



Narcotic in a remote care setting, and/or as an on-site emergency, but there are no provisions for pre-signed prescriptions.

6. Board Investigator KR discovered, during the investigation of the above-referenced case, that there is testimony by clinic staff witnesses that Defendant would write prescriptions on pre-signed scripts for medications, such as Focalin among others, which are Schedule II medications, without the supervision of Defendant's Supervising Physician. Witness testimony also consists of a staff member retrieving pre-signed prescriptions from Defendant's Supervising Physician at St. Anthony's Hospital (while parking in the fire lane), on three (3) or four (4) separate occasions for the purpose of those pre-signed scripts to be used at the clinic by Defendant without Defendant's Supervising Physician's supervision. Clinic staff further reported that Defendant's Supervising Physician did not come into the office on Wednesdays, as well as other days, until 11:00 a.m. or 11:30 a.m. while prescriptions for Schedule II Narcotics were being filled at the in-house pharmacy, as well as other pharmacies in the Oklahoma City area.

7. Prescriptions were retrieved from the in-house pharmacy for Schedule II Narcotics that were written on May 16, 2012 and there appeared to be a discrepancy in the body of the script and the signature. This was also a day that was confirmed by staff that Defendant's Supervising Physician was not in the office until after 11:30 a.m. and was also confirmed by patients/guardians for which Defendant wrote the prescription. **Defendant also admitted to the use of pre-signed prescriptions** with Defendant's Supervising Physician out of the office.

8. Defendant admitted to Investigator KR that while a student of the Physician Associate Program at the University of Oklahoma Health Sciences Center, under the direction of Defendant's Supervising Physician, as his assigned Preceptor, he was provided pre-signed prescriptions to utilize without supervision or direction from Defendant's Supervising Physician or any other physician. Defendant reported this to be a routine practice with the students. Further, Defendant reported to have been given six (6) to nine (9) pre-signed scripts at a time but, if necessary, he could request more and there were others available in Defendant's Supervising Physician's desk drawer.

9. Defendant also admitted to continuing the practice described in Paragraph No. 8 above after he completed his P.A. education and went to work in the OKC Psychiatric Clinic as a part of the treatment team. Defendant admits having been made aware of an investigation by the Board regarding prescribing practices of Defendant's Supervising Physician in relation to the P.A. Students. He reports that for a short period of time he and others were not given the pre-signed prescriptions, possibly for two (2) to three (3) months, but eventually went back to the former practice due to Defendant's Supervising Physician's habit of not coming into the office until 11:00 a.m. to 11:30 a.m. on Wednesdays, as well as other days, which left patients waiting for hours for any Schedule II Narcotics prescriptions.

10. Defendant admitted that he is paid per patient and he did not make any money if he was unable to complete the visit. Specifically, he received no compensation on patients he saw in the absence of his supervising physician if he did not use the pre-signed prescriptions.

11. This practice of using pre-signed prescriptions continued up to the point of a visit made to the office by Board Investigator KR on May 17, 2012 which was initiated as a result of receiving an anonymous complaint. Board Investigator KR visited the office to perform a Medical Office Audit. During the Office Audit, pre-signed prescriptions were confiscated from Defendant's Supervising Physician's office as a Public Safety Measure.

12. Defendant was asked what his knowledge of this investigation had been during his employment. Defendant initially reported "knowing" about the investigation regarding pre-signed prescriptions having been utilized by P.A. Students, one of which included himself, which we were unaware of at the time of the interview.

13. Defendant reported that Defendant's Supervising Physician told him "so much time had passed that probably nothing was going to be done." Defendant reported that there had been a period of time where they had either attempted to schedule the patients who needed Schedule II scripts in the afternoon, or the prescription could be made out the previous day. This was the practice for two (2) to three (3) months when he was initially hired for this practice.

14. Defendant reported that the atmosphere and behavior of Defendant's Supervising Physician minimized the allegations or possibility of disciplinary action. Defendant reported knowing this practice of utilizing pre-signed scripts was wrong, but because he was compensated by the number of visits completed, he would not make any money otherwise. Defendant also reported that having a patient wait for hours for a script to be signed by Defendant's Supervising Physician was not good practice or patient care. Therefore, as done in the past, **repeatedly the office utilized pre-signed prescriptions.**

15. Defendant admitted this practice of utilizing pre-signed prescriptions was taking place until this investigator visited the office following the anonymous complaint of pre-signed prescriptions on May 17, 2012. During the visit of May 17, 2012, an Office Survey was completed along with the confiscation of pre-signed prescriptions from Defendant's Supervising Physician's desktop. Since Defendant's Supervising Physician had been served with a Complaint and Citation by Board Investigator KR on April 6, 2012, this meant he had continued his practice of using pre-signed prescriptions at this facility.

16. Defendant admitted that Defendant's Supervising Physician told him that he had been completing the prescriptions for patients to be seen the following day, but the charts for those patients had not been provided. Defendant didn't question the story, but it was understood that was what Defendant was to relay to any investigator, if asked, which Defendant did in an interview with Board Investigator KR and Board Investigator RD on May 18, 2012.

17. At this time Defendant also denied the use of pre-signed scripts by himself or others. He later stated that he was scared of losing his job, especially when being questioned in the clinic environment, where the walls are paper thin. Defendant reports that he respects Defendant's Supervising Physician and his practice of psychiatric medicine to the population in which he services most.

18. On May 24, 2012, while at the pharmacy located in the lobby of the clinic, Board Investigator KR obtained seven prescriptions that witnesses reported were pre-signed by Defendant's Supervising Physician, and then completed by Defendant, for Schedule II narcotics. These prescriptions were given to patients while being seen by Defendant while Defendant's Supervising Physician was off site on May 16, 2012. This was verified by Employee AS, Employee AL, Pharm MP, Pharm D and was eventually admitted by Defendant on July 13, 2012. **Defendant admits to writing not only these, but also other prescriptions for, Schedule II Narcotics without supervision on pre-signed prescription pads.**

19. Further, **Defendant reported that his interviews** prior to the one attended at the Board with his attorney **were not truthful** due to his feeling of discomfort in the environment in which he was interviewed.

20. Defendant is guilty of unprofessional conduct in that he has engaged in:

A. Practicing outside the scope of his license as documented in the Physician Assistant Act: 435:15-5-1. Supervision; physician responsibility; independent care prohibited - (b) A physician assistant must function only under the supervision of a licensed physician. Nothing in the Physician Assistant Act shall be construed to permit physician assistants to provide health care services independent of physician supervision;

B. Prescribing outside the scope of his license as documented in the Physician Assistant Practice Act: 435:15-11-1. Prescriptive and dispensing authority - (a) A Physician Assistant who is recognized by the Board to prescribe under the direction of a supervision physician and is in compliance with the registration requirements of the Uniform Controlled Dangerous Substances Act, in good faith and in the course of professional practice only, may issue written and oral prescriptions and orders for medical supplies, services and drugs, including controlled medications in Schedules III, IV, and V pursuant to 63 O.S. §2-312 as delegated by the supervising physician and as approved in the Physician Assistant Drug Formulary (OAC 435:15-11-2);

C. Violating any provision of the Medical Practice Act or the rules promulgated by the Board as documented in the Physician Assistant Practice Act 435:15-5-11 - Grounds for disciplinary action (7);

D. Dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public as documented in Title 59 O.S. §509.8;

E. The writing of false or fictitious prescriptions for any drugs or narcotics declared by the laws of this state to be controlled or narcotic

drugs as documented in Title 59 O.S. §509.11;

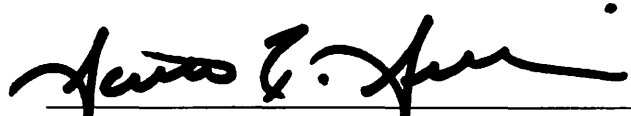
F. Violating any state or federal law or regulation relating to controlled substances as documented in Title 435-10-7-4.27 of the Oklahoma Administrative Code; and

G. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patients, the drug name, strength dosage form, quantity prescribed, directions for use and name, address and registration number of the practitioner as stated in Federal Code 21-CFR-Section 1306.05 – Manner of issuance of prescription.

**Conclusion**

WHEREFORE, plaintiff requests that the Board conduct a hearing, and upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including the revocation or suspension of the Defendant's license to practice as a physician and surgeon in the State of Oklahoma, the assessment of costs and fees incurred in this action, and any other appropriate action with respect to Defendant's license to practice as a physician and surgeon in the State of Oklahoma.

Respectfully submitted,



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Scott Randall Sullivan, OBA #11179  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION  
101 N.E. 51<sup>st</sup> Street  
Oklahoma City, OK 73105

Attorney for Plaintiff

James C. Smith