

buprenorphine treatment; (b) Respondent did not obtain from Patient A an executed agreement regarding the terms and conditions of buprenorphine treatment; (c) On multiple occasions, Respondent refilled Suboxone prescriptions for Patient A that the patient claimed were lost or missing; and (d) Respondent continued to prescribe Suboxone to Patient A despite evidence of the patient's ongoing abuse of cocaine and stimulants, including Patient A's admission of intravenously injecting Ritalin.

5. Respondent treated Patient B for opioid addiction by prescribing Suboxone and for cancer-related pain by prescribing opioid medications. The Board's investigation of Respondent determined that Respondent's treatment of Patient B constituted a failure to practice competently in the following respects: (a) Respondent did not obtain Patient B's written consent to buprenorphine treatment; (b) Respondent did not obtain from Patient B an executed agreement regarding the terms and conditions of buprenorphine treatment; (c) On multiple occasions, Respondent refilled Suboxone prescriptions for Patient B that the patient claimed were lost; and (d) Between July 28, 2008 and April 15, 2010, Respondent prescribed opioid medications to Patient B without any face-to-face encounters and without conducting urine testing or pill counts.
6. Respondent treated Patient C for opioid addiction by prescribing Suboxone and for pain related to a knee injury by prescribing hydromorphone. The Board's investigation of Respondent determined that Respondent's treatment of Patient C constituted a failure to practice competently in the

following respects: (a) Respondent did not obtain Patient C's written consent to buprenorphine treatment; (b) Respondent did not obtain from Patient C an executed agreement regarding the terms and conditions of buprenorphine treatment; (c) On multiple occasions, Respondent replaced or early refilled Suboxone and hydromorphone prescriptions for Patient C that the patient claimed were lost, stolen, or overused.

7. In 2010, Respondent joined the Central Vermont Medical Center Hospitalist staff.
8. By letter dated July 24, 2012, Respondent gave up the special license assigned by the U.S. Drug Enforcement Agency ("DEA") which allowed him to prescribe buprenorphine (commonly known as a "DEA x license").
9. No specification of charges has been filed by the State in this matter. Respondent has cooperated with the Board during its investigation.

Conclusions of law

10. It is unacceptable medical practice and unprofessional conduct for a licensee to improperly prescribe controlled substances. Such conduct may constitute unsafe or 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).
11. Consistent with Respondent's cooperation with the Board, he agrees that his actions set forth in Paragraphs 4-6 constitute unprofessional conduct pursuant to 26 V.S.A. §§ 1354(b)(1) and (2).

12. Respondent agrees that the Board may enter as its facts and/or conclusions in this matter Paragraphs 1 through 9, 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.
13. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he 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, he has concluded that this agreement is acceptable and in the best interest of the parties.
14. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. Respondent acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the Board, he has had the right to be represented and advised by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent.
15. Respondent agrees and understands that by executing this document he 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 his own to contest any allegations by the State.

16. 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.
17. 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, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior 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, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.
18. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his 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.

19. 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.
20. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Vermont Board of Medical Practice, the Board may enter an order implementing the terms and conditions herein.

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 be publically REPRIMANDED for the conduct set forth herein;
- b. Respondent shall not at any time in the future possess a DEA x license; and
- c. Respondent shall provide immediate written notice to the Board if he changes careers or practice area in the future.

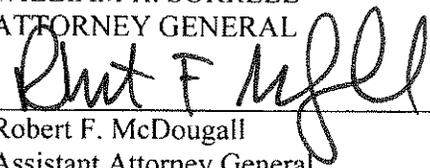
SIGNATURES

DATED at Montpelier, Vermont, this 31st day of July, 2012.

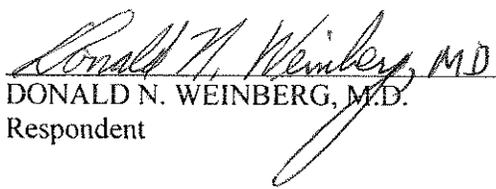
STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

By:

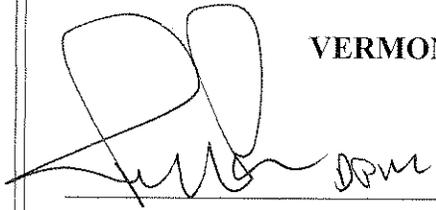

Robert F. McDougall
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609

DATED at Wilmington, Vermont, this 26th day of July, 2012.

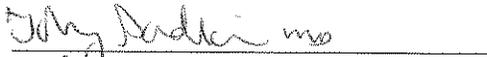

DONALD N. WEINBERG, M.D.
Respondent

Office of the
ATTORNEY
GENERAL
109 State Street
Montpelier, VT
05609

AS TO DONALD N. WEINBERG, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

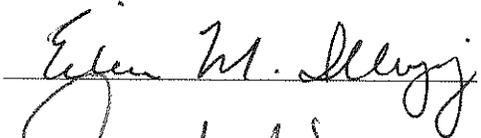




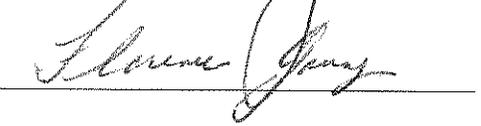












DATED: September 5, 2012

ENTERED AND EFFECTIVE: September 5, 2012

Office of the
ATTORNEY
GENERAL
109 State Street
Montpelier, VT
05609