STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Amalia F. Lee, M.D.	)	Docket Nos. MPC 165-1210/MPC 088-0712

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont, by and through Attorney General William H. Sorrell and alleges as follows:

1. Amalia F. Lee, M.D. ("Respondent") holds medical license number 042-0009972 issued by the Vermont Board of Medical Practice on January 4, 2000. At all times relevant to these Charges, Respondent practiced psychiatry in Brattleboro, Vermont.

2. Jurisdiction in this matter vests with the Vermont Board of Medical Practice ("Board"), pursuant to 26 V.S.A. §§ 1353-57, 3 V.S.A. §§ 809-814, and other authority.

I. Background

3. The Board originally opened an investigation into MPC 165-212 based upon a complaint filed on November 9, 2010, by an attorney in Brattleboro, VT ("Patient A"). Patient A alleged that the Respondent, her psychiatrist at the time, had attempted to unduly influence her in connection with her representation of a client in a family court matter. Patient A subsequently withdrew her complaint on December 7, 2010. However, because of the serious nature of Patient A's allegations regarding Respondent, the Board began an initial investigation on January 3, 2011.

4. On February 4, 2011, Board Investigator Paula Nenninger interviewed Respondent. Respondent indicated that she had visited Patient A at her house on two occasions, and that Patient A would stop by her house uninvited. According to Respondent,

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

Patient A wanted a relationship with her, and had proposed marriage several times. Respondent indicated that she had terminated her doctor-patient relationship with Patient A.

5. May 4, 2011 the Board wrote to Respondent and closed case number MPC 165-1210 without any disciplinary action, but advised Respondent to pay more attention to boundary issues with patients, particularly troubled patients.

6. On May 5, 2011, Board Investigator Philip Ciotti received a call from Patient A. Patient A alleged that Respondent exposed herself to her during an office appointment and that Respondent had continued to write prescriptions for her even though she was no longer Respondent's patient.

7. Based on the additional concerning allegations made by Patient A, on May 13, 2011, the Board reopened docket number MPC 165-1210 and resumed the investigation.

8. Board Investigator Philip Ciotti met with Respondent in her office on May 20, 2011. Respondent indicated that she had sent a certified letter to Patient A indicating that she was no longer her doctor. Investigator Ciotti presented a subpoena for Patient A's medical records. Respondent responded that she only had part of Patient A's chart because she had given Patient A her original medical records sometime in 2005. Respondent refused to provide Investigator Ciotti with the remaining medical records, claiming that they were unorganized, and that she would have to get the records together. During this interview, Respondent admitted that she prescribed Seroquel for the Complainant even though she was no longer Respondent's patient.

9. Respondent eventually provided the Board with what was left of Patient A's records in July of 2011, which contained very little documentation of medical care from 2005 to the present. The records consisted primarily of written correspondence between

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

Respondent and Patient A. Eight-nine pages of the records were written in Hebrew. The Board also received Patient A's pharmacy records documenting the medications that Respondent prescribed to Patient A.

10. A review of Patient A's records raised concerns about whether Respondent was maintaining records of her care and treatment that met the applicable standards of care. Specifically, the records did not contain basic patient information such as diagnosis, treatment plan, notes of patient encounters, test results, and medication prescribed.

11. In August of 2011 Respondent provided the Board with a copy of transcribed phone messages that Patient A left for Respondent. The content of the messages implied that Respondent and Patient A had boundary issues.

12. As part of the ongoing investigation, a subpoena for four additional patient records (Patients B through E) was served on Respondent in August of 2011. Respondent refused to provide the Board with the additional patient records. On December 16, 2011 the Board filed a Motion to Enforce its Subpoena in Chittenden Unit Superior Court. Respondent produced the subpoenaed records under seal subject to an agreement that such records remain sealed unless and until a court ruled that Respondent could produce them in response to the subpoena. [1]

13. On June 21, 2012 the Board received information from a crisis worker at Health Care and Rehabilitation Services of Southeastern Vermont concerning Respondent. The crisis worker alleged that one of Respondent's minor patients ("Patient F") attempted suicide by taking an overdose of medications prescribed by Respondent. The crisis worker was concerned about the types and quantities of medications prescribed by Respondent.

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

[1] This information is being provided only for the purpose of providing background information to explain the delay in obtaining patient records and eventually proceeding to the filing of this Specification of Charges.

14. As a result of the complaint made by the crisis worker, on June 25, 2012 the Board opened a new case (MPC 088-0712) and investigation concerning Respondent's treatment of Patient F.

15. On July 26, 2012 the Board requested that Respondent provide Patient F's medical records. On August 24, 2012 the Board received records concerning Patient F from Respondent. However, the only records included were from Patient F's treatment at Brattleboro Memorial Hospital and Brattleboro Retreat. On September 20, 2012 the Board received records of Respondent's treatment of Patient F.

16. On January 30, 2013 Investigator Nenninger spoke with Patient F's School Nurse. The School Nurse advised Investigator Nenninger that she was concerned about the amount of medications that Patient F was taking, and had talked to Respondent several times about her concerns. Specifically, she was alarmed with the prescription patterns, rapid changes, and combination of medications prescribed by Respondent.

17. In April of 2013 the Board received Patient F's school records, including the supports and services that Patient F received for mental health issues.

18. Due to the new complaint and the Board's continued concerns with the care Respondent provided to Patients A though F, the Board decided that it was necessary to have an expert review all of the patient records. On September 3, 2013 the Board filed a Motion to Enforce its Subpoena in Chittenden Unit Superior Court. On December 10, 2013, the Court granted the Board's motion, and ordered Respondent to deliver a single set of the four patients' records to the Board for the sole purpose of the ongoing investigation or further proceedings by the Board concerning Respondent. The Order further stated that the Board was not permitted to make copies of any of the records. On February 21, 2014, the Board

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

filed a Motion for Relief from the Court's December 10, 2013 Order, requesting that it be permitted to provide its expert witness with a copy of the patient records in electronic format on a compact disc due to the voluminous paper copies. Respondent did not object and the Court granted the Board's request.

II. Respondent's Treatment of Patients A - F

Patient A

19. It is unclear when Respondent began treating Patient A due to the fact that Respondent admittedly provided Patient A with an original copy of all of her medical records sometime in 2005. Respondent failed to provide the Board with all of Patient's A records as the only records that Respondent could provide to the Board were Patient A's records from June of 2005 through June of 2011.

20. Although voluminous in size, Patient A's remaining records from 2005 through the present provided by Respondent contain little documentation of medical care. There are 89 pages written completely in Hebrew without any documented indication in English as to what is contained in the documents. There are a number of other records that are written partially in Hebrew and partially in English.

21. There are only three office visit notes documenting Respondent's treatment of Patient A over a span of six years. Prescription records, a bill for Respondent's services sent to Patient A on May 2, 2011, an email from Respondent to Patient A on October 24, 2009 scheduling an office visit, Respondent's referral to Dr. Vijay Thadani on November 25, 2008, and Respondent's written request for a copy of Patient A's brain MRI on November 1, 2006 all suggest that Respondent may have regularly seen Patient A for treatment throughout this

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

time period.

22. Respondent's office notes do not document a clear treatment plan or objectives for Patient A.

23. Respondent's few office notes have inadequate clinical information regarding documentation of Patient A's symptoms or mental status findings.

24. Vermont Prescription Monitoring System ("VPMS") records indicate that Respondent prescribed controlled substances to Patient A from January of 2008 through January of 2010. Respondent's records concerning Patient A indicate that Respondent prescribed medications to Patient A from January 29, 2008 through November 11, 2010.

25. Respondent prescribed the following medications to Patient A: clonazepam, zaleplon, benztropine, Seroquel and Abilify.

26. Respondent did not document any formal assessment or diagnosis to support the medications that she prescribed to Patient A.

27. Patient A requested, in writing, that her doctor-patient relationship with Respondent be terminated on January 27, 2010 and again on September 27, 2010. Yet, after both requests by Patient A, Respondent continued to write prescriptions for Patient A without documentation that their doctor-patient relationship had resumed.

28. On November 10, 2010, Respondent wrote a letter to Patient A indicating that it was her understanding that Patient A had terminated their doctor-patient relationship.

29. Despite Respondent's November 10, 2010 letter to Patient A referenced above, and admission during a May 10, 2011 interview with Investigator Ciotti that she had terminated her doctor-patient relationship with Patient A, Respondent prescribed Seroquel with three refills to Patient A on April 27, 2011.

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

30. Respondent did not document a justification or explanation of the clinical appropriateness of prescribing medication to Patient A after formal termination of their doctor-patient relationship.

Patient B

31. The patient records provided by Respondent indicate that Respondent treated Patient B from October 19, 2010 through September 15, 2011. The patient records include documentation of four office visits with Patient B throughout this same time period.

32. The VPMS records indicate that Respondent prescribed controlled substances to Patient B from October 19, 2010 through May 19, 2013.

33. The patient records provided by Respondent indicate that Patient B had a history of post-traumatic stress disorder, ADHD, anxiety, depression, alcohol and marijuana abuse, and self-mutilation.

34. Respondent prescribed the following medications to Patient B: alprazolam, clonazepam, amphetamine salts, Adderall, topiramate, Lexapro and zolpidem tartrate.

35. Respondent prescribed two benzodiazepines simultaneously without adequate ongoing documentation to support the clinical appropriateness of the continued prescribing of these medications. Specifically, Respondent prescribed a 30 day supply of Alprazolam 1 mg and a 30 day supply of Clonazepam 1 mg to Patient B on November 1, 2012 and January 17, 2013.

36. Respondent's office notes contain inadequate documentation of diagnostic assessment that was inadequate for prescription of controlled substances in general, and especially the specific medications prescribed to Patient B in combination.

37. Respondent's office notes do not document a legible and clear treatment plan

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

or objectives for Patient B.

Patient C

38. The patient records provided by Respondent indicate that Respondent treated Patient C from July 9, 2005 through September 15, 2011. The patient records include documentation of 30 office and home visits with Patient C for this same time period.

39. VPMS records indicate that Respondent prescribed controlled substances to Patient C from January 4, 2008 through February 6, 2013.

40. The patient records provided by Respondent indicate that Patient C suffered from severe depression and anxiety.

41. Respondent prescribed the following medications to Patient C: zolpidem tartrate, alprazolam, zaleplon, Lexapro and Lunesta.

42. Respondent prescribed two sleeping medications simultaneously to Patient C without adequate ongoing documentation of the clinical appropriateness of continuing to prescribe these medications. Specifically:

a. On September 4, 2008 Respondent prescribed a 30 day supply of zolpidem tartrate 10 mg, and on September 17, 2008 Respondent prescribed a 30 day supply of zaleplon 10 mg which Patient C refilled merely days apart in September of 2008, October of 2008, November of 2008, December of 2008, and January of 2009;

b. On March 5, 2009 Respondent prescribed a 30 day supply of zolpidem titrate 10 mg, and on March 25, 2009 Respondent prescribed a 30 day supply of zaleplon 10 mg, which Patient C filled on the same days prescribed; and

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

c. On February 6, 2013 Respondent prescribed a 30 day supply of zaleplon 10 mg and a 30 day supply of zolpidem tartrate 10 mg.

43. Many of Respondent's office notes have inadequate clinical information regarding documentation of Patient C's symptoms or mental status findings.

Patient D

44. The patient records provided by Respondent indicate that Respondent treated Patient D from March 6, 2003 through June 21, 2011. The patient records include documentation of 36 office visits with Patient D for this same time period.

45. The VPMS records indicate that Respondent prescribed controlled substances to Patient D from May 19, 2008 through March 15, 2013.

46. Respondent's office notes indicate that Patient D reported she felt depressed, anxious, and had difficulty sleeping.

47. Respondent prescribed the following medications to Patient D: Lunesta, zolpidem titrate, Sonata, diazepam, Provigil, Wellbutrin, Risperdal, Effexor, Ambien and alprazolam.

48. Respondent prescribed two sleeping medications simultaneously without adequate ongoing documentation to support the clinical appropriateness of the continued prescribing of these medications. Specifically:

a. On September 6, 2011 Respondent prescribed 30 tablets and 30 day supply of Lunesta 3 mg with three refills, and on September 9, 2011 Respondent prescribed 30 tablets and 30 day supply of Sonata 10 mg with two refills. Patient D filled both medications on the same dates they were prescribed. Both medications were simultaneously refilled

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

on October 31, 2011.

b. On May 9, 2012 Respondent prescribed 30 tablets and 30 day supply of Zaleplon 10 mg, and on May 16, 2012 prescribed 30 tablets and 30 day supply of Lunesta 3 mg. Patient D filled both medications on the same dates they were prescribed. Both medications were refilled merely days apart on August 13, 2012 (Zaleplon), and August 18, 2012 (Lunesta).

49. Respondent did not document any formal assessment or diagnosis to support the medications that she prescribed to Patient D.

50. Respondent's office notes do not document a clear treatment plan or objectives for Patient D.

51. Many of Respondent's office notes have inadequate clinical information regarding documentation of Patient D's symptoms or mental status findings.

Patient E

52. The Patient records provided by Respondent indicate that Respondent treated Patient E from January 20, 2011 through April of 2011. The patient records document one office visit on January 20, 2011 with Patient E for this same time period.

53. VPMS records indicate that Respondent prescribed controlled substances to Patient E from January 20, 2011 through April 13, 2011.

54. Respondent prescribed the following medications to Patient E: methylphenidate, Concerta, and methylin.

55. Respondent's office notes contain inadequate documentation of diagnostic assessments prior to prescribing scheduled medication.

Patient F

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

56. The Patient records provided by Respondent indicate that Respondent treated Patient F from approximately June 2, 2011 through September 9, 2012. Although, it appears from Respondent's office notes that she first met with Patient F's mother on June 2, 2011, and then met with Patient F for the first time on June 14, 2011. Patient F was 16-years-old when Respondent began treating her. Respondent's office notes include documentation of 28 office visits with Patient F, two phone calls with Patient F, eight phone calls and two meetings with Patient F's mother, one meeting with Patient F's parents for this same time period.

57. The VPMS records indicate that Respondent prescribed controlled substances to Patient F from June 14, 2011 through December 6, 2012.

58. Respondent's office notes indicate that Patient F had a history of depression, anxiety, reactive attachment disorder, alcohol and substance abuse, self-mutilation, and psychiatric admission.

59. Patient F was admitted to Brattleboro Retreat on June 17, 2012, and discharged on July 26, 2012. This admission of Patient F occurred because she overdosed on four prescription medications prescribed by Respondent in addition to consuming alcohol. Specifically, Patient F overdosed on diazepam, lorazepam, Ativan, Adderall and Wellbutrin.

60. Respondent prescribed stimulant medications, (Adderall, Vyvanse and amphetamine salts), to Patient F from June of 2011 to December of 2012.

61. Despite Patient F's history of substance abuse and a multitude of co-morbid psychiatric conditions, Respondent's office notes contain inadequate documentation of adequate diagnostic assessment, appropriate indication, and diagnosis prior to initially and continually prescribing stimulant medications to Patient F.

62. A week after Respondent prescribed Adderall, Patient F's anxiety reportedly

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

increased. Instead of lowering or discontinuing the dose of Adderall, Respondent prescribed Lorazepam, a benzodiazepine, without documenting a justification for this decision.

63. Respondent prescribed two benzodiazepines simultaneously to Patient F, an adolescent, for long-term treatment of anxiety without adequate ongoing documentation to support the clinical appropriateness of the continued prescribing of these medications. Specifically:

a. Prescribed 90 tablets and 30 day supply of lorazepam .5 mg on June 21, 2011, filled on June 21, 2011; prescribed 180 tablets and 30 day supply of lorazepam .5 mg with one refill on June 21, 2011, filled on July 2nd and July 28th, 2011.

b. Prescribed 60 tablets and 30 day supply of 1 mg of alprazolam ER on July 12, 2011, filled on July 13, 2011; prescribed 60 tablets and 30 day supply of 1 mg of alprazolam on July 27, 2011, filled on the same day.

c. Prescribed 60 tablets and 30 day supply of 1 mg of alprazolam ER on August 1, 2011 with five refills, filled on August 1, 2011 and September 12, 2011; and prescribed 240 tablets 30 day supply of .5 mg of lorazepam on August 22, 2011, and filled on August 22, 2011.

d. Prescribed 90 tablets and 30 day supply of 5 mg of diazepam with one refill and 210 tablets and 30 day supply of .5 mg of lorazepam on September 29, 2011, filled on September 29, 2011.

e. Prescribed 90 tablets and 30 day supply of 5 mg of diazepam with one refill on December 7, 2011, filled on December 16, 2011; prescribed 210 tablets and 30 day supply of .5 mg of lorazepam with two refills on

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

December 12, 2011, filled on December 23, 2011.

f. Prescribed 90 tablets and 30 day supply of 5 mg of diazepam with one refill and 210 tablets and 30 day supply of .5 mg of lorazepam with one refill on March 8, 2012, filled on April 6th and April 16, 2012.

g. Prescribed six tablets and three day supply of .5 mg of lorazepam on May 11, 2011, filled on the same day; prescribed 90 tablets and 30 day supply of .5 mg of lorazepam on May 21, 2011, filled on the same day; and prescribed 90 tablets and 30 day supply of 5 mg of diazepam with two refills on May 29, 2012, filled on June 2, 2012.

64. Respondent continued to prescribe two benzodiazepines simultaneously to Patient F with inadequate documentation of the clinical appropriateness after she was discharged from a psychiatric admission for attempting to overdose on the two benzodiazepines prescribed by Respondent, as evidenced by the following:

a. Respondent prescribed 90 tablets and 30 day supply of Valium 5 mg with five refills on August 22, 2012. The 90 tablets of 5 mg of Valium were dispensed from the August 22nd prescription to Patient F on August 22nd, August 28th, September 25th, October 24th, November 24th and December 22, 2012.

b. Respondent prescribed Ativan to Patient F as follows: 90 tablets and 30 day supply of Ativan .5 mg prescribed on May 21, 2012 and filled on June 18, 2012; 30 tablets and 30 day supply of Ativan .5 mg with one refill prescribed and filled on September 7, 2012, with the refill being filled on October 4, 2012; and 120 tablets of Ativan .5 mg

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

prescribed and filled on October 9, 2012.

65. In March of 2012 Respondent prescribed Ativan seven times a day to Patient F, as well as Valium three times a day, without adequate ongoing documentation to support the clinical appropriateness.

66. Respondent prescribed benzodiazepines to Patient F, a pediatric patient, instead of first trying other medications with less potential for abuse and that were more frequently studied in pediatric patients.

67. Despite knowledge and documentation of Patient F's issues with substance use disorder, likely borderline personality disorder, and a history of impulsively overdosing, Respondent prescribed multiple Schedule II and IV medications.

III. State's Allegations of Unprofessional Conduct

Count 1

68. Paragraphs 1 through 67, above, are restated and incorporated herein by reference.

69. By one or more of the acts related to the care of Patient A, as described in Paragraphs 1 through 67 above, Respondent grossly failed to use and exercise on a particular occasion that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions by:

a. Respondent failed to adequately document all medical care and clinically relevant contact with Patient A;

b. Respondent failed to appropriately maintain Patient A's original medical

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

record by providing Patient A with the original copies of her medical record;

c. Respondent failed to document any formal assessment or diagnosis to support the medications that she prescribed to Patient A; and

d. Respondent prescribed medication to Patient A after formal, documented termination of the doctor-patient relationship.

70. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

71. Alternatively or cumulatively, Respondent failed to practice competently by performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. 1354(b)(1-2). Such conduct is unprofessional.

Count 2

72. Paragraphs 1 through 71, above, are restated and incorporated herein by reference.

73. By two or more of the acts related to the care of Patient B, as described in Paragraphs 1 through 71 above, Respondent failed to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions by:

a. Respondent prescribed two benzodiazepines simultaneously to Patient B without adequate ongoing documentation of why it was clinically appropriate; and

b. Respondent failed to document adequate diagnostic assessments prior to prescribing scheduled stimulant medications.

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

74. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

75. Alternatively or cumulatively, Respondent failed to practice competently by failure to conform to the essential standards of acceptable and prevailing practice, and constitutes one or more violations of 26 V.S.A. 1354(b)(2). Such conduct is unprofessional.

Count 3

76. Paragraphs 1 through 75, above, are restated and incorporated herein by reference.

77. By two or more of the acts related to the care of Patient C, as described in Paragraphs 1 through 75 above, Respondent failed to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions by prescribing two sleeping medications simultaneously to Patient C without adequate ongoing documentation of why it was clinically appropriate.

78. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

79. Alternatively or cumulatively, Respondent failed to practice competently by failing to conform to the essential standards of acceptable and prevailing practice, and constitutes one or more violations of 26 V.S.A. 1354(b)(2). Such conduct is unprofessional.

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

Count 4

80. Paragraphs 1 through 79, above, are restated and incorporated herein by reference.

81. By two or more of the acts related to the care of Patient D, as described in

Paragraphs 1 through 79 above, Respondent failed to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions by:

a. Respondent failed to document any formal assessment or diagnosis to support the medications that she prescribed to Patient D;

b. Respondent prescribed two sleeping medications simultaneously to Patient D without adequate ongoing documentation of why it was clinically appropriate;

c. Respondent's office notes do not document a clear treatment plan or objectives for Patient D; and

d. Respondent's office notes fail to have adequate clinical information regarding documentation of symptoms or mental status findings.

82. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

83. Alternatively or cumulatively, Respondent failed to practice competently by performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, and constitutes one or more violations of 26 V.S.A. 1354(b)(1-2). Such conduct is unprofessional.

Count 5

84. Paragraphs 1 through 83, above, are restated and incorporated herein by reference.

85. By one or more of the acts related to the care of Patient E, as described in Paragraphs 1 through 83 above, Respondent failed to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and

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

prudent physician engaged in similar practice under the same or similar conditions by failing to document adequate diagnostic assessments prior to prescribing scheduled medication.

86. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

87. Alternatively or cumulatively, Respondent failed to practice competently by failing to conform to the essential standards of acceptable and prevailing practice. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(b)(2). Such conduct is unprofessional.

Count 6

88. Paragraphs 1 through 87, above, are restated and incorporated herein by reference.

89. By one or more of the acts related to the care of Patient F, as described in Paragraphs 1 through 87 above, Respondent grossly failed to use and exercise on a particular occasion that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions by continuing to prescribe two benzodiazepines simultaneously to Patient F after she was discharged from a psychiatric admission for attempting to overdose on the two benzodiazepines prescribed by Respondent.

90. Respondent's conduct constitutes one or more violations of 26 V.S.A. 1354(a)(22). Such conduct is unprofessional.

91. Alternatively or cumulatively, by two or more of the acts related to the care of Patient F, as described in Paragraphs 1 through 87 above, Respondent failed to practice competently on multiple occasions by failing to perform safe or acceptable patient care, and

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

by failure to conform to the essential standards of acceptable and prevailing practice by:

a. Respondent continuously prescribed two benzodiazepines simultaneously to Patient F over a period of 11 months without adequate, ongoing documentation of the clinical appropriateness;

b. Respondent failed to document adequate diagnostic assessment, appropriate indication and diagnosis prior to prescribing stimulant medications to Patient F;

c. Respondent prescribed high dosages of stimulant medications to Patient F without indicating an initial supporting diagnosis, and without adequate ongoing documentation to support the clinical appropriateness;

d. Respondent failed to document a justification for continuing to prescribe Lorazepam rather than lowering or discontinuing the recently prescribed Adderall after Patient F's anxiety reportedly increased;

e. Respondent failed to first attempt prescribing medications other than benzodiazepines to Patient F that had less potential for abuse and that were more frequently studied in pediatric patients;

f. Respondent failed to adequately document formal assessments or diagnoses to prior to prescribing higher risk scheduled medication; and

g. Respondent prescribed multiple Schedule II and IV medications despite knowledge and documentation of Patient F's issues with substance use disorder, likely borderline personality disorder, and a history of impulsively overdosing.

92. Alternatively or cumulatively, Respondent performed unsafe or unacceptable

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

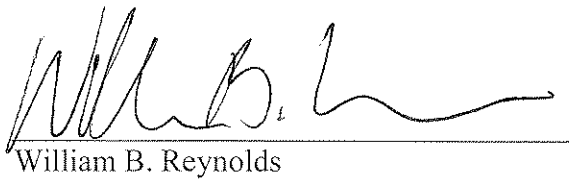
patient care, or failure to conform to the essential standards of acceptable and prevailing practice and constitutes one or more violations of 26 V.S.A. 1354(b)(1-2). Such conduct is unprofessional.

WHEREFORE, Petitioner, State of Vermont, moves the Vermont Board of Medical Practice to take such disciplinary action against the medical license of Respondent Amalia F. Lee, M.D. permitted by 26 V.SA. §§ 1361(b) and/or 1398 as it deems proper.

Dated at Montpelier, Vermont this 8th day of April, 2015.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

By: 

William B. Reynolds
Assistant Attorney General
109 State Street
Montpelier, VT 05609
(802) 828-3171
bill.reynolds@state.vt.us

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

The foregoing Specification of Charges, filed by the State of Vermont, as to Amalia F. Lee, M.D., Vermont Board of Medical Practice docket number MPC 165-1210/MPC 088-0712, are hereby issued.

Dated at Burlington, Vermont this 13th day of April 2015.

VERMONT BOARD OF MEDICAL PRACTICE

By: R. H. Reingold MD

Secretary, Vermont Board of Medical Practice

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