STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Amalia F. Lee, M.D.	)))	Docket No. MPC 028-0317

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont, by and through Attorney General Thomas J. Donovan, Jr., and alleges as follows:

1. Amalia F. Lee, M.D. ("Respondent") held medical license number 042.0009972 issued by the Vermont Board of Medical Practice ("Board") on January 4, 2000. Respondent's Vermont medical license lapsed on November 30, 2016 and thus she no longer has an active license. Respondent practiced Psychiatry at Grace Cottage Hospital in Townshend, Vermont.

2. Jurisdiction in this matter vests with the Board pursuant to 26 V.S.A. §§ 1353-57, 3 V.S.A. §§ 809-814, and other authority.

I. Background

3. The Board commenced an investigation in April of 2017 after receiving a complaint that Respondent prescribed exceptionally high doses of Adderall to a patient ("Patient") without considering or addressing the patient's cardiac risk factors.

4. The case was assigned to the Central Investigative Committee ("Committee") as docket number MPC 028-0317.

5. Respondent has had prior public disciplinary actions with the Board. In April of 2015, the Board filed Specification of Charges regarding Respondent's unprofessional conduct involving her treatment of seven patients in Docket Nos. MPC 165-1210, MPC 088-0712 and MPC 096-0515. In October of 2015, Respondent entered into a Stipulation and Consent Order with the Board to resolve the following findings of unprofessional conduct regarding the same

three docket numbers: Insufficient documentation of office visits, prescription rationales, justification for prescribing medication to a patient after the doctor/patient relationship was terminated, and justification for providing a patient with portions of her original medical records. In May of 2016, this Stipulation and Consent Order was amended by agreement of the parties to modify certain conditions placed on her Vermont medical license via the Stipulation and Consent Order due to the fact that she was no longer practicing medicine in Vermont.

6. As a result of the Stipulation and Consent Order dated May 2, 2016, if Respondent reapplies for and is granted a Vermont medical license, she shall retain a pre-approved practice monitor to monitor her practice for two years, and, also for two years, she shall provide the Committee with quarterly reports from her employer certifying that she is timely charting patient care or reporting that she is not.

7. While Respondent was a psychiatrist employed at Grace Cottage Hospital, she treated the Patient from September 23, 2013 until May 5, 2015. Respondent provided pharmacotherapy and took over prescribing Adderall (a Schedule II controlled substance) at the same dose previously prescribed by another provider.

8. The Patient had a history of obesity, hypertension, tobacco use, and alcohol use.

9. In December of 2015, Respondent made one attempt to reduce the Patient's Adderall dose from 160 mg/day to 120 mg/day. Within a very short period of time, the Patient reported the ineffectiveness of the decreased dose and Respondent reverted back to the original dose of 160 mg/day.

10. Other than the one effort to reduce the Patient's Adderall dose as described above, throughout Respondent's treatment of the Patient, she continued to prescribe an extremely high dose of Adderall, 40 mg four times per day, a total of 160 mg/day, to manage Attention Deficit

Hyperactivity Disorder ("ADHD"). The usual upper limit for Adderall is 60mg/day.

11. During Respondent's continued treatment of the Patient, the records reveal minimal and inadequate documentation that Respondent considered the potential risks versus benefits of her continual prescribing of the extremely high dose of Adderall based on the Patient's overall state of health, or that she monitored these risks. On two occasions, she documented discussing with the patient the risks of exceeding the usual, prescribed dose. The documentation of the discussions was minimal and inadequate.

12. Respondent recommended that the Patient undergo an Electrocardiogram ("EKG"), which was performed on March 25, 2014. According to the EKG report, the results were "abnormal," and "anteroseptal infarct" could not be ruled out. The records made by Respondent of her treatment of the Patient after the EKG indicate that the results were normal.

13. The Patient died on May 28, 2016 from myocardial infarction.

14. Over approximately a twenty-month period, the records from Respondent's treatment of the Patient contain no evidence of the following:

a. Adequate documentation of the clinical appropriateness and rationale for the initial and continued prescribing of the extremely high dose of Adderall to the Patient.

b. Adequate documentation of consideration of the potential risks versus benefits of the Respondent's initial and continued prescribing of the extremely high dose of Adderall based on the Patient's overall state of health, including cardiac risk factors.

c. Adequate documentation of a discussion with the Patient regarding the potential risks versus benefits of the initial and continual prescribing by

Respondent of the extremely high dose of Adderall.

d. Consideration of treatment alternatives to stimulant medications to treat the Patient's symptoms.

e. Documentation of any consideration and/or discussions with the Patient regarding treatment alternatives to simulant medications to treat the Patient's symptoms.

f. Adequate clinical monitoring of the potential risks of prescribing the extremely high dose of Adderall to the Patient.

g. Documentation of discussions with the Patient that the extremely high dose of Adderall may have contributed to the Patient's hypertension.

h. Documentation of discussions with the Patient regarding efforts to address the Patient's lifestyle and other health related behaviors, such as obesity, lack of exercise, tobacco use, and alcohol use.

i. Documentation related to any communications or collaboration with other providers involved in the Patient's care regarding the extremely high dose of Adderall and the Patient's overall health.

II. State's Allegations of Unprofessional Conduct

Count 1

15. Paragraphs 1 through 14 above, are restated and incorporated herein by reference.

16. Respondent's initial and continued prescribing of the extremely high dose of Adderall to the Patient without adequate documentation of the clinical appropriateness of, and rationale for, the prescribing constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

17. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 2

18. Paragraphs 1 through 17, above, are restated and incorporated by reference.

19. Respondent's failure to adequately document and/or consider the potential risks versus benefits of the initial prescribing of the extremely high dose of Adderall based on the Patient's overall state of health, including cardiac risk factors, constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

20. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 3

21. Paragraphs 1 through 20, above, are restated and incorporated by reference.

22. Respondent's failure to adequately document discussions with the Patient the potential risks versus benefits of prescribing the extremely high dose of Adderall constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

23. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 4

24. Paragraphs 1 through 23, above, are restated and incorporated by reference.

25. Respondent's failure to consider treatment alternatives to stimulant medications to treat the Patient's symptoms constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

26. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 5

27. Paragraphs 1 through 26, above, are restated and incorporated by reference.

28. Respondent's failure to discuss, and/or document discussions, with the Patient about treatment alternatives to stimulant medications to treat the Patient's symptoms constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

29. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 6

30. Paragraphs 1 through 29, above, are restated and incorporated by reference.

31. Respondent's failure to perform adequate clinical monitoring of the potential risks of prescribing the extremely high dose of Adderall to the Patient despite the associated risks constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

32. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 7

33. Paragraphs 1 through 32, above, are restated and incorporated by reference.

34. Respondent's failure to consider, discuss, and/or document discussions with the Patient that the extremely high dose of Adderall may have contributed to the Patient's hypertension constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

35. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 8

36. Paragraphs 1 through 35, above, are restated and incorporated by reference.

37. Respondent's failure to discuss, and/or document discussions, with the Patient regarding any efforts to address the Patient's lifestyle and other health related behaviors, such as obesity, lack of exercise, tobacco use, and alcohol use constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

38. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 9

39. Paragraphs 1 through 38, above, are restated and incorporated by reference.

40. Respondent's failure to engage in, and/or document, any communications or collaboration with other providers involved in the Patient's care regarding the extremely high dose of Adderall and the Patient's overall health constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

41. Alternatively or cumulatively, Respondent failed to practice competently by the 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) and is unprofessional.

Count 10

42. Paragraphs 1 through 41, above, are restated and incorporated by reference.

43. Despite Respondent's awareness that she was continually prescribing an extremely high dose of Adderall to the Patient, she made minimal effort to reduce the dose despite the associated risks, which constitutes a gross failure 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 whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

44. 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) and is unprofessional.

WHEREFORE, Petitioner, the State of Vermont, moves the Board to:

(1) Order Respondent to pay an administrative penalty of a minimum of $5,000.00 in accordance with 26 V.S.A. § 1361(b);

(2) **Condition** Respondent's Vermont medical license in the event that she reapplies for a Vermont medical license in the future, to require that she: (a) have a practice monitor, pre-approved by the Board, to monitor her practice for a minimum of two years in addition to the two years of practice monitoring required by her May 6, 2016 Stipulation and Consent Order referenced above; (b) complete live, in-person AMA PRA Category 1 continuing medical education courses on the topics of medical recordkeeping, and treating and managing adult ADHD; and (c) any other condition(s) imposed by the Licensing Committee of the Board; and

(3) Take any additional disciplinary action against the medical license of Respondent, Amalia F. Lee, M.D. permitted by 26 V.S.A. §§ 1361(b) and/or 1398 as it deems proper.

Dated at Waterbury, Vermont this 7th the day of May, 2020.

STATE OF VERMONT

THOMAS J. DONOVAN, JR
ATTORNEY GENERAL

By: E-SIGNED by Kassandra Diederich on 2020-05-07 12:28:21 EDT

Kassandra P. Diederich
Assistant 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 028-0317 are hereby issued.

Dated at South Burlington, Vermont this 7th day of May 2020.

VERMONT BOARD OF MEDICAL PRACTICE

By: _____

Marga Sproul, M.D.
Secretary, Vermont Board of Medical Practice