

**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.)
JOHN JULES SCHIPUL, M.D.,)
LICENSE NO. MD 26614,)
Defendant.)

FILED

DEC 08 2020

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 18-01-5581

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision (“Board”), alleges and states as follows for its Complaint against JOHN JULES SCHIPUL, M.D. (“Defendant”):

I. JURISDICTION

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. § 480 *et seq.*
2. Defendant, holds Oklahoma medical license number 26614. The acts and omissions complained of herein were made while Defendant was acting as a physician pursuant to the medical license conferred upon him by the State of Oklahoma, and such acts and omissions occurred within the physical territory of the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. On December 16, 2017 the Oklahoma State Board of Medical Licensure and Supervision (“OSMBLS”) Investigator Robbin Roberts received information that the complainant, a physician, while working in the emergency room at Grady memorial Hospital, treated patient D.C. for Benzodiazapine abuse and withdrawal after taking all her medications within a 3-4-day period. According to patient D.C., and her father, Defendant knew of her history of repeated overdoses but continued to write prescriptions for CDS for patient D.C. On March 12, 2018, a review of D.C.’s PMP indicated Dr. Schipul prescribed her Hydrocodone, Xanax and Soma.

4. On or about April 12, 2018, eleven (11) charts were acquired from Defendant's practice for review. A review of the medical records revealed several instances of professional misconduct.
5. Several of the patient charts had little to no social history regarding previous illicit drug use, alcohol use or misuse and or abuse of prescription controlled medications mentioned in the chart notes. This was true in spite of several patients who either have criminal history for illicit drug use or public intoxication or had admitted to a history of addiction to illicit drugs, painkillers and tranquilizers. Defendant continued to prescribe multiple controlled dangerous substances ("CDS") to these patients.
6. There were very limited or no physical exam findings on the progress notes. There was also little evidence or use of alternative treatments to CDS for pain control and mental health treatment. The records showed limited or inconsistent documentation of alternative therapies such as non-opioid medications, physical therapy and consultation with other medical specialists. Most patients were prescribed CDS on their first visit to Defendant. Many had repeated requests for early refills which Defendant did not treat as a red flag for patient misuse or diversion and were allowed on multiple occasions.
7. Dosages and frequencies of CDS escalated rapidly for several patients. Further, several diagnostic tests and referrals were mentioned in the progress notes which were either not done or the results were not recorded in the record. Several instances of inconsistent urine drug screens were recorded with no consequences to patients. Multiple patients violated their pain management/narcotic agreements, yet continued to be prescribed CDS.
8. Defendant does not seem to appreciate the risks of polypharmacy and is reckless in his prescribing practice. Many patients were on opioid pain medicines as well as benzodiazepines and other controlled medications.
9. Of the eleven (11) patient charts reviewed, Five (5) died of drug overdoses. One (1) in 2013, three (3) in 2016 and one (1) in 2017. Four (4) of those deaths occurred in a span of less than 9 months.
10. The 11 patient charts were sent for expert review on June 25, 2018. The expert determined that the patient care provided by Defendant repeatedly fell below the standard of care.

III. VIOLATIONS

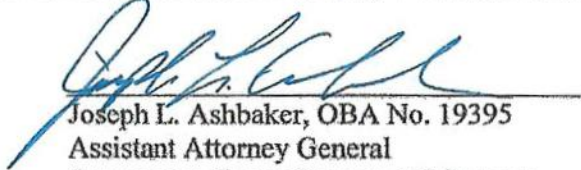
11. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:
 - a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standards in violation of Title 59 § 509(16)

- b. Failure 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 Title 59 § 509(18):
- c. Failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person patient examination, office surgery, diagnostic service or any other medical procedure or treatment. **Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained in violation** of Title 59 § 509(20) and OAC 435:10-7-4(41):
- d. Indiscriminate or excessive prescribing, dispensing or administering of Controlled or Narcotic Drugs in violation of OAC 435:10-7-4(1):
- e. Prescribing, dispensing or administering of Controlled substances or Narcotic drugs in excess of the amount considered good medical practice or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standards OAC 435:10-7-4(2):
- f. Dispensing, prescribing or administering a Controlled substance or Narcotic drug without medical need in violation of OAC 435:10-7-4(6):
- g. Conduct likely to deceive, defraud, or harm the public in violation of OAC 435:10-7-4(11):
- h. Gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15):
- i. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17):
- j. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18):
- k. Except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering, or giving to a habitue or addict or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug in violation of OAC 435:10-7-4(25):
- l. Improper management of medical records in violation of OAC 435:10-7-4(36):

CONCLUSION

Given the foregoing, the undersigned requests 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 suspension or revocation and any other appropriate action with respect to the

Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

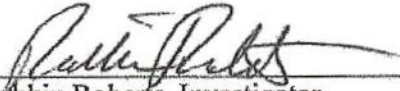

Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
313 NE 21ST Street
Oklahoma City, Oklahoma 73105
405/522.2974
405/522.4536 – Facsimile

VERIFICATION

I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, JOHN JULES SCHIPUL, M.D.; and

2. The factual statements contained therein are true and correct to the best of my knowledge and belief.


Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 11-24-20

Oklahoma County, Ok

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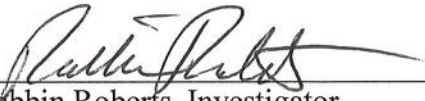
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