STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Jennifer M. FauntLeRoy, M.D.	)))	Docket No. MPN 26-0212

STIPULATION AND CONSENT ORDER

NOW COME the State of Vermont, by and through Attorney General William H. Sorrell, and Jennifer M. FauntLeRoy, M.D., and stipulate and agree as follows:

1. Jennifer M. FauntLeRoy, M.D. ("Respondent") holds Vermont medical license No. 042-0009568, issued on November 5, 1997.

2. Jurisdiction in these matters vests with the Vermont Board of Medical Practice ("Board"), pursuant to 26 V.S.A. §§ 1353-1361, 3 V.S.A. §§ 809-814, and other authority.

Findings of fact

3. The Board opened the above-captioned matter upon receipt of a report from a pharmacist that Respondent may be improperly prescribing Subutex to patients.

4. While Respondent treated Patient A with buprenorphine for opioid dependence, he repeatedly acknowledged his current use of cocaine and marijuana during treatment sessions.

5. During Respondent's treatment of Patient A between July 2007 and November 2008, eleven of thirteen urine drug screens administered to Patient A demonstrated the presence of illicit, non-prescribed substances such

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as opiates, marijuana, and cocaine, or the absence of prescribed medication, such as clonazepam.

6. Despite the urine drug screen results, Patient A's progress notes do not indicate that Respondent discussed the results with Patient A or took appropriate, clinical responses, such as intensified treatment, discontinuation of prescription opiates, or referral to residential care.

7. While Respondent treated Patient B with buprenorphine for opioid dependence, he repeatedly produced urine drug screen results that were positive for marijuana.

8. Despite the urine drug screen results, Patient B's progress notes do not indicate that Respondent engaged in any interventions or new treatment requirements as a consequence for his marijuana use while being treated with buprenorphine.

9. Respondent began treating Patient B with Subutex despite describing him as in remission while being treated with a Suboxone at his previous appointment. Respondent's treatment records for Patient B do not adequately document her rationale for the change in medication.

10. During 2009 and 2010, pharmacy records for Patient B reveal a persistent and sustained pattern of Patient B prematurely refilling medication prescribed to him by Respondent.

11. Despite Patient B having had acknowledged to Respondent in 2008 that he overused medications prescribed by her, Patient B's treatment

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records do not document that Respondent acknowledged or addressed Patient B's premature medication refills in 2009 and 2010.

12. While Respondent treated Patient C with buprenorphine for opioid dependence, pharmacy records reveal a persistent and sustained pattern of Patient C prematurely refilling medication prescribed to him by Respondent.

13. During this time, Respondent consistently issued early prescriptions to Patient C.

14. Respondent's treatment records of Patient C do not reflect that she was aware that she was oversupplying medication to Patient C despite documenting that Patient C's overuse of his medication was acknowledged and discussed on three occasions.

15. In September 2011, Respondent began treating Patient C with Subutex after he complained of nausea when taking Suboxone.

16. Respondent's treatment records of Patient C do not document her observation of objective evidence of Patient C's subjective complaint or the occurrence and frequency of his claimed emesis.

17. In January 2012, Respondent documented that she discontinued treating Patient C with buprenorphine for opioid dependence and began treating him for pain with methadone.

18. When Respondent began treating Patient C with methadone, she did not document the implementation of a new treatment agreement, the use

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of a structured instrument to assess his pain, an effort to quantify his pain severity, or discuss target symptoms to assess the adequacy or effectiveness of the methadone treatment.

Conclusions of law

19. It is unacceptable medical practice for a licensee to improperly prescribe controlled substances. Such conduct may constitute unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).

20. Consistent with Respondent's cooperation with the Board, she agrees that if the State were to file charges against her it could satisfy its burden at a hearing and a finding adverse to her could be entered by the Board, pursuant to 26 V.S.A. §§ 1354(b)(1) and (2).

21. Respondent agrees that the Board may enter as its facts and/or conclusions in this matter Paragraphs 1 through 18, above, and further agrees that this is an adequate basis for the Board actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.

22. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, she has determined that she shall enter into the instant agreement with the Board. Respondent enters no further admission here, but to resolve this matter without further time, expense, and uncertainty, she has concluded that this agreement is acceptable

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and in the best interest of the parties.

23. Respondent acknowledges that she is knowingly and voluntarily entering into this agreement with the Board. She acknowledges she has had the advice of counsel regarding this matter and in the review of this Stipulation and Consent Order. Respondent is fully satisfied with the legal representation she has received in this matter.

24. Respondent agrees and understands that by executing this document she is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of her own to contest any allegations by the State.

25. The Board and Respondent agree that upon their execution of this Stipulation and Consent Order and pursuant to the terms herein, the above-captioned matter shall be administratively closed by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this document by Respondent and except as otherwise provided herein.

26. This Stipulation and Consent Order is conditioned upon its acceptance by the Board. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, she shall not assert in any subsequent proceeding any claim of prejudice from any such prior

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consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

27. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in her permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to the Federation of State Medical Boards Board Action Databank, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank.

28. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

29. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

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Order

WHEREFORE, based on the foregoing Findings of Fact, Conclusions of Law, and the consent of Respondent, it is hereby ORDERED that:

a. Respondent shall retain the services of a "practice monitor," of her choosing, subject to preapproval by the North Investigative Committee ("Committee") or the Board. The practice monitor shall report his/her findings to the Committee on a quarterly basis commencing on August 1, 2013 for a period of at least one year or earlier if recommended by her practice monitor and until Respondent is relieved of this condition upon her petition to the Committee. The practice monitor shall review the treatment records of fifteen (15) patients, as follows: (1) five patients to whom Respondent has dispensed or written a prescription for Subutex; (2) five patients to whom Respondent has dispensed or written a prescription for Suboxone; and (3) five patients for whom Respondent has written a prescription for a Schedule II, III, or IV controlled substance. The practice monitor shall select the patient records to be reviewed from a list prepared by Respondent that identifies all patients to whom Respondent has dispensed or written a prescription for Suboxone or a Schedule II, III, or IV controlled substances in the previous three months. The practice monitor shall review the patient records and determine whether the treatment and/or controlled substance prescribed was appropriate, and whether the prescription was issued earlier than necessary and/or appropriate. Respondent shall disclose to the practice monitor the identity of each patient who has produced a positive drug screen result in the preceding three months.

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The practice monitor shall review the care provided by Respondent for each patient that has produced a positive drug screen result and determine whether the care provided or other action taken by Respondent in response thereto was appropriate. After each quarterly review, Respondent shall meet with the practice monitor to discuss the quality of Respondent's medical care and the appropriateness of the prescription reviewed. Respondent shall be solely responsible for all costs associated with the practice monitor. Respondent shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee.

b. Respondent shall successfully complete a continuing medical education course ("CME") approved by the Committee or the Board that primarily addresses controlled substances prescribing. Respondent shall seek the Committee or Board's approval of a proposed CME course no later than 45 days prior to the date of the course. Respondent shall complete the course within one year of the entry of the Stipulation. Upon Respondent's successful completion of the class, she shall provide the Committee with official proof thereof and report to the Committee, in writing, what she learned from the course and how she will apply that knowledge to her practice. Respondent shall be solely responsible for all costs associated with the continuing medical education course.

c. Respondent shall comply with the Vermont Department of Health Medication Assisted Therapy for Opioid Dependence Rules when treating one

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or more patients with medication assisted treatment for opioid dependence, regardless of the total number of patients she is so treating.

d. Prior to issuing a prescription for or dispensing a controlled substance listed in Schedule II, III, or IV of the Controlled Substances Act, Respondent or her duly authorized designee shall run a query on the patient in the Vermont Prescription Monitoring System and Respondent shall review the resulting report and take such actions as are appropriate and indicated by the results.

e. Until Respondent is relieved of all conditions set forth herein, she shall provide patient records to the Committee as requested for its review and shall meet appear before the Committee upon request and reasonable notice.

Dated at Montpelier, Vermont, this 4 day of June, 2013.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

by: Kuehl

Kurt A. Kuehl
Assistant Attorney General
Vermont Attorney General's Office
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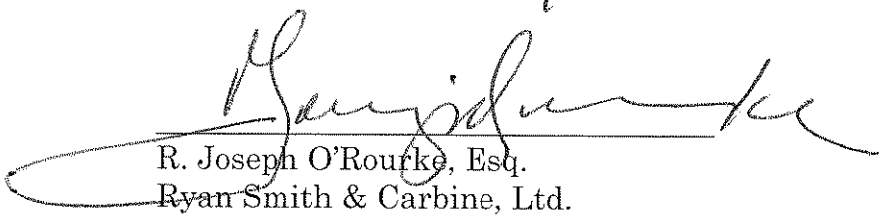
Dated at Rutland, Vermont, this 30 day of MAY, 2013.

JENNIFER M. FAUNTLEROY, M.D.
Respondent

Dated at Rutland, Vermont, this 30 day of MAY, 2013.



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AS TO JENNIFER M. FAUNTLEROY, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

Janice M. Gallant

Carol A. Diamond

DATED: June 5th, 2013

ENTERED AND EFFECTIVE: June 5th, 2013

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