Code § 435:10-7-4(2),
  - v. Okla. Admin. Code § 435:10-7-4(6),
  - vi. Okla. Admin. Code § 435:10-7-4(7),
  - vii. Okla. Admin. Code § 435:10-7-4(24),
  - viii. Okla. Admin. Code § 435:10-7-4(26),
  - ix. Okla. Admin. Code § 435:10-7-4(27), and
  - x. Okla. Admin. Code § 435:10-7-4(49);
- 17(d) Failing to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, in violation of 59 O.S. 2011, § 509(20) and Okla. Admin. Code § 435:10-7-4(41);
- 17(e) Failing to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. 2011, § 509(18);
- 17(f) Failing to maintain adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. 2011, § 509(20) and Okla. Admin. Code § 435:10-7-4(41);
- 17(j) Failing to maintain effective controls against diversion of CDS, in violation of 63 O.S. 2011, § 2-303(A)(1) and 21 CFR § 1301.71(a);
- 17(k) Failing to establish a physician-patient relationship and performing a sufficient examination prior to administering treatment, in violation of 59 O.S. 2011, § 509(12);
- 17(l) Engaging in gross or repeated negligence in the practice of medicine and surgery, in violation of Okla. Admin. Code § 435:10-7-4(15); and
- 17(m) Possessing 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, in violation of 59 O.S. 2011, § 509(15).

*Orders*

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

1. The medical license of Defendant, **TAMERLANE ROZSA, M.D.**, Oklahoma license no. 17499, is hereby **REVOKED** as of the date of the hearing, November 5, 2015;
2. Defendant is ordered to pay a fine of **FIVE THOUSAND DOLLARS (\$5000.00)** for each of the six cases reviewed at the November 5, 2015 Board hearing, for a total of **THIRTY THOUSAND DOLLARS (\$30,000.00)**.
3. Promptly upon receipt of an invoice, Defendant shall pay all costs of this action authorized by law, including without limitation, legal fees and costs, investigation costs, staff time, salary and travel expenses, witness fees and attorney's fees;
4. A copy of this written order shall be sent to Defendant as soon as it is processed; and
5. **This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.**

DATED this 29<sup>th</sup> day of January, 2016.



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Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**Certificate of Service**

This is to certify that on the 1<sup>st</sup> day of ~~January~~ <sup>February</sup>, 2016, a true and correct copy of the foregoing Order of Revocation of License was sent by facsimile and U.S. first-class mail, postage prepaid, to the following:

Daniel J. Gamino  
DANIEL J. GAMINO & ASSOCIATES, P.C.  
Jamestown Office Park, North Building  
3035 N.W. 63<sup>rd</sup> Street, Suite 214  
Oklahoma City, Oklahoma 73116  
Telephone: (405) 840-3741  
Facsimile: (405) 840-3744  
dgamino@coxinet.net

***Counsel for Defendant  
Tamerlane Rozsa***

  
\_\_\_\_\_  
Nancy Thiemann, Legal Secretary

# **EXHIBIT 1**

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
THE OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE AND )  
SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
TAMERLANE ROZSA, M.D. )  
LICENSE NO. MD 17499 )  
 )  
Defendant. )

**FILED**

MAR 24 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 14-08-5033

ORDER FOR EMERGENCY HEARING

THIS MATTER comes before the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision ("Board") on the 24<sup>th</sup> day of MARCH, 2015, upon the Combined Verified Complaint and Motion for Emergency, filed on March 24, 2015 by the State of Oklahoma, *ex rel.* the Oklahoma State Board of Medical Licensure and Supervision, to determine whether the Defendant's license should be suspended on an emergency basis, pursuant to 59 O.S. § 2011, 503.1, pending final disposition of the Complaint filed with the Board against the Defendant. For the reasons stated below, the request is hereby GRANTED:

1. The Defendant holds medical license no. 17499;
2. On 19 March 2015, a Verified Complaint and Citation (the "Complaint") was filed with the Board which also includes a motion for an emergency hearing;
3. The acts and omissions stated in the Complaint are alleged to have occurred while the Defendant was acting pursuant to the medical license conferred upon her by the Board, and such acts and omissions are alleged to have occurred within the territorial boundaries of the State of Oklahoma;
4. 59 O.S. 2011, § 503.1 states that "[t]he Secretary of the Board, upon concurrence of the President of the Board that an emergency exists for which the immediate suspension of a license is imperative for the public health, safety and welfare, may conduct a hearing as contemplated by Section 314 of Title 75 of the Oklahoma Statutes to suspend temporarily the license of any person under the jurisdiction of the Board[;]"
5. 75 O.S. 2011, § 314(C)(2) stated that "[i]f the agency finds that the public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that

effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action[;]”

6. The Board possesses jurisdiction over the Defendant’s medical license pursuant to 59 O.S. § 418, *et seq.*;
7. The Complaint sets forth conduct falling within the jurisdictional purview of the Board; and
8. The undersigned Board Secretary has conferred with the President of the Board regarding the Complaint and the relief requested, and each concur that an emergency exists for which immediate suspension of a license is imperative for the public health, safety and welfare, and the conduct set forth in the Complaint imperatively requires emergency action.

It is therefore **ORDERED** that this matter is set for an emergency hearing to determine whether the Defendant’s license to practice medicine in the State of Oklahoma should be suspended on an emergency basis pending final adjudication of the Complaint filed against the Defendant.

This matter hereby set for an emergency hearing on the date and at the time and place stated in the Emergency Citation served contemporaneously herewith.

SO ORDERED this 24<sup>th</sup> day of MARCH, 2015.



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Billy H. Stout, M.D.  
Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405/962.1400  
405/962.1499 – Facsimile

PREPARED BY:  
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Assistant Attorneys General  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105  
405/962.1400  
405/962.1499 – Facsimile

# **EXHIBIT 2**

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* )  
THE OKLAHOMA STATE BOARD )  
OF MEDICAL LICENSURE AND )  
SUPERVISION, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
TAMERLANE ROZSA, M.D. )  
LICENSE NO. MD 17499 )  
 )  
Defendant. )

FILED

MAY 21 2015

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 14-08-5033

ORDER CONTINUING EMERGENCY SUSPENSION OF LICENSE  
AND SETTING CASE FOR HEARING

This matter came before the Oklahoma State Board of Medical Licensure and Supervision ("Board") on May 14, 2015, at the Board office, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105, pursuant to notice given as required by law and rules of the Board.

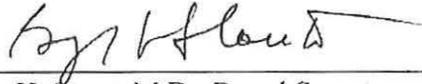
Defendant, Tamerlane Rozsa, M.D., appeared in person and with counsel Daniel J. Gamino, who entered appearance on May 14, 2015.

Jason T. Scay, Assistant Attorney General, appeared on behalf of the State of Oklahoma, *ex rel.* the Oklahoma State Board of Medical Licensure and Supervision.

The Board *en banc*, heard testimony, reviewed the exhibits presented, argument by counsel, and being fully apprised of the premises, Orders as follows:

1. The State has proven by clear and convincing evidence that the Emergency suspension of Dr. Rozsa's license should be continued until the hearing in this matter.
2. This matter is **SET FOR HEARING** at the regularly scheduled Board hearing on **SEPTEMBER 24, 2015**.
3. A copy of this written order shall be sent to Defendant as soon as it is processed.

Dated this 21<sup>st</sup> day of May, 2015.



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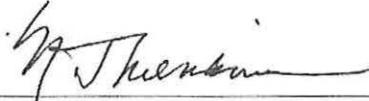
Billy H. Stout, M.D., Board Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

**Certificate of Mailing**

This is to certify that on the 22<sup>nd</sup> day of May, 2015, a true and correct copy of the foregoing order was sent by U.S. first-class mail, postage prepaid, to:

Daniel J. Gamino  
Daniel J. Gamino & Associates, P.C.  
3035 N.W. 63<sup>rd</sup> Street, Suite 214  
Oklahoma City, Oklahoma 73116  
Telephone: (405) 840-3741  
Facsimile: (405) 840-3744

*Attorney for Defendant*



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Nancy Thiemann, Legal Secretary

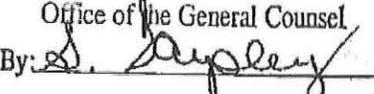
# **EXHIBIT 3**

IN AND BEFORE THE OKLAHOMA STATE BUREAU OF  
NARCOTICS AND DANGEROUS DRUGS CONTROL  
STATE OF OKLAHOMA

FILED  
Oklahoma State Bureau of Narcotics  
and Dangerous Drugs Control

STATE OF OKLAHOMA, ex rel  
OKLAHOMA STATE BUREAU OF  
NARCOTICS AND DANGEROUS DRUGS  
CONTROL, R. DARRELL WEAVER,  
Director,  
Petitioner,

SEP 25 2015

Office of the General Counsel  
By: 

Case No. SCH-2015-008

vs.

DR. TAMERLANE ROZSA, M.D.  
Registration #20583,  
Respondent.

FINAL ORDER INCLUDING FINDINGS OF FACT AND CONCLUSIONS OF LAW

On May 7<sup>th</sup> and 8<sup>th</sup>, 2015, a Show Cause Hearing was held at the Headquarters building of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (hereinafter OBND), before Administrative Law Judge Kim Heaton. OBND was present at the hearing and represented by counsel Marie Schuble and Sandra LaVenue. Respondent, Tamerlane Rozsa, failed to appear in person or through representation.

Upon consideration of the evidence and the recommendations made by the Hearing Officer, the OBND Director makes the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. The OBND has jurisdiction over the subject matter of this action pursuant to 63 O.S. § 101 *et seq.* and the Oklahoma Administrative Code ("OAC") 475:1-1-1 *et seq.*
2. The Director of the OBND has the authority to render an Order concerning the above styled matter.

3. Respondent is an OBNDD Registrant, with a principal place of business located in Tulsa, Oklahoma.
4. OBNDD filed an Immediate Suspension Due to Imminent Danger letter on April 3, 2015, service of which was achieved on that same day by hand delivery.
5. OBNDD filed a Notice of Hearing and Order to Showcause on April 7, 2015, service of which was achieved on April 9, 2015 by hand delivery.
6. The Immediate Suspension Due to Imminent Danger hearing was scheduled for April 13, 2015, pursuant to OAC 475:15-1-3.
7. Respondent failed to appear at the Immediate Suspension Due to Imminent Danger Hearing on April 13, 2015.
8. At the conclusion of the Immediate Suspension Due to Imminent Danger Hearing on April 13, 2015, the Administrative Hearing Officer found that clear and convincing evidence was presented supporting the suspension of Respondent's OBNDD Registration, and cause was not shown to warrant the lifting of the suspension pending the final Show Cause Hearing.
9. The Show Cause Hearing was scheduled for May 7<sup>th</sup> and 8<sup>th</sup>, 2015.
10. The record in this matter reflects a Certificate of Service relating to the Notice of Hearing and Order to Show Cause, and the Certificate of Service was offered into evidence as Petitioner's Exhibit 1, reflecting that on April 9, 2015, Respondent was properly served with a copy of the Notice of Hearing and Order to Show Cause by hand-delivery at Respondent's clinic, 2310 S. Sheridan, Tulsa, Oklahoma.
11. Respondent was provided sufficient notice according to law and provided a hearing, which was conducted pursuant to the Rules of the OBNDD, as well as, the provisions of the Oklahoma Administrative Procedures Act.

12. Respondent failed to appear after proper service of the Notice of Hearing and Order to Show Cause, and was in default.

13. The expert witness presented by OBNDD was declared unavailable due to an emergency, and was certified as an expert witness for purpose of introducing the records relating to his testimony, including his Curriculum Vitae (Exhibit "M"), Reports of the expert relating to Respondent (Exhibit "N"), and a transcript of his testimony at the hearing before the Oklahoma Board of Medical Licensure and Supervision (Exhibit "O").

14. All exhibits of OBNDD were deemed admitted as Respondent did not appear to object and was in default after proper service.

15. Exhibits were offered from OBNDD Counsel, which included:

- a. Exhibit 1: OBNDD Notice of Hearing and Order to Show Cause with Certificated of service;
- b. Exhibit A: Oklahoma State Board of Medical Licensure and Supervision ("Board of Medical Licensure"), Combined Verified Complaint and Motion for Emergency Hearing;
- c. Exhibit B: Board of Medical Licensure's Order of Emergency Suspension;
- d. Exhibit C: Promethazine prescribing statistics;
- e. Exhibit D: Photos of Respondent's clinic;
- f. Exhibit E: 8 Patient profiles, including DOC reports and PMP reports:
  - i. PMP reports admitted under seal pursuant to protective order;
- g. State's Exhibit F: Patient AJ DOC report and PMP report:
  - i. PMP report admitted under seal pursuant to protective order;
- h. Exhibit G: Patient CFM DOC report and PMP report:

- i. PMP report admitted under seal pursuant to protective order;
  - i. Exhibit H: Pharmacist statement;
  - j. Exhibit I: Pharmacist statement;
  - k. Exhibit J: Medical Examiner report;
    - i. Admitted under seal due to protective order;
  - l. Exhibit K: Medical Examiner report;
    - i. Admitted under seal due to protective order;
  - m. Exhibit L: Charts of prescriptions-prescribing history;
  - n. Exhibit M: Dr. Du Toit curriculum vitae;
  - o. Exhibit N: Dr. Du Toit's reports on 9 medical charts;
  - p. Exhibit O: Transcript of Dr. Du Toit's testimony from hearing before the Board of Medical Licensure;
  - q. Exhibit P: Medical Charts, patients LR and MR:
    - i. Medical charts admitted under seal pursuant to protective order;
  - r. Exhibit Q: Medical Charts, patients EW, SM, HA, GM, FM, CE, AJ:
    - i. Medical charts admitted under seal pursuant to protective order;
  - s. Exhibit R: Google Image pictures of promethazine with codeine.
16. Evidence was submitted through testimony of 12 witnesses:
- a. Drug Enforcement Administration (DEA) Agent Nikara McNeely
  - b. Ryan Walker
  - c. John Allen
  - d. Tulsa Police Department (TPD) Officer Joe Gho
  - e. TPD Officer Justin Beal

- f. TPD Sergeant Sean Larkin
- g. TPD Corporal Tami Manz
- h. TPD Officer Michael Elliott
- i. OBNDD Agent Earl Beaver
- j. Don Vogt
- k. Oklahoma Medical Board Investigator Steve Washbourne
- l. Dr. Du Doit – declared unavailable, certified as an expert

17. DEA Agent Nikara McNeely testified to the following:

- a. Her investigation into Respondent began when Respondent applied for a renewal of her DEA registration because Respondent had been in trouble before.
- b. During her investigation, she spoke with Ashleigh Hankins, a former employee and patient of Respondent, regarding the activities at Respondent's practice.
- c. She learned from Ms. Hankins that Respondent would schedule patients during the day, but would not start seeing them until 4-6pm or later; and that Respondent was known to drink between seeing patients.
- d. She learned that Respondent would prescribe the same combination of controlled drugs to a majority of her patients – Oxycodone, Lortab, Oxycontin, Carisoprodol, Xanax, and Promethazine with Codeine – without legitimate medical need for such medications. That combination of drugs is called the "drug cocktail".
- e. Promethazine with Codeine is used by all Respondent's patients, and on the streets it is called "lean".
- f. Respondent rarely did any sort of physical exam on her patients.

- g. Respondent sends patients out for urine tests but pays no attention to results – she continues to prescribe even after patients test negative for prescribed drugs.
- h. She spoke to John Allen, the property manager of the property where Respondent's office was located at the time.
- i. Mr. Allen had received several complaints from his other tenants regarding Respondent and her patients, which prompted him to set up a 24-hour surveillance camera to record footage of the goings on at Respondent's office.
- j. She viewed some of the footage from the surveillance camera and saw patients at Respondent's office as late as 3am.
- k. She received several complaints from pharmacists in the Tulsa area about Respondent, including that she prescribed the drug cocktail, and stating that they could not verify the doctor/patient relationship and when they tried to verify the prescriptions Respondent became argumentative.
- l. She interviewed Walgreens Pharmacist Rodney Swanson; Pharmacist Teresa Phipps wrote a statement; several Walmart pharmacies complained about Respondent; and most Walgreens will not fill Respondent's prescriptions.
- m. Pharmacist Teresa Phipps worked on the overnight shift, and had frequent contact with Respondent's patients who came directly from Respondent's clinic at 3:00 am.
- n. She interviewed Robert Coppedge, who was an informant used by law enforcement. He was a previous patient of Respondent, who sold Oxycodone and set up a deal for an undercover cop to buy pills from another patient of Respondent. He said that Respondent drinks and if you bring her alcohol, you can get whatever prescriptions you want.

- o. She learned from Robert Coppedge about the "Granny Clan", which is a family headed by Granny, that all go to Respondent for prescriptions to sell in the Tulsa area.
- p. She conducted an administrative inspection warrant on May 17, 2013, around 9:00 or 10:00 am, to obtain patient files from Respondent's office.
- q. There were patients in Respondent's office who said they had been there overnight, some were intoxicated, and some were asleep.
- r. During the warrant, she asked Respondent to surrender her DEA registration, but Respondent refused. She was able to obtain several patient files she requested.
- s. She reviewed those patient files and the corresponding PMP reports for those patients, and learned that most of the patients tested negative on urine tests for the controlled drugs they were prescribed, but Respondent continued to prescribe the same controlled drugs to those patients. In one file, Respondent had noted that the patient had a criminal record for drugs.
- t. Respondent changed her office location from 31st and Harvard to 23rd and Sheridan, but had still not updated her location with DEA.
- u. She again tried to get Respondent to surrender her DEA registration because the patient files she had obtained were not legitimate, there was not a legitimate medical purpose for the controlled drugs she was prescribing, and she could verify that Respondent's patients were members of the granny clan. Also, an expert with the medical board had reviewed the files. Respondent would not surrender her DEA registration.
- v. In October of 2013, Anna Auflick contacted her. Ms. Auflick was the lab technician assigned to work in Respondent's office to do urine testing.

w. Ms. Auflick reported that Respondent does not do exams on her patients; she does not wear gloves when drawing blood; she does not keep normal office hours; she sleeps in the office; all patients get the same cocktail of controlled drugs; Respondent fired Robert Coppedge because she learned that he was an informant; Respondent told patients to not come to the office while Ms. Auflick was there; one patient provided faucet water as his urine sample and his treatment was not terminated; patients of Respondent come from other states and use local IDs to get prescriptions.

x. She received Medical Examiner reports on patients of Respondent. C.E. was a patient of Respondent, who died in April of 2013 from combined toxic effect of Hydrocodone and Temazepam, both of which were prescribed to her by Respondent. L.R. died from a coronary problem from cocaine ingestion. This report was notable because L.R.'s family were all patients of Respondent and also part of the granny clan. L.R. was prescribed several controlled drugs by Respondent and tested negative for all of them when she died.

y. Certain types of behavior exhibited by drug seeking patients are often considered to be a red flag, including patients who see several different doctors and pharmacies. Respondent's patients routinely see several doctors and go to several pharmacies to fill their prescriptions.

z. Respondent does not have measures in place to prevent drug-seeking by her patients. The patient charts do not have diagnoses; there are no alternative therapies other than controlled drugs.

aa. Respondent does not need to continue to prescribe controlled drugs because she does not establish a true doctor patient relationship; her office conditions and seeing

patients at 3:00 am are red flags; she prescribes everyone the same combination of drugs; she does not do any checks or referrals, and there is no legitimate information in the charts to substantiate what she is prescribing. The fact she is intoxicated while seeing patients compromises her ability to effectively treat her patients.

18. Ryan Walker testified to the following:

- a. He supervises 68 Walgreens pharmacies in the Tulsa and Eastern Oklahoma area.
- b. Pharmacists have a duty to check the PMP and patient profile before filling a prescription, and controlled drugs prescriptions are reviewed with more scrutiny.
- c. In reference to Respondent, it was brought to his attention by the pharmacists he supervises that there were two main concerns. The first concern related to Respondent's patients receiving combinations of controlled substances- Carisoprodol, Alprazolam, and Oxycodone. This combination is problematic because it could cause respiratory depression and overdose. It is a commonly abused combination.
- d. The second concern was that there were large numbers of Respondent's patients receiving prescriptions for Promethazine with Codeine in high quantities, for example 16 ounces. A normal prescription for Promethazine with Codeine is 4-6 ounces with one refill. In his career, he had never seen a prescription for 16 ounces. With Respondent they were commonly seeing 16 ounce prescriptions with 5 refills.
- e. He and the pharmacists discussed Respondent in a group setting and agreed not to fill her prescriptions based on the overwhelming concern over her prescriptions.
- f. There were reports from overnight pharmacists that patients were coming in to the pharmacies in the early morning hours presenting prescriptions with the same date on the prescriptions, which are highly unusual office hours for a doctor's office.

g. The pharmacists were noticing that Respondent's patients showed up at the pharmacies looking like they "crawled out of a dumpster", and multiple patients wanted to pay cash rather than bill to insurance, which is a red flag.

h. Respondent's reputation in the Tulsa area is tarnished. Tulsa Metro pharmacists will not fill her prescriptions based on the same concerns.

19. John Allen testified to the following:

a. He was Respondent's landlord starting in January of 2011.

b. Immediately upon Respondent moving into the building, crowds of people -- unsavory folks - started hanging around in the parking lot and around the building at all hours of the day and night. They were all over the building.

c. One tenant complained that she had been approached by a patient trying to sell her Oxycontin so he could make his co-payment at the doctor's office.

d. People would camp out in their cars in the parking lot.

e. He installed a surveillance system -- saw people urinating in the bushes, people arguing about who was next to see the doctor -- this was at 3:00-4:00 in the morning.

f. Hypodermic needles were found in the bushes.

g. Respondent would consistently show up to work in the evening, and leave in the wee hours of the morning.

h. There were instances when he would strike up conversations with people who had been waiting for hours to see the doctor.

i. Respondent had a dog that roamed around and would defecate in the halls.

j. Respondent did pay her rent on time.

k. He instituted proceedings to evict Respondent from the building before her contract was completed. She vacated in the spring of 2013, leaving the office filthy.

20. OBNDD Agent Earl Beaver testified to the following:

a. That he works as an agent for OBNDD, assigned to the Diversion Division, and works out of the DEA district office in Tulsa.

b. That he has worked with Nikara McNeely on her investigation regarding Respondent.

c. Respondent is an OBNDD registrant.

d. That previous to the current investigation, he participated in the investigation of Respondent relating back to 1999 when she was known for prescribing large amounts of Dilaudid, a Schedule II controlled dangerous substance (CDS):

e. Pharmacies were complaining about the amount of Dilaudid Respondent was prescribing.

f. An undercover officer was sent in to Respondent's office, posing as a heroin addict trying to obtain Dilaudid. Respondent did not give her Dilaudid, but instead gave her MSContin, which is Morphine, also a Schedule II CDS, and Klonopin, a benzodiazepine, for anxiety associated with addiction. Respondent advised her to be careful about consuming alcohol on the drugs, but wine was okay. No exam was done by Respondent prior to prescribing drugs.

g. That as a result of that investigation, Respondent surrendered her DEA registration and her OBN registration was disciplined because she was treating addicts unlawfully.

h. That Respondent got her DEA registration back approximately 2 years later.

- i. That Respondent shifted from Dilaudid to Promethazine with Codeine and Oxycodone as the drugs she was known to prescribe in large quantities.
- j. That area pharmacies would report to him that she prescribed a lot of Promethazine with Codeine and several pharmacies would no longer fill Respondent's prescriptions at all.
- k. That during the current investigation, he accompanied DEA to serve the administrative inspection warrant to obtain patient files from Respondent's office.
- l. That during the warrant, he saw a lady in the waiting room with a used 1cc syringe in her pocket. He confronted her and ran her criminal history, which had an extensive drug history listed.
- m. He confronted Respondent about the patient with the syringe. Respondent said she was aware and that the patient was on her "watchlist".
- n. That Respondent is a risk for diversion and should not be entrusted to prescribe controlled substances.
- o. That he personally served Respondent with the Notice of Hearing and Order to Show Cause on April 9, 2015 at her office at 2301 S. Sheridan, Tulsa, Oklahoma, and that he spoke with her and told her the date and time of the hearing, as well as giving her a copy of the document.

21. TPD Officer Joe Gho testified to the following:

- a. That he works as a police officer for the Tulsa Police Department as the Diversion Investigator.

- b. That he first started investigating Respondent in 1999 when she was known to overprescribe large amounts of Dilaudid, a Schedule II controlled dangerous substance. She was known on the street as the biggest Dilaudid dealer in Tulsa.
- c. The clients she was seeing were known to be Dilaudid users and sellers.
- d. In his tenure as a drug diversion investigator, Respondent is the number one most problematic doctor in the Tulsa area.
- e. In the mid-2000's Respondent switched from Dilaudid to prescribing large amounts of Promethazine with Codeine and Oxycodone. She became known as the "Queen of Lean".
- f. Promethazine with Codeine is also known as "lean". It is a party drug, and is very profitable on the street to sell.
- g. Pharmacists report to him that they will not fill Respondent's prescriptions because they do not like the clientele that come in -- they look like drug users, they come in groups, all getting the same drugs, the types of drugs she prescribes, and when they have to contact her she is very rude and unpleasant to work with.
- h. Suspects report to him that Respondent is the doctor to go to for easy access to controlled drug prescriptions, especially Promethazine with Codeine. They will wait all day to get a prescription. Not much of an exam is done. If you pay cash and put up with her antics you will get a prescription.
- i. He has collected a large number of reports from other law enforcement officers detailing incidents or arrests that in some way relate back to prescriptions written by Respondent.

j. When he has had interactions with Respondent, for the most part she has been rude, abrupt, unprofessional and unpleasant.

k. Respondent's reputation is that she is loose with prescriptions. Drug users gravitate to her because it just takes cash to get a prescription. The "Queen of Lean" moniker fits her to a "T".

22. TPD Officer Justin Beal testified to the following:

a. He is a police officer with TPD.

b. He conducted a traffic stop on January 1, 2014 at approximately 2:30 am on a man who had several pill bottles and four (4) prescriptions- Dilaudid, Oxycodone, Xanax, and Meloxicam, and the man said he had just come from Respondent's office.

c. He did not believe that the man had just come from a doctor's office at that time in the morning, so he went to Respondent's office to check out the story.

d. He arrived at Respondent's office located at 2301 S. Sheridan in Tulsa, Oklahoma at approximately 2:45 am. There were no signs that it was a doctor's office, nothing on the door indicating it was Respondent's office. Upon entering the building he saw 10-15 patients sitting in the waiting area. They looked like drug users.

e. The office was dirty and cluttered, and Respondent was at the office seeing patients. She was in sweats and a stained t-shirt.

f. Respondent's office was not like any other doctor's office he had ever been to.

23. TPD Sergeant Sean Larkin testified to the following:

a. He is a police officer, supervising the gang unit of TPD.

- b. On September 23, 2014, he conducted a traffic stop at the Town Square Apartments in Tulsa, Oklahoma, which is a government housing apartment complex known for gangs, drug dealing, and violence.
- c. The vehicle he stopped was a rental vehicle, and had three (3) occupants, all known to him to have prior drug-related offenses.
- d. Upon conducting a search of the vehicle, he located a pint of Promethazine with Codeine cough syrup. The prescription label on the bottle showed that Respondent had prescribed that pint (16 ounces) of Promethazine with Codeine for MH, who was not an occupant of the vehicle, but also has a lengthy criminal history, including numerous drug arrests, and a current felony warrant related to drugs.
- e. The date on the prescription bottle was for the day prior, but the bottle was already half empty. None of the occupants claimed the bottle of Promethazine, and none claimed to know MH.
- f. A pint of Promethazine with Codeine sells for \$600-800 on the street. An ounce goes for \$100-125 an ounce.
- g. Promethazine with Codeine is a party drug and very popular in the black gang community – used by mixing it with Sprite and put in a Styrofoam cup – made popular by rap songs and rap artists.
- h. He also works part time at Couch Pharmacy in Tulsa, and knows that pharmacy will not fill any of Respondent's prescriptions.
- i. The pharmacist at Couch Pharmacy has said that Respondent will write controlled drug prescriptions for anyone.

24. TPD Corporal Tami Manz testified to the following:

- a. She is a Corporal with TPD, and has been a police officer for 10 years.
- b. She has investigated controlled dangerous substances prescribed by Respondent. She was responding to a call and made contact with and arrested two individuals outside a Walgreen's pharmacy. The individuals had a spoon with pill residue, several syringes and a glass pipe.
- c. She also found a pill bottle on the individuals with Oxycodone tablets that had several of the tablets separated from the rest in cellophane packet, which is indicative of these pills being separated with the intent of selling or giving those pills to someone else.
- d. She spoke with the individuals and learned that the female had been to Respondent's office and received several prescriptions from Respondent- Oxycodone, Lortab, Soma, and Xanax, which they were having filled that day, but at different pharmacies. The male had to fill the prescriptions for the female because she did not have identification.
- e. Most people would take their prescriptions to one pharmacy to be all filled at the same location.
- f. She spoke with the female who told her that she is addicted to pain medications and goes to see Respondent because she knows that Respondent will write her the prescriptions she wants.

25. TPD Officer Michael Elliott testified to the following:

- a. He is a police officer with TPD.
- b. On March 25, 2014, he responded to a call where he found a deceased woman, L.R., who had died of complications related to cocaine ingestion.

- c. It is standard procedure to look for prescription bottles and call the doctor to see if they will sign off on the death certificate.
- d. He found prescription bottles with Respondent's name on them and called her to ask if she would sign the death certificate.
- e. Respondent said that she would not because she knew the victim had a history of drug abuse.

26. Don Vogt testified to the following:

- a. He works for OBNDD as the Prescription Monitoring Program (PMP) Administrator.
- b. The PMP tracks all controlled drugs that are dispensed by pharmacies.
- c. The PMP is updated in real time and is a tool for doctors to use to see if patients are seeing other doctors, the medications the patients are receiving, and what pharmacies patients are using to fill controlled drug prescriptions.
- d. Respondent checked the PMP less than 20 times in all of 2014, and several of those times were looking up one person over and over.
- e. He was asked to run reports on the drugs that Respondent prescribes and put the findings in chart form. (Exhibit "L")
- f. Respondent is in the top 1% of prescribers for all controlled drugs.
- g. In 2013 and 2014, Respondent was the number 1 overall prescriber of Promethazine with Codeine, meaning that she prescribed the most promethazine over all other prescribers.

h. From 2012 – 2015, Respondent was the number 7 overall prescriber of Soma, increasing each year. There are studies that show that Soma (carisoprodol) is a muscle relaxer that has been proven to be a very dangerous drug and should not be prescribed.

27. Investigator Steve Washbourne testified to the following:

a. He is an investigator for the Board of Medical Licensure.

b. He received complaints about Respondent from pharmacists, patients, family members and law enforcement in Tulsa.

c. Pharmacists in the Tulsa area would not fill Respondent's prescriptions, because they were concerned about the amounts and combinations of controlled drugs prescribed by Respondent.

d. The father of a patient of Respondent, AJ, called him to report that he (the father) had called Respondent's office to ask that his daughter not receive any more prescriptions for opiates because she was a heroin addict and she had overdosed twice on the Oxycodone she was being prescribed by Respondent. Respondent's office told him (the father of the patient) that they knew she (the patient) was an addict, and that all of Respondent's patients were addicts. AJ continued to be prescribed opiates by Respondent after that complaint to Respondent's office was made.

e. He received information from TPD and DEA regarding their investigations of Respondent.

f. He received information from the County Health Department that in 2015 they had complaints of needles, waste, urine smell, and filthy carpet in Respondent's office that needed attention by the Health Department. The Health Department tried to go in to

inspect, but Respondent kicked them out, so the Department contacted the Board of Medical Licensure.

g. The Department of Environmental Equality was notified about Respondent's office condition as well and went out to inspect, then contacted the Board of Medical Licensure.

h. Respondent was prescribing the "trinity" of drugs- an opiate, muscle relaxer (Soma) and benzodiazepine (Xanax), which in combination are a concern and can cause respiratory issues and death. In a legitimate clinic you should not see the patients all getting the same amounts for the same duration.

i. He looked at Respondent's PMP report that lists all controlled drugs prescribed by Respondent, and found the amounts and the combinations to be of concern. Respondent was also adding Promethazine with Codeine to the "trinity", which is also an opiate.

j. Respondent is known for prescribing pints of Promethazine with Codeine. A pint is too much to prescribe at a time; it would last 6 months or longer. A typical prescription is 4-8 ounces.

k. He had a report run on Respondent's Promethazine with Codeine prescriptions for 2010 to 2014. Respondent was in the top 5 consistently for number of prescriptions written, and number 1 for amount of Promethazine with Codeine prescribed (ml). It shows that she writes the highest milliliter amount of Promethazine with Codeine.

l. Gang members buy and sell Promethazine with Codeine. It is referred to as "lean" in slang terms and is used as a party drug. It is added to Sprite or Iced tea and drank out of a Styrofoam cup.

- m. He looked up Promethazine with Codeine on Google Images, and it retrieved a lot of pictures of “lean”, “purple drank”, “sizzrup”.
- n. He went to Respondent’s office in August of 2014 to retrieve patient charts. It was around noon, Respondent was asleep in her office and 2 patients were waiting. The office and Respondent’s car were in complete disarray.
- o. He went back in February, 2015, after being notified that Respondent was taken to the hospital. A blood test showed alcohol and opiates in her system. The PMP did not reflect that she was prescribed any opiates.
- p. When he showed up at the office, Respondent was in no condition to see patients, but she had a prescription pad in her lap, writing prescriptions for a patient who said she was going out of town.
- q. He took pictures of the office, which show the blow-up mattress she sleeps on in the same room as the waiting area, as well as the other parts of the office. (Exhibit “D”)
- r. He had an expert witness, Dr. Du Toit, a family doctor from Lawton, go through the patient charts and make reports. Those reports indicated substandard care, potentially lethal amounts and combinations of prescribed drugs, and a lack of documentation and justification for high amounts of prescribed drugs in the charts.
- s. That none of the charts contained what you would normally expect to see in a well-documented chart- a patient history, diagnostic information, radiology reports, detailed family history, plan for treatment, pain management contract, random urine analysis, reference to a PMP to make sure no doctor shopping is occurring, or an exit plan.
- t. Respondent’s charts were in the top 2 sloppiest he has ever seen.

- u. He started researching the criminal histories of Respondent's patients and found that an overwhelming number of Respondent's patients had extensive criminal histories related to drugs. He has never found a doctor that had this many patients with criminal histories.
  - v. He also researched the PMP reports of those patients, and found that a majority of those patients were receiving the trinity of drugs, plus pints of Promethazine with Codeine. The patients were seeing several doctors to get the same types of drugs, and the patients were going to numerous pharmacies to have the prescriptions filled.
  - w. The Board of Medical Licensure ordered an emergency suspension on Respondent's medical license on April 2, 2015, which remains in effect currently.
  - x. He believes that Respondent does not have a legitimate practice or any legitimate patients.
28. Dr. Du Toit was declared unavailable as a witness.
- a. He prepared reports of nine (9) patient charts that he reviewed for purposes of this hearing.
  - b. Patient EW
    - i. There were minimal clinical notes in the chart; no signed pain contract; two urine drug screenings were in the chart, but the prescriptions were inconsistent with the results of the screenings.
    - ii. The patient was receiving large quantities of Oxycodone, Tramadol, Alprazolam, and Promethazine with Codeine cough syrup. The quantities and combinations of medications for this patient raises concern for accidental overdose, and the morphine milligram equivalent (MME) was extremely high.

- iii. Respondent's prescription management and habits are harmful to her patients and potentially lethal. Respondent's care and conduct is unprofessional and does not conform to the current standard of care.
- c. Patient SM
  - i. The patient medical records provided no justification for the large quantities of controlled drugs the patient received; there was not a signed pain contract; and the one urine drug screen in the chart was positive for Hydromorphone, which was not prescribed by Respondent.
  - ii. The patient was receiving Carisoprodol, Fentanyl patches and Oxymorphone from Respondent, and Adderall, Alprazolam and Zolpidem from another physician. The MME per day for this patient was 300, which is extremely high and poses a risk for accidental overdose.
  - iii. Respondent's prescription management and habits are harmful to her patients and potentially lethal. Respondent's care and conduct is unprofessional and does not conform to the current standard of care.
- d. Patient HA
  - i. The patient's medical records contained no information regarding the diagnosis, need for medical necessity of narcotics, random drug screens or consultations from medical specialists. There were no diagnostic studies in the chart, nor was there a pain contract.
  - ii. The patient received monthly prescriptions for Alprazolam, Carisoprodol, Temazepam, Hydrocodone and Promethazine with Codeine. The chart contained no justification for these medications.

iii. The combination of the Alprazolam and Temazepam and Carisoprodol put the patient at a high risk of overdose.

iv. Respondent's prescription management and habits are harmful to her patients and potentially lethal. Respondent's care and conduct is unprofessional and does not conform to the current standard of care.

29. All Conclusions of Law which include Findings of Fact are incorporated herein as if fully stated.

#### CONCLUSIONS OF LAW

Based on the clear and convincing evidence presented, the undersigned OBNDL Director concludes as follows:

1. The Oklahoma Bureau of Narcotics and Dangerous Drugs Control has jurisdiction over the subject matter of this action pursuant to 63 O.S. §§2-301 through 2-305 and according to the provisions of Title 475, Chapter 1 of the Oklahoma Administrative Code.

2. The Director of OBNDL has the authority to render an order concerning the above-styled matter pursuant to 63 O.S. §§2-303 and 2-305, and OAC 475:1-5-10.

3. The hearing officer has the authority to conduct the hearing, rule on objections and motions, and render proposed findings of fact, conclusions of law, and recommendations in this proceeding. OAC Title 475, Chapter 1, Subchapter 5.

4. A "controlled dangerous substance" ("CDS") means a drug, substance or immediate precursor in Schedules I through V of the Uniform Controlled Dangerous Substances Act, Section 2-101 *et seq.* of Title 63 of the Oklahoma Statutes. 63 O.S. §2-101(8).

5. For any hearings involving limitation, conditioning, denial, suspension or revocation of a registration, OBNDL has the burden of proving by clear and convincing evidence that the

requirements for such registration are not satisfied pursuant to 63 O.S. §§2-302 through 2-304. OAC 475:1-5-2.

6. Based on the testimony and evidence presented, as reflected in the above findings of fact, there is clear and convincing evidence to find that Respondent has committed the following violations of her OBND Registration as set forth pursuant to 63 O.S. §2-304(A):

A registration, pursuant to Section 2-303 of this title, to manufacture, distribute, dispense, prescribe, administer or use for scientific purposes a [CDS] shall be limited, conditioned, denied, suspended or revoked by the Director upon a finding that the registrant:

4. Has failed to maintain effective controls against the diversion of [CDS] to unauthorized persons or entities;

6. Has had a restriction, suspension, revocation, limitation, condition, or probation placed on his professional license or certificate or practice as a result of a proceeding pursuant to the general statutes;

9. Has possessed, used, prescribed, dispensed or administered drugs or [CDS] for other than legitimate medical or scientific purposes or for purposes outside the normal course of his professional practice;

10. Has been under the influence of alcohol or another intoxicating substance which adversely affected the central nervous system, vision, hearing or other sensory or motor functioning to such a degree the person was impaired during the performance of his job; or

11. Has violated any federal law relating to any controlled substances, any provision of the Uniform Controlled Dangerous Substances Act, Section 2-101 et seq. of this title, or any rules of the [OBND].

7. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated 63 O.S. §2-304(A)(4) by over-prescribing to patients who do not have a legitimate medical need, by prescribing CDS without justification, by continuing to prescribe to patients who test negative for the substances actually prescribed by Respondent and positive for illicit substances, and by prescribing to individuals who are selling the CDS for profit.

8. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated 63 O.S. §2-304(A)(6) by having her Oklahoma Medical License immediately suspended on April 2, 2015, pending a full hearing before the Board.

9. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated 63 O.S. §2-304(A)(9) by prescribing CDS to individuals without a legitimate medical purpose, by prescribing CDS without justification, and by continuing to prescribe to patients who test negative for the substances Respondent prescribes them and positive for illicit substances.

10. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated the provisions of OAC 475:20-1-2, which requires that all registrants shall provide effective controls and procedures to guard against diversion of controlled dangerous substances, by the following conduct: Respondent prescribes large amounts of CDS to patients without adequate examinations, knowledge of prior medical history, and without justification; Respondent has failed to keep adequate records on her patients; and Respondent has continued to prescribe CDS to patients who test negative for those substances.

11. OAC 475:25-1-3(b)&(c), which requires that all registrants keep the following records:

(b) A registered individual practitioner is required to keep readily-retrievable records with respect to all controlled dangerous substances listed in Schedules II through V which he/she prescribes, administers or dispenses in the lawful course of his/her professional practice. Practitioners shall keep a suitable book, file or record in which information pertaining to controlled dangerous substances dispensed by the practitioner shall be preserved for a period of at least two (2) years and be available to designated law enforcement officers for their inspection and copying. These records will be maintained separate and apart from all other records.

(c) A registered individual practitioner is required to maintain patient records for any individual receiving controlled dangerous substances whether by prescribing, administering or dispensing. Such record will contain as a minimum the patient's full legal name, date of birth, residence address, last physician seen

and when, and notations of date, amount and type of controlled dangerous substance for each occasion the patient receives a controlled dangerous substance. Such records should contain additional identifying information when possible, including, but not limited to, social security number or driver's license number, telephone number, next-of-kin and general physical description of the patient. This includes authorization of refills and the number of refills authorized on the original prescription.

Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated OAC 475:25-1-3(b)&(c) by failing to keep proper documentation in the patient chart as to the reasons for prescribing the amount of CDS that the patient was receiving.

12. Pursuant to OAC 475:30-1-3(a), a prescription for a controlled dangerous substance, to be effective, must be issued for a legitimate medical purpose by a registered practitioner in the usual course of his/her professional practice. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated this section by over-prescribing to patients and employees without a legitimate medical reason, by continuing to prescribe to patients who test negative for the CDS she has repeatedly prescribed to those patients, and by prescribing to individuals who sell the CDS for profit.

13. Pursuant to OAC 475:30-1-3(c), a prescription may not be issued for the dispensing of a CDS to a drug dependent person for the sole purpose of continuing his/her dependence upon such drugs. Based on the above Findings of Fact, there is clear and convincing evidence to find that Respondent has violated this section by continuing to prescribe to patient AJ, even after being informed that AJ was addicted to CDS. Respondent also knew LR had a history of drug abuse yet still wrote her prescriptions, evidenced by her refusal to sign the death certificate.

14. Pursuant to OAC 475:30-1-3(d), a practitioner may not distribute, dispense, sell, give, prescribe or administer any CDS in Schedules I through V for the practitioner's personal use, or for an immediate family member. Based on the above Findings of Fact, there is clear and

convincing evidence to find that Respondent has violated this section and 63 O.S. §2-304(A)(9) by self-medicating with an opiate without a prescription for the opiate.

15. All Findings of Fact which are Conclusions of Law are incorporated herein as if fully stated.

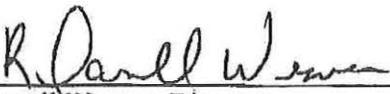
16. Based upon the above provided Findings of Fact and Conclusions of Law, Respondent's Registration activities are inconsistent with the public health and safety.

### ORDER

Based upon the above Findings of Fact and Conclusions of Law, Respondent's OBND Registration is hereby REVOKED. Respondent may not reapply for an OBND Registration, nor will an application be considered, for a period of three (3) years from the date of filing of this Order.

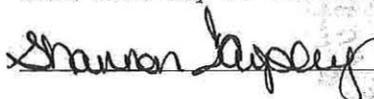
This Order shall take effect thirty (30) days from the date of filing. The emergency suspension currently in place shall remain in effect pursuant to 63 O.S. § 2-305, which states that an emergency suspension shall remain in effect until the conclusion of the proceedings, including judicial review thereof, unless sooner withdrawn by the Director or dissolved by a court of competent jurisdiction.

Done on this 25<sup>th</sup> day of September, 2015.

  
R. Darrell Weaver, Director  
OKLAHOMA BUREAU OF NARCOTICS  
AND DANGEROUS DRUGS CONTROL

#### CERTIFICATION OF RECORD

I, Shannon Tarpley, certify this to be a complete, exact and true copy of the original documents maintained by the Oklahoma Bureau of Narcotics. Certified this 29th day of October, 2015





OFFICE OF ATTORNEY GENERAL  
STATE OF OKLAHOMA

ATTORNEY GENERAL OPINION  
2015-182A

**FILED**  
JAN 29 2016  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Billy Stout, M.D., Board Secretary  
State Board of Medical Licensure and  
Supervision  
101 NE 51st Street  
Oklahoma City, Oklahoma 73105

December 9, 2015

Dear Board Secretary Stout:

This office has received your request for a written Attorney General Opinion regarding agency action that the State Board of Medical Licensure and Supervision intends to take with regard to Board case 14-08-5033. The intended action is to revoke the licensee's medical license and fine the licensee \$30,000. The licensee was found to have prescribed controlled dangerous substances in an unprofessional and unsafe manner by, for example, not adequately examining patients before prescribing such substances. The licensee was also found to have failed to maintain office records.

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, 59 O.S.2011 & Supp.2015, §§ 480-519, authorizes the Board to impose discipline on licensees who prescribe drugs "without sufficient examination and establishment of a valid physician-patient relationship" and those who prescribe "controlled substances or narcotic drugs in excess of the amount considered good medical practice or "without medical need," 59 O.S.2011, § 509(12), (16). The Act also authorizes discipline where a physician fails to maintain medical records documenting evaluation and treatment of patients, including drug prescriptions. *Id.* § 509(18), (20). The action seeks to advance these requirements in a situation where a physician's ongoing and flagrant willingness to violate them both results in substantial additional income for the physician and has resulted in unsupportable distribution of controlled dangerous substances. The Board may reasonably believe that these circumstances require the severe discipline of license revocation and a significant fine to deter future violations.

It is, therefore, the official opinion of the Attorney General that the State Board of Medical Licensure and Supervision has adequate support for the conclusion that this action advances the State of Oklahoma's policy to protect public health and ensure patient welfare.

A handwritten signature in blue ink that reads "E. Scott Pruitt".

E. SCOTT PRUITT  
ATTORNEY GENERAL OF OKLAHOMA