

2015 through October 2015. At all other times, from November 2011 through May 2016, the patient was under the care of a psychiatric provider to treat his ADHD.

6. When Respondent became the patient's PCP in 2007, the patient had been on Adderall for at least 7-8 years and was being prescribed 120 milligrams ("mgs") daily. In May 2009, the dose of Adderall being prescribed by Respondent rose to 160 mgs daily. The patient was 30 years old at this time. Respondent started to prescribe Lisinopril to the patient in 2008 to treat hypertension.

7. The daily dose of 120 mgs of Adderall that the patient had been prescribed prior to Respondent becoming his PCP and the daily dose of 160 mgs that Respondent prescribed to the patient were extremely high and well above the standard dosing.

8. In March of 2014 an electrocardiogram ("EKG") was performed on the patient that showed a QT time of 386 milliseconds ("ms") (a normal QT for an adult male is below 440 ms), and a QTc of 497 (borderline high) (a normal QTc for an adult male is 390-450 ms)¹. As a result of the EKG result, Dr. Geurts referred the patient for a transthoracic echocardiogram on April 8, 2014. The resulting report noted, "NORMAL ECHOCARDIOGRAM WITHOUT SIGNIFICANT VALVULAR OR WALL MOTION ABNORMALITIES."

9. In February of 2016, the patient had another EKG performed which showed a prolonged QT interval with a QTc of 468 ms. Despite these findings, Respondent did not pursue further evaluation of the patient with cardiology.

¹ Long QTc syndrome is a heart rhythm condition that is a disorder of the recovery of the heart cells after each contraction that can potentially cause fast, chaotic heartbeats that may trigger a sudden fainting spell or seizure. In some cases, the heart can beat erratically for so long that it causes sudden death.

10. During the time period that Respondent prescribed Adderall for this patient, he failed to include a documented rationale for prescribing Adderall in such an excess of the standard dosing. There is no published indication for use of Adderall at this high dose. Contraindications for standard dosing of Adderall include evidence of abuse, moderate to severe hypertension, or any known structural abnormalities or arrhythmias in the heart.

11. On May 28, 2016, the patient passed away from a myocardial infarction at the age of thirty-seven (37).

12. Respondent's medical documentation of his treatment of the patient did not meet the standard of care. His documentation of the assessment and plan regarding the ongoing use of off label dosing of Adderall is inadequate.

13. The Committee determined that Respondent's overall treatment of the patient, particularly the prescribing and management of Adderall, as well as insufficient medical documentation, demonstrated a failure to practice competently on multiple occasions, the performance of unsafe and unacceptable patient care, and failed to conform to the essential standard of acceptable and prevailing practice.

CONCLUSIONS OF LAW

14. The Board may find, "that failure to practice competently by reason of any cause on a single occasion or multiple occasions constitutes unprofessional conduct." 26 V.S.A. § 1354(b). "[F]ailure to practice competently includes, as determined by the board... (1) performance of unsafe or unacceptable patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice." 26 V.S.A. § 1354(b)(1) and (2).

15. Respondent's unacceptable treatment of the patient as described in paragraphs five (5) through thirteen (13) above was not in conformance with the applicable standards

of care for the provision of general primary care, prescribing medications, monitoring the patient's medication use, and medical recordkeeping.

16. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs one (1) through fifteen (15) 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 agreement.

17. 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 ("Stipulation") 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 Stipulation is acceptable and in the best interest of the parties.

18. Respondent acknowledges that he is knowingly and voluntarily entering into this Stipulation with the Board. He 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 by counsel. Respondent has carefully reviewed and considered this Stipulation.

19. Respondent agrees and understands that by executing this Stipulation 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.

20. The parties agree that upon their execution of this Stipulation, 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 by Respondent.

21. This Stipulation is conditioned upon its acceptance by the Board. If the Board rejects any part of this Stipulation, the entire Stipulation shall be considered void. Respondent agrees that if the Board does not accept this Stipulation 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, 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.

22. Respondent acknowledges and understands that this Stipulation 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 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.

23. The parties therefore jointly agree that should the terms and conditions of this Stipulation 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. Respondent shall be REPRIMANDED for the conduct set forth above.
2. Respondent's medical license shall be CONDITIONED as follows:
 - a. Respondent shall pay an administrative penalty of \$2,500.00 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 (1) month after this Stipulation is approved by the Board.
 - b. Respondent shall successfully complete live, in-person AMA PRA Category 1 continuing medical education ("CME") courses on the following topics: medical recordkeeping, treating and managing adult ADHD, and proper EKG use and reading. Such CME courses must be completed no later than one (1) year after this Stipulation is approved by the Board. Respondent shall seek prior approval, in writing, from the Committee for each 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 narrative to the Committee.


[SIGNATURE PAGE TO FOLLOW]

SIGNATURES

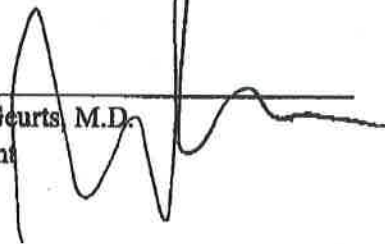
DATED at Montpelier, Vermont, this 30th day of August, 2019.

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 Johnson, VT this 29th day of AUG, 2019.


Maurice Geurts, M.D.
Respondent

DATED at Burlington, Vermont, this 29th day of August, 2019.


Shireen Hart, Esquire
PRIMMER PIPER EGGLESTO &
CRAMER PC
30 Main St., Suite 500
P.O. Box 1489
Burlington, VT 05402-1489
Counsel for Respondent

AS TO MAURICE GEURTS, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

Yud M. Zuber _____
PA Bensford _____
[Signature] _____
W. HOA _____
[Signature] _____
[Signature] _____

DATED: September 4th, 2019
ENTERED AND EFFECTIVE: September 4th, 2019