

**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<sup>1</sup> 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<sup>2</sup>,

---

<sup>1</sup> 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.

<sup>2</sup> 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.

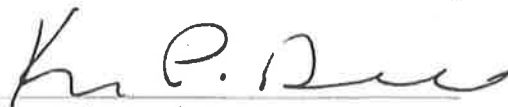
**SIGNATURES**

DATED at Montpelier, Vermont, this 31<sup>st</sup> day of January, 2020.

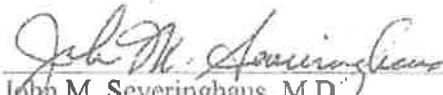
STATE OF VERMONT

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

2020. DATED at Burlington, Vermont, this 31<sup>st</sup> day of January

  
John M. Severinghaus, M.D.  
Respondent

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

 for  
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

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

DATED:

*February 5<sup>th</sup>, 2020*

ENTERED AND EFFECTIVE:

*February 5<sup>th</sup>, 2020*

# **EXHIBIT A**

# **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