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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **JOHN MERRILL SEVERINGHAUS, M.D.** **P.O. Box 234** **Norwich, VT 05055** **Physician's and Surgeon's Certificate** **No. G-36863** Respondent.	Case No. 800-2019-061411 **DEFAULT DECISION AND ORDER** [Gov. Code §11520]

FINDINGS OF FACT

1. On June 17, 2020, an employee of Board served by Certified and First Class Mail a copy of the Accusation No. 800-2019-061411, Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record with the Board, which was and is P.O. Box 234, Norwich, VT 05055. On June 25, 2020, the certified mail was delivered to Respondent's address

of record. (Exhibit Package, Exhibit 1: Accusation package, proof of service, USPS certified mail return receipt card[1].)

2. There was no response to the Accusation. On July 3, 2020, an employee of the Attorney General's Office sent by certified mail, addressed to Respondent at his address of record, a courtesy Notice of Default, advising Respondent of the service Accusation, and providing him with an opportunity to file a Notice of Defense and request relief from default. According to the U.S. Postal Service track and confirm, the item was delivered on July 11, 2020. (Exhibit Package, Exhibit 2: Courtesy Notice of Default, proof of service, and U.S. Postal Service track and confirm results.)

3. Respondent has not responded to service of the Accusation or the Notice of Default. He has not filed a Notice of Defense. As a result, Respondent has waived his right to a hearing on the merits to contest the allegations contained in the Accusation.

FINDINGS OF FACT

I.

4. William Prasifka is the Executive Director of the Board. The charges and allegations in the Accusation were at all times brought and made solely in the official capacity of the Board's Executive Director.

II

5. On June 26, 1978, the Board issued Physician's and Surgeon's Certificate number G 36863 to Respondent. The certificate is current and will expire on March 31, 2022. (Exhibit Package, Exhibit 3: Certificate of Licensure.)

III

6. On June 17, 2020, Respondent was duly served with an Accusation, alleging causes for discipline against Respondent. A Courtesy Notice of Default was thereafter served on Respondent. Respondent failed to file a Notice of Defense.

IV

[1] The evidence in support of this Default Decision and Order is submitted herewith as the "Exhibit Package."

7. The allegations of the Accusation are true as follows:

A. In September 2016, the Vermont Board of Medical Practice (Vermont Board) opened an investigation into Respondent's medical practice based on a complaint regarding Respondent's psychiatry and prescribing practices. Six patient records were analyzed from Respondent's general psychiatry practice and three patient records from his substance abuse treatment practice. The Vermont Board found that all of Respondent's psychiatry patient records were not in conformance with the prevailing standard for medical documentation, including but not limited to: absent or inconsistent summaries of patient presenting symptoms, past history, medical/family or social history, mental status exams, lab results, initial assessments and diagnosis descriptions of psychotherapy practiced, master medication list for each patient, and failure to document patient contact. Respondent also was found to have been unavailable and non-responsive to one of his patients from January through March 2016 and had not arranged any coverage for his patients while he was unavailable.

B. In addition, the Vermont Board had multiple concerns regarding Respondent's treatment and record keeping for his substance abuse patients including: failure to document rationale for prescribing controlled substances, including opioids; failure to document rationale for prescribing atypically high doses of buprenorphine; and Respondent's procedures for handling patient non-compliance with urine screens, positive urine screens and active drug and alcohol use.

C. The Vermont Board, on March 6, 2019, entered into a Temporary Voluntary Limitation of Practice Agreement with the Respondent that he cease and desist prescribing Schedule II controlled substances, or prescribing any controlled substances to any patient who is also prescribed buprenorphine. Thereafter, on February 5, 2020, the Vermont Board issued a Stipulation and Consent Order publicly reprimanding Respondent and placing temporary restrictions on his license for a period of five years including: requiring a practice monitor for a minimum of three years, paying a $3,000.00 administrative penalty, surrendering his Drug Enforcement Administration

privileges to prescribe Schedule II controlled substances for no less than three years, and successful completion of a medical record-keeping course and a patient communication course. (A copy of the Stipulation and Consent Order issued by the Vermont Board is attached as Exhibit A to the Accusation, Exhibit Package, Exhibit 1.)

V.

DETERMINATION OF ISSUES

8. Pursuant to the foregoing Findings of Fact, Respondent's conduct and the action of the Vermont Board of Medical Practice constitute cause for discipline within the meaning of Business and Professions Code sections 2305 and 141(a).

9. Respondent's actions constitute unprofessional conduct and are substantially related to the qualifications, functions or duties of a physician and surgeon, and are cause for discipline pursuant to Business and Professions Code sections 2234 and/or 2236.

ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. G-36863, heretofore issued to Respondent John Severinghaus, M.D., is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on September 25, 2020, at 5:00 p.m.

It is so ORDERED August 27, 2020.

FOR THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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Supervising Deputy Attorney General
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E-mail: Rebecca.Wagner@doj.ca.gov
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **John Merrill Severinghaus, M.D.** **P.O. Box 234** **Norwich, VT 05055** **Physician's and Surgeon's Certificate No. G 36863,** Respondent.	Case No. 800-2019-061411 **A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 26, 1978, the Medical Board issued Physician's and Surgeon's Certificate Number G 36863 to John Merrill Severinghaus, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2022, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examination, continuing education activities, and costs reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to section 803.1."

5. Section 2305 of the Code states:

"The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the

federal government, that would have been grounds for discipline in California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state."

6. Section 141 of the Code states:

"(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

FACTUAL SUMMARY

7. In September 2016, the Vermont Board of Medical Practice (Vermont Board) opened an investigation into Respondent's medical practice based on a complaint regarding Respondent's psychiatry and prescribing practices. Six patient records were analyzed from Respondent's general psychiatry practice and three patient records from his substance abuse treatment practice. The Vermont Board found that all of his psychiatry patient records were not in conformance with the prevailing standard for medical documentation including but not limited to: absent or inconsistent summaries of patient presenting symptoms, past history, medical/family or social history, mental status exams, lab results, initial assessments and diagnosis descriptions of psychotherapy practiced, master medication list for each patient, and failure to document patient contact. Respondent also was found to have been unavailable and non-responsive to one of his

patients from January through March 2016 and had not arranged any coverage for his patients while he was unavailable.

8. In addition, the Vermont Board had multiple concerns regarding Respondent's treatment and record-keeping of his substance abuse patients including: failure to document rationale for prescribing controlled substances, including opioids; failure to document rationale for prescribing atypically high doses of buprenorphine; and Respondent's procedures for handling patient non-compliance with urine screens, positive urine screens and active drug and alcohol use.

9. The Vermont Board, on March 6, 2019, entered into a Temporary Voluntary Limitation of Practice Agreement with the Respondent that he cease and desist prescribing Schedule II controlled substances, or prescribing any controlled substances to any patient who is also prescribed buprenorphine. Thereafter, on February 5, 2020, the Vermont Board issued a Stipulation and Consent Order publicly reprimanding Respondent and placing temporary restrictions on his license for a period of five years including: requiring a practice monitor for a minimum of three years, paying a $3,000.00 administrative penalty, surrendering his Drug Enforcement Administration privileges to prescribe Schedule II controlled substances for no less than three years, and successful completion of a medical record-keeping course and a patient communication course.

CAUSE FOR DISCIPLINE

(Discipline, Restriction or Limitation by Another Jurisdiction)

10. Respondent John Merrill Severinghaus, M.D. is subject to disciplinary action under sections 141(a) and/or 2305 of the Code in that he suffered discipline, restriction and/or limitation by the Vermont Board, as described in Paragraphs 7 – 9, above. Respondent's conduct and the action of the Vermont Board of Medical Practice as further described within the actual Vermont Board documents attached as Exhibit A, constitute unprofessional conduct within the meaning of 2305 and conduct subject to discipline within the meaning of section 141(a).

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 36863, issued to John Merrill Severinghaus, M.D.;

2. Revoking, suspending or denying approval of John Merrill Severinghaus, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering John Merrill Severinghaus, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 17 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2020400136
Severinghaus.john.accusation

Exhibit A

Vermont Board of Medical Practice

Stipulation and Consent Order; Temporary Voluntary Limitation of Practice Agreement; and Board Order re Practice Monitor

VERMONT BOARD OF MEDICAL PRACTICE

In re: John M. Severinghaus, M.D.	)))	Docket No. MPN 135-0916

STIPULATION AND CONSENT ORDER

NOW COME John M. Severinghaus, and the State of Vermont, by and through Vermont Attorney General Thomas J. Donovan, Jr., and hereby stipulate and agree to the following in the above-captioned matter:

1. John M. Severinghaus ("Respondent") holds Vermont medical license number 042.0008270 originally issued by the Vermont Board of Medical Practice on December 5, 1990. Respondent is a physician.
2. Jurisdiction in this matter rests with the Vermont Board of Medical Practice ("the Board"), pursuant to 26 V.S.A. §§ 1353-1357, 3 V.S.A. §§ 809-814, and other authority.

FINDINGS OF FACT

3. The Board opened this matter in September of 2016 upon receipt of a complaint concerning Respondent's psychiatry and prescribing practices. The matter was assigned to the North Investigative Committee of the Board ("the Committee").
4. Respondent is a physician who is board certified in both psychiatry and addiction medicine. Earlier in his career he maintained a general psychiatry practice, however at this point he limits his practice to substance abuse patients, including the prescribing of buprenorphine. As of the operative date

of this Stipulation, he treats patients exclusively through a group practice called Bradford Psychiatric Associates ("BPA").

5. The Committee conducted a thorough investigation into Respondent's psychiatry and prescribing practices, which included an analysis of six patient records from his previous general psychiatry practice and three patient records from his current substance abuse treatment practice at BPA.

6. With respect to the Committee's review of Respondent's prior general psychiatric patient records, the Committee determined that Respondent's records of the six patients[1] were not in conformance with prevailing standards for medical documentation. In particular, the Committee was concerned by either absent or inconsistent records of: (a) summaries containing the patients' presenting symptoms, past history, medical/family or social history, mental status exams, lab results, and initial assessments and diagnoses; (b) documentation of a formal assessment, diagnosis, relevant mental status exam findings, and treatment plan for each office visit; (c) descriptions of the type of psychotherapy practiced and the rationale therefor; (d) a master medications list for each patient; and (e) failure to include documentation of all out-of-office patient contact, for example, by phone or email.

7. Additionally, the Committee found that Respondent was unavailable and non-responsive to multiple inquiries from a patient whom he was actively treating[2],

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[1] The time period of treatment by Respondent reflected in the patient records reviewed by the Committee varied from patient to patient. However, the overall time span of records reviewed reflected treatment by Respondent that occurred between 2012 and 2017.

[2] Respondent treatment of this patient spanned approximately from 2006 through April of 2016.

which included the prescribing of medications, from January through March of 2016. Respondent also did not arrange for any coverage for his patients while he was unavailable.

8. With respect to Respondent's substance abuse patients, the Committee had concerns with Respondent's documentation of: (a) rationale for controlled substances, particularly opioids, being prescribed; (b) rationale for prescribing atypically high doses of buprenorphine to patients; (c) how Respondent handled non-compliance such as urine screens that were either negative for prescribed drugs or positive for non-prescribed substances; (d) how Respondent handled inappropriate alcohol consumption by patients using buprenorphine and tramadol; and (e) how Respondent handled active drug use by patients as evidenced by concerning urine drug screens and other relevant information in the patient records.

9. On March 6, 2019, Respondent entered into a Temporary Voluntary Limitation of Practice Agreement with the Board. Such Agreement provides that Respondent shall voluntarily and temporarily cease and desist from the prescribing of Schedule II controlled substances, and that he shall not prescribe any controlled substances to any patient who is also prescribed buprenorphine.

CONCLUSIONS OF LAW

10. The Board may find, "that failure to practice competently by reason of any cause on...multiple occasions constitutes unprofessional conduct." 26 V.S.A. § 1354(b). And "[f]ailure to practice competently includes, as

determined by the board . . . (1) performance of unacceptable patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice." 26 V.S.A. § 1354(b)(1) & (2). The Board interprets this subsection to include deficient documentation.

11. Respondent's substandard medical recordkeeping and unreliable and untimely response to a patient as described in paragraphs six, seven and eight above was not in conformance with the applicable standard of care for psychiatric and substance abuse treatment and constitutes unprofessional conduct as defined in 26 V.S.A. § 1354(b)(1) & (2).

12. Respondent agrees that the Board may enter as facts and/or conclusions paragraphs 1 through 11 above, and further agrees that this is an adequate basis for the Board's actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this Stipulation and Consent Order.

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 this Stipulation and Consent Order 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 Stipulation and Consent Order with the Board. He acknowledges he 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 he has received in this matter.

15. Respondent agrees and understands that by executing this Stipulation and Consent Order 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 parties 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 Stipulation and Consent Order by Respondent.

17. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this Stipulation and Consent Order, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this Stipulation and Consent Order 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 Stipulation and Consent Order, 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 shall be reported to other licensing authorities either directly or through medical licensing information sharing centers, including but not limited to: the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. 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.

19. 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.

ORDER

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

1. Upon Board approval of this Stipulation, Respondent is hereby relieved from the Voluntary Limitation of Practice Agreement that went into effect on March 6, 2019.
2. Respondent's Vermont medical license shall be temporarily CONDITIONED as follows:
    a. Respondent shall be REPRIMANDED for the conduct set forth above for a period of five years.
    b. Respondent shall pay an administrative penalty of $3,000.00 consistent with 26 V.S.A. § 1361(b). Payment shall be made to the "State of Vermont Board of Medical Practice," and shall be sent to the Vermont Board of Medical Practice office, at the following address: David Herlihy, Executive Director, Vermont Board of Medical Practice, P.O. Box 70, Burlington VT 05402-0070. The payment shall be due no later than one year after this Stipulation is approved by the Board.
    c. Respondent shall retain the services of a "practice monitor" for a minimum of three years, subject to the terms and conditions set forth in the attached "Practice Monitoring Agreement," which is incorporated by reference and attached hereto as Exhibit A. The three-year practice monitoring requirement will not begin until

the official "start date" as defined in the attached Practice Monitoring Agreement. Respondent shall comply with the terms and obligations of the Practice Monitoring Agreement. Respondent shall provide a copy of this Stipulation to the practice monitor. Respondent shall be responsible for ensuring that the practice monitor complies with the terms and obligations of the Practice Monitoring Agreement.

d. Respondent shall temporarily surrender, on his Drug Enforcement Administration registration, privileges to prescribe Schedule II controlled substances to all patients for a period of no less than three years from the date that this Stipulation is approved by the Board. Respondent shall not seek relief from this condition until after he has obtained relief from the Board from the practice monitoring condition as described above in paragraph d and the attached Practice Monitoring Agreement (Exhibit A). Once Respondent's petition for relief from the temporary surrender of his privileged to prescribe Schedule II controlled substances is granted by Board Order, Respondent's DEA prescribing privileges shall thereafter be unencumbered. In addition, two years after Board approval of the Stipulation, Respondent can petition for relief from this condition by providing specific details on why relief from this condition is necessary.

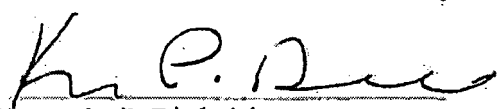
e. No later than one year from the date of approval of this Stipulation and Consent Order, Respondent shall successfully complete a comprehensive course on medical recordkeeping that qualifies for AMA PRA Category 1 continuing medical education ("CME") credit, and a course on the topic of patient communication. Each CME course shall be a live, in-person course. CME credits obtained through online CME courses are not acceptable for this requirement and will not be approved by the Committee. The course on medical recordkeeping must include a pre-course assessment of records previously prepared by Respondent and a post-course review of later-created records. Results of the post-course review shall be provided to the practice monitor and to the Committee. Respondent shall seek prior approval, in writing, from the Committee for the CME course. Upon successful completion of each CME course, he shall provide the Committee with proof of attendance. Respondent shall also provide the Committee with a brief written narrative of each CME course which will document what he learned from each course, and how he will apply that knowledge to his practice. Respondent shall provide proof of attendance and the written narratives to the Committee within 30 days of completion of each course. Respondent shall be solely responsible for all costs associated with the CME courses.

SIGNATURES

DATED at Montpelier, Vermont, this 31st day of January, 2020.

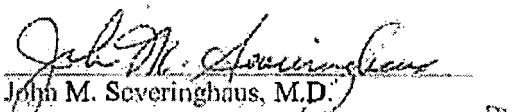
STATE OF VERMONT

THOMAS J. DONOVAN, JR
ATTORNEY GENERAL

By: 

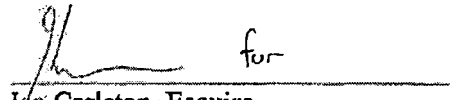
Kassandra P. Diederich
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

DATED at Burlington, Vermont, this 31st day of January, 2020.



John M. Severinghaus, M.D.
Respondent

DATED at Norwich, Vermont, this 30 day of January, 2020.



Ian Carleton, Esquire
Counsel for Respondent
SHEEHEY FURLONG & BEHM P.C.
30 Main Street, 6th Floor
PO Box 66
Burlington, VT 05402-0066

AS TO JOHN M. SEVERINGHAUS, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

DATED: February 5th, 2020

ENTERED AND EFFECTIVE: February 5th, 2020

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: John M. Severinghaus, M.D.	)	Docket No. MPN 135-0916
	)	

TEMPORARY VOLUNTARY LIMITATION

OF PRACTICE AGREEMENT

NOW COME John M. Severinghaus, M.D., and the State of Vermont, by and through Vermont Attorney General Thomas J. Donovan, Jr., and the undersigned Assistant Attorney General, Lindsay N. Browning, and agree and stipulate as follows:

1. John M. Severinghaus, M.D., ("Respondent") of Burlington, Vermont holds Vermont medical license number 042.0008270 first issued by the Vermont Board of Medical Practice on December 5, 1990. Respondent is a physician.
2. Jurisdiction in this matter rests with the Vermont Board of Medical Practice ("the Board"), pursuant to 26 V.S.A. §§ 1353-1361, 3 V.S.A. §§ 809-814, and other authority.
3. As a result of the Board's ongoing investigation into Docket No. MPN 135-0916, the parties have agreed that Respondent will voluntarily and temporarily cease and desist from the prescribing of Schedule II controlled substances as of a date certain as described below.
4. The Parties agree that Respondent may prescribe other controlled substances outside the prohibited Schedule II category, including buprenorphine (a Schedule III substance). However, Respondent shall not prescribe any controlled substances whatsoever to any patient who is also prescribed buprenorphine. In the event Respondent prescribes any allowed controlled substances, Respondent agrees to

comply with all relevant rules and statutes, including but not limited to the Vermont Department of Health Rules Governing Medication-Assisted Therapy for Opioid Dependence for The Vermont Department of Health Rules Governing Medication-Assisted Therapy for Opioid Dependence for: 1. Office-Based Opioid Treatment (OBPT) Providers Prescribing Buprenorphine 2. Opioid Treatment Providers (OTP) – State Regulations, effective dates April 1, 2016 through July 15, 2017 and the Vermont Prescription Monitoring System Rule, effective date July 1, 2017, as well as referring to the guidelines in Vermont Board of Medical Practice Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office, adopted June 4, 2014;

5. Respondent agrees that he shall voluntarily enter into this Temporary Voluntary Limitation of Practice Agreement ("Agreement") with the Board and shall voluntarily cease writing prescriptions for Schedule II controlled substances after March 31, 2019, and shall not write prescriptions for Schedule II controlled substances that can be filled after April 30, 2019. Respondent shall also make diligent efforts to support patients in finding sources for care that he will be unable to provide pursuant to this agreement and Respondent will document such efforts.
6. By entering into this Agreement, Respondent does not admit to any facts, nor does he admit violating any Rules of the Vermont Board of Medical Practice, Vermont statutes, federal statutes, any policies, and/or guidelines and retains the right to contest any allegations in the event the Board takes further action related to this matter.

7. The parties acknowledge that this Agreement is not a final resolution of the case, but that it will be enforced until the Board takes further action related to this matter. Respondent acknowledges that no promises have been made to him regarding the final disposition of this matter or other action of the Board.
8. Respondent agrees that the instant Agreement with the Board sets forth in writing the terms for such voluntary temporary limitation of practice.
9. Respondent agrees, pending further proceedings, action or order of the Board, to cooperate fully and in good faith with all further investigation of this matter by the North Investigative Committee ("the Committee").
10. Respondent acknowledges that he has been offered the opportunity to obtain and receive legal advice and counsel regarding this matter. Thus, Respondent voluntarily and knowingly agrees to the terms and conditions therein.
11. Respondent agrees that the Board, in its sole discretion, may consider and approve a petition from Respondent at a later date for modification or relief from the terms and conditions of this Agreement. Respondent understands that if he desires to seek modification or relief, he must first present a written petition to the Committee requesting such modification or relief. Respondent agrees and understands that the Committee will make a recommendation to the Board as to whether Respondent's petition for modification or relief should be granted. Respondent understands and agrees that, in order for a petition for relief or modification to be granted, the Board must approve his request for relief or modification and issue an Order to that effect.
12. Respondent agrees that he has read and carefully considered all terms and conditions herein and agrees that these may be adopted as an enforceable order of

the Board, pursuant to 3 V.S.A. §§ 129(a)(3), 809(d) and 26 V.S.A. §1353, and agrees to accept and be bound by these until such time as he may be expressly relieved of these or they are modified, in writing, by an order of the Board.

13. The parties acknowledge that this Agreement shall be a public document, shall be made part of Respondent's licensing file, and may be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. Respondent's license status will be changed to "Conditioned" upon approval of this Agreement by the Board.

14. This Agreement is subject to review and acceptance by the Board, and shall not become fully and finally effective until presented to and approved by the Board. If the Board rejects any part of this Agreement, the entire Agreement shall be void. The parties agree and request that the Board enter a binding order adopting the terms and conditions set forth herein.

15. Respondent agrees that the Board shall retain jurisdiction in this matter and may enforce as necessary the terms set forth herein, pursuant to 26 V.S.A. §1354(25) or other statutory provisions.

SIGNATURES

DATED at Montpelier Vermont, this _____ day of _____, 2019.

STATE OF VERMONT

THOMAS J. DONOVAN
ATTORNEY GENERAL

By: _____
Lindsay N. Browning
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609

DATED at Norwich, Vermont, this 5 day of March, 2019.

John M. Severinghaus
John M. Severinghaus, M.D.
Respondent

DATED at Burlington, Vermont, this 6th day of March, 2019.

for
Ian Carleton
Counsel for Respondent

SIGNATURES

DATED at Montpelier Vermont, this 6th day of March, 2019.

STATE OF VERMONT

THOMAS J. DONOVAN
ATTORNEY GENERAL

By: Lindsay N. Browning

Lindsay N. Browning
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609

DATED at _____, Vermont, this ____ day of _____, 2019.

_____
John M. Severinghaus, M.D.
Respondent

DATED at _____, Vermont, this ___ day of _____, 2019.

_____
Ian Carleton
Counsel for Respondent

AS TO JOHN M. SEVERINGHAUS, M.D.

APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

DATED: March 6, 2019

ENTERED AND EFFECTIVE: March 6, 2019

PRACTICE MONITORING AGREEMENT

Vermont Board of Medical Practice

John M. Severinghaus, M.D.

Docket No. MPN 135-0916

1. Pursuant to a Stipulation and Consent Order entered into by John M. Severinghaus, M.D. ("Dr. Severinghaus") and the Vermont Board of Medical Practice ("the Board") in Docket No. MPN 135-0916, Dr. Severinghaus has agreed to retain a practice monitor to monitor his medical practice. The purpose of this Practice Monitoring Agreement ("Agreement") is to set forth the terms of the practice monitoring component of Dr. Severinghaus's Stipulation and Consent Order (attached and incorporated hereto by reference). This Agreement will be signed by Dr. Severinghaus and the practice monitor approved by the North Investigative Committee ("the Committee").
2. Dr. Severinghaus is responsible for selecting a practice monitor.
3. The practice monitor chosen by Dr. Severinghaus shall be a Vermont licensed physician with an unconditioned license who has experience in the areas of substance abuse treatment and buprenorphine prescribing.
4. Dr. Severinghaus shall seek the Committee's approval of a practice monitor. He shall provide the Committee, in writing, with the name and curriculum vitae of the proposed practice monitor. The Committee will provide a written response to Dr. Severinghaus. If the Committee rejects Dr. Severinghaus's proposed practice monitor,

he shall provide the Committee with the name and curriculum vitae of another proposed practice monitor.

5. Dr. Severinghaus shall provide the practice monitor with a copy of the fully executed Stipulation and Consent Order.
6. The practice monitoring shall start within 70 days of the date that the Board approves the Stipulation and Consent Order (hereinafter referred to as the "start date").
7. The practice monitor shall perform a monthly record review of five of Dr. Severinghaus's patients to whom is he providing substance abuse treatment which includes the prescribing of buprenorphine. The patient records shall be randomly selected by the practice monitor. The practice monitor shall meet with Dr. Severinghaus on a monthly basis to discuss the findings of his/her record review. Dr. Severinghaus is responsible for ensuring that there is appropriate documentation of each monthly record review and discussion. Such documentation shall include the date of each record review, and the date and length of time of each discussion between the practice monitor and Dr. Severinghaus regarding the findings of each chart review. This documentation shall be submitted with each monthly practice monitoring report.
8. After the Committee has received 12 consecutive, favorable and timely monthly monitor reports, Dr. Severinghaus may submit a written request to the Committee to reduce the record reviews and discussions and submission of practice monitoring reports to occur on a quarterly basis.

9. The practice monitor shall report his/her findings in a detailed written report to the Committee for three full years. The first report shall be submitted no later than one month after the start date.
10. Dr. Severinghaus shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee.
11. The practice monitoring shall continue for a total of three years from the start date. At the end of the three-year monitoring period, Dr. Severinghaus shall submit a written request to the Committee to end the requirement for practice monitoring. Such a request shall not be considered by the Committee until Dr. Severinghaus has provided favorable and timely monitoring reports for three complete years. The Committee will provide a written response to Dr. Severinghaus's petition for relief. If the Committee approves his petition for relief from the practicing monitoring, the Committee shall present Dr. Severinghaus's petition for relief from the practice monitoring to the Board. The monitoring of Dr. Severinghaus's practice shall not end until the Board issues an Order granting Dr. Severinghaus relief from the practice monitoring.
12. In the event that the practice monitor can no longer monitor Dr. Severinghaus's practice, Dr. Severinghaus shall notify the Committee in writing within five days of receiving notice that the practice monitor can no longer monitor his practice. Dr. Severinghaus shall retain the services of a new practice monitor, subject to preapproval by the Committee. Within 30 days of providing written notice to the Committee that the practice monitor can no longer monitor his practice, Dr. Severinghaus shall provide the Committee with the name and curriculum vitae of the proposed new practice monitor. The Committee will provide written notification to

Dr. Severinghaus indicating whether it approves or disapproves of the new proposed practice monitor.

13. In the event that the practice monitor can no longer monitor Dr. Severinghaus's practice and ceases to perform his/her obligations under this Agreement if a new practice monitor is not approved by the Committee within 60 days of receiving notice that the practice monitor can no longer monitor his practice, Dr. Severinghaus shall not prescribe any medications (controlled and uncontrolled substances) to patients unless and until he has a Committee-approved practice monitor who is actively monitoring his practice in full compliance with the terms and conditions of this Agreement.

14. The Committee retains the unfettered discretion to disapprove Dr. Severinghaus's practice monitor at any time. If the Committee disapproves of Dr. Severinghaus's practice monitor, it will provide Dr. Severinghaus with written notice of the disapproval and a brief explanation of reasons for the disapproval. Once Dr. Severinghaus receives this written notice from the Committee, Dr. Severinghaus shall immediately notify his practice monitor that he/she is no longer approved to monitor his practice, and the practice monitor shall immediately cease from monitoring Dr. Severinghaus's practice. Consistent with paragraph 13 above, if a new practice monitor is not approved by the Committee within 60 days of receiving notice that the practice monitor can no longer monitor his practice, Dr. Severinghaus shall not prescribe any medications (controlled and uncontrolled substances) to patients. Dr. Severinghaus shall not resume prescribing any medications until the first day that the new practice monitor can begin monitoring his practice. Dr. Severinghaus shall

follow the procedures for proposing a new practice monitor as set forth in paragraph 12 above.

15. Dr. Severinghaus shall be responsible for ensuring that the following is reviewed by the practice monitor and discussed and documented in the practice monitoring reports:

    a. Documentation of each chart review performed by the practice monitor and discussions of the findings of the chart review as described in paragraph 7 above that occurred during the time period that covers each monthly or quarterly review;

    b. Whether Dr. Severinghaus's prescribing practices meet the standard of care;

    c. Whether Dr. Severinghaus's medical record keeping is in accordance with the standard of care;

    d. Whether Dr. Severinghaus's clinical monitoring of substance abuse treatment patients to whom he is prescribing buprenorphine meets the standard of care;

    e. Whether Dr. Severinghaus's substance abuse treatment practice, specifically including the prescribing of buprenorphine, meets the standard of care; and

    f. Recommended improvements to Dr. Severinghaus's practice;

16. Prior to the submission of each monitoring report to the Committee, the practice monitor shall meet with Dr. Severinghaus to discuss the findings of his/her practice monitoring report. Dr. Severinghaus shall be responsible for ensuring that the

occurrence of such meetings, as well as what was discussed, is appropriately documented in writing and provided to the Committee upon request.

17. Each monitoring report shall include the dates and length of time that he/she met with Dr. Severinghaus to review the findings of his/her monitoring report.
18. The practice monitor shall review any other documents, records, files, logs, etc. that will provide the requisite information needed to prepare written monitoring reports.
19. The practice monitor shall speak with Dr. Severinghaus's co-workers to obtain the requisite information needed to prepare the written monitoring reports.
20. The Board will not bear any of the costs associated with the practice monitor.
21. Dr. Severinghaus and the practice monitor agree that they have both read this Agreement in its entirety and agree to all of the terms and obligations set forth herein.
22. Dr. Severinghaus and the practice monitor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Committee.

Signatures

DATED at _____, Vermont, this _____ day of _____, 2020.

_____
John M. Severinghaus, M.D.

DATED at _____, Vermont, this _____ day of _____, 2020.

_____
Practice Monitor

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: John M. Severinghaus, MD	)))	Docket No. MPN 135-0916

ORDER

The Board approves, upon recommendation by the North Investigative Committee, Respondent's request to have Donald A. West, MD act as practice monitor. Dr. West is licensed as an MD by the State of New Hampshire but does not hold a Vermont license. This is notwithstanding paragraph 3 of Exhibit A to the Order of February 5. 2020. Should Respondent need to seek approval of a successor practice monitor in the future, paragraph 3 of Exhibit A remains in force.

FOR THE BOARD
Under Authority of Act 91 of March 30, 2020

David K. Herlihy
Digitally signed by David K. Herlihy
Date: 2020.04.16 08:44:13 -04'00'

David K. Herlihy
Executive Director
Vermont Board of Medical Practice

DATED: April 16, 2020