

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Mark E. Logan, M.D.)
)
) Licensing Matter

STIPULATION AND CONSENT ORDER

NOW COME Mark E. Logan, M.D. and the Vermont Board of Medical Practice and stipulate and agree as follows:

1. Mark Logan, M.D. (“Applicant”) filed an application for medical licensure restatement in July of 2022.
2. Jurisdiction rests in the Vermont Board of Medical Practice (“Board”) pursuant to 26 V.S.A. §§ 1353, 1391, 1398 and 3 V.S.A. §§ 809 and 814(c) and (d).

I. Background

3. Applicant first received a license to practice medicine in Vermont on July 14, 1982. Pursuant to a Stipulation and Consent Order in MPN 182-1215, Applicant’s license was suspended on May 1, 2019 for a five-year period that commenced on June 21, 2016.
4. Applicant plans to practice at Connecticut Valley Addiction Recovery, Inc. Applicant has identified C. Frederick Lord, M.D. as his primary supervising physician.

II. Terms and Conditions of License

5. Applicant is knowingly and voluntarily agreeing to this Stipulation. Applicant agrees and understands that by executing this document, he is waiving at this time any rights of due process that he may possess regarding the issuance of a Vermont medical license with accompanying terms and conditions. Applicant agrees that the Board possesses and will

continue to maintain jurisdiction in this matter, including any required action to enforce the terms herein.

6. Applicant acknowledges that he is knowingly and voluntarily entering into this agreement 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. Applicant is fully satisfied with the legal representation he has received in this matter.

7. Applicant understands and agrees that the terms and conditions of this Stipulation will be imposed concurrently with the issuance of Applicant's Vermont medical license, and that the license issued pursuant to this Stipulation will be issued with the designation "CONDITIONED".

8. Applicant recognizes the responsibility of the Board is to protect the health, safety, and welfare of patients. Applicant agrees to continue to provide their full cooperation with the Board in this matter.

9. Applicant acknowledges that the purpose of this Stipulation is to establish terms and conditions governing his supervised return to practice as a medical doctor. Applicant agrees to and accepts all terms and conditions herein without reservations and to do so in exchange for the Board's approval of this Stipulation.

10. Applicant further agrees that this Stipulation, without more, does not create a right to an unconditioned license and does not constitute a promise of any kind by the Board regarding continued or future licensure.

11. Applicant agrees that this Stipulation does not modify the terms of any prior Stipulation, disciplinary or otherwise, and the terms of any prior Stipulation remain in full force and effect unless or until relieved or modified by the Assigned Committee.

III. Practice Monitoring Agreement

12. Applicant's medical license will be conditioned as set forth in this Stipulation and Consent Order and the Practice Monitoring Agreement attached as Exhibit A and summarized below.

13. Applicant is responsible for selecting a practice monitor, who will be a Vermont licensed physician with an unconditioned license who has experience in the areas of family medicine and substance abuse and addiction medicine. Applicant will bear all associated costs of the practice monitor. Applicant shall obtain approval from the Assigned Committee for his choice of practice monitor. Applicant shall submit in writing to the Assigned Committee the practice monitor's name, contact information, and curriculum vitae. The Assigned Committee retains discretion to approve or disapprove the choice of practice monitor for any reason.

14. The practice monitoring will start within sixty (60) days of the date that the Board and/or the Assigned Committee approve the identified practice monitor.

15. The practice monitor will perform a record review every ninety (90) days of Applicant's patients and prepare a detailed, written practice monitoring report for each ninety (90) day review. The practice monitor will meet with Applicant every ninety (90) days to discuss the review of Applicant's records.

16. The required contents of the practice monitoring report and supporting documents are further set forth in Exhibit A. Applicant is responsible for ensuring that the practice monitor's reports and all supporting materials are timely submitted to the Board and/or the Assigned Committee.

17. The first report will be submitted no later than ninety (90) days after practice monitoring commences. The written practice monitoring reports will be submitted to the Board

and/or the Assigned Committee for such duration as determined by the Board and/or the Assigned Committee. The Board and/or the Assigned Committee will have sole discretion whether to grant a request for the modification of the length of practice monitoring.

18. If Applicant wishes to be relieved of the requirement for monitoring, he must submit a written request for such relief to the Board and/or the Assigned Committee. Such a request will not be considered by the Board and/or the Assigned Committee until Applicant has provided favorable and timely monitoring reports for a duration determined by the Board and/or the Assigned Committee. The practice monitoring requirement will not cease until the Board and/or the Assigned Committee has approved, in writing, Applicant's request to end the monitoring.

19. If the practice monitor can no longer monitor Applicant's practice, Applicant will notify the Board and/or the Assigned Committee in writing within five (5) business days. Within thirty (30) days of providing notice to the Committee, Applicant will submit the name of a proposed replacement practice monitor which will be subject to the same approval process as the original practice monitor.

20. Upon notice to the Board and/or the Assigned Committee that the practice monitor can no longer serve, Applicant has sixty (60) days to obtain Board and/or the Assigned Committee's approval for a new practice monitor. If a new practice monitor is not approved in that time, Applicant will cease prescribing any controlled substances. Applicant will not resume prescribing controlled substances until a new practice monitor is approved by the Board and/or the Assigned Committee and can begin monitoring his practice. The Board and/or the Assigned Committee will endeavor to communicate its decision regarding the approval of a new proposed practice monitor to Applicant within thirty (30) days of his submission of the proposed monitor's

name, contact information, and curriculum vitae to the Board and/or the Assigned Committee. If the Board and/or the Assigned Committee's response is delayed beyond thirty (30) days, that additional response time will not count toward the sixty (60) day limit that Applicant has to find a new practice monitor or cease prescribing opioid medication and other controlled substances.

21. The Board and/or the Assigned Committee retains sole discretion to disapprove Applicant's practice monitor at any time. If the Board and/or the Assigned Committee disapproves Applicant's practice monitor, it will provide Applicant with written notice of the disapproval and a brief explanation of the reasons for its decision. Upon receiving this notice, Applicant will immediately notify his practice monitor that he is no longer authorized to monitor his practice under the Stipulation. Applicant will seek Board and/or the Assigned Committee approval for a new practice monitor. If a new monitor is not approved by the Board and/or the Assigned Committee within sixty (60) days, Applicant will cease prescribing controlled substances until such time as the Board and/or the Assigned Committee approves a new monitor.

IV. Reentry Plan

22. Applicant's medical license will be conditioned as set forth in this Stipulation and Consent Order and the Reentry Agreement attached as Exhibit B and summarized below

23. Applicant and the primary supervisor will ensure that Applicant completes the three-phase reentry program set forth in Exhibit B to this Stipulation.

24. As further set forth in Exhibit B:

a. Applicant and the primary supervisor will notify the Board and/or the Assigned Committee upon the completion of each Phase.

b. Applicant and the primary supervisor agree that the primary supervisor will discuss their observations regarding Applicant's ability to practice upon request by a Board member, investigators for the Board, or an Assistant Attorney General.

c. Applicant and the primary supervisor agree that the primary supervisor will immediately notify the Board if there is any indication that Applicant has engaged in practice that does not meet the standard of care.

25. The Board and/or the Assigned Committee, in its sole discretion and without need of notice or hearings, may extend the duration of the reentry plan, but only if:

a. Reporting or information from Applicant's primary supervisor indicates one or more areas of possible deficiency in Applicant's practice skills, knowledge, or performance; or

b. The Board and/or the Assigned Committee receives credible information regarding a deficiency in Applicant's practice skills, knowledge, performance, or conduct. The Board and/or the Assigned Committee will advise Applicant of the adverse information and provide Applicant an opportunity to respond before any final action by the Board and/or the Assigned Committee.

26. The terms of the reentry plan set forth in Exhibit B will not be varied without the written consent of the Board and/or the Assigned Committee.

27. If the primary supervisor can no longer supervise Applicant, Applicant will immediately notify the Board and/or the Assigned Committee in writing. Applicant will identify a new proposed primary supervising physician within thirty (30) days and provide the Board and/or the Assigned Committee with their name and curriculum vitae. The Board and/or the Assigned Committee will provide written notification to Applicant indicating whether it approves of the new proposed primary supervisor.

28. At the end of the Reentry Agreement, Applicant will provide to the Board and/or the Assigned Committee a final, written assessment from the primary supervising physician regarding the Applicant's performance and whether the Applicant is prepared to provide patient care as a physician ~~assistant~~ without supervision.

29. After the Applicant successfully completes the reentry program, he may request relief from the conditions on their license related to the reentry program. The Board and/or the Assigned Committee will not take any action on that request without receiving the final written report from the primary supervising physician.

V. Additional Terms

30. All terms and conditions of this Stipulation will be imposed concurrently with Applicant's Vermont medical license.

31. The parties agree that this Stipulation will be a public document, will be made part of Applicant's file, and will be reported as a conditioned license to other authorities and/or entities.

32. This Stipulation is subject to review and acceptance by the Board and will not become effective until presented to and approved by the Board. If the Board rejects any part of this Stipulation, the entire agreement will be considered void. However, should the terms and conditions of this Stipulation be deemed acceptable by the Board, the parties request that the Board enter an order adopting the facts, conclusions, and all terms and conditions of licensure as set forth herein, including that Applicant's certification is conditioned.

33. Applicant agrees that all terms and conditions herein may be adopted as an enforceable Order of the Board. Applicant agrees that the Board will retain continuing jurisdiction in this matter and may enforce as necessary all terms and conditions herein.

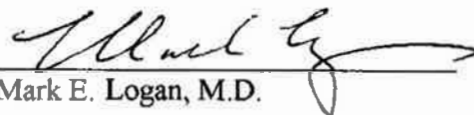
VI. Signatures

Dated at Burlington, Vermont, this 13 day of December, 2022.



Brent Burgee, M.D.
Chair, Licensing Committee
Vermont Board of Medical Practice

Dated at RANDOLPH CTR, Vermont, this 11 day of December, 2022.

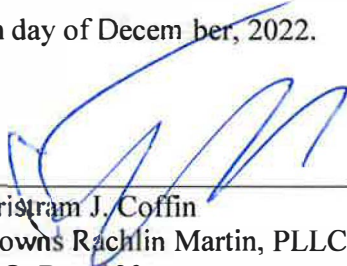


Mark E. Logan, M.D.

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APPROVED AS TO LEGAL FORM:

Dated at Burlington, Vermont, this 13th day of December, 2022.



Tristram J. Coffin
Downs Rachlin Martin, PLLC
P.O. Box 190
Burlington, VT 05402-0190
Counsel for Applicant

Dated at Montpelier, Vermont this 9th day of December, 2022.

**Kurt A.
Kuehl**

Digitally signed by Kurt
A. Kuehl
Date: 2022.12.09
16:23:22 -05'00'

Kurt A. Kuehl
Assistant Attorney General
Vermont Attorney General's Office
109 State Street
Montpelier, VT 05609-1001
(802) 828-1297
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EXHIBIT A

PRACTICE MONITORING AGREEMENT

Vermont Board of Medical Practice

In re: Licensure of Mark E. Logan, M.D.

1. Pursuant to a Stipulation and Consent Order entered into by Dr. Mark Logan, M.D. (“Applicant”) and the Vermont Board of Medical Practice (“Board”), Applicant has agreed to retain a practice monitor to monitor their medical practice. The purpose of this Practice Monitoring Agreement is to set forth the terms of the supervision for Applicant with the Stipulation and Consent Order. This Agreement will be signed by practice monitor approved by the Board and/or the Assigned Committee (“Committee”) and Applicant.

2. Applicant is responsible for selecting a practice monitor, who will be a Vermont licensed physician with an unconditional license who has experience in the areas of family medicine and substance abuse and addiction medicine. Applicant will bear all associated costs of the practice monitor.

3. Applicant shall obtain approval from the Assigned Committee for Applicant’s choice of practice monitor. Applicant shall submit in writing to the Assigned Committee the practice monitor’s name, contact information, and curriculum vitae. The Assigned Committee retains discretion to approve or disapprove the choice of practice monitor for any reason.

4. The practice monitoring will start within sixty (60) days of the date that the Board and/or the Assigned Committee approve the identified practice monitor.

5. The practice monitor will follow all state and federal health privacy regulations and statutes, including, but not limited to, HIPAA, and will review and sign any necessary HIPAA authorizations, business associate agreements, or other required documents to enable access to, and review of, patient protected health information.

6. The practice monitor will perform a record review every ninety (90) days of Applicant's patients and prepare a detailed, written practice monitoring report for each ninety (90) day review. The practice monitor will select ten (10) of Applicant's patients who receive anti-opioid addiction medication and review their records.

7. The practice monitor will also review any records, files, logs, or other documents and speak with Applicant's co-workers in order to obtain the requisite information needed to prepare written monitoring reports.

8. Applicant will 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 during that review period, including the findings of the chart review;

b. Whether Applicant's prescribing practices, including the prescribing of opioid medications and/or controlled substances; meets the standard of care;

c. Whether Applicant's clinical monitoring of patients whom he is treating meets the standard of care;

d. Whether Applicant's recordkeeping is in accordance with the standard of care;

e. Whether Applicant's general medical treatment meets the standard of care; and

f. Recommended improvements to Applicant's practice.

9. Applicant is responsible for ensuring that the practice monitor's reports are timely submitted to the Board and/or the Assigned Committee.

10. The practice monitor will meet with Applicant every ninety (90) days to discuss their review of Applicant's records. Although the practice monitor will need to review patient

charts to become familiar with patients' medical histories, the focus of the practice monitoring will be improving Applicant's practice prospectively.

11. Applicant is responsible for ensuring that there is appropriate documentation of each ninety (90) day record review and discussion. Such documentation will include the date of each record review and the date and length of time of each discussion between the practice monitor and the Applicant regarding the findings of each chart review. This supporting documentation will be submitted with each ninety (90) day practice monitoring report.

12. The first report will be submitted no later than ninety (90) days after practice monitoring commences. The written practice monitoring reports will be submitted to the Board and/or the Assigned Committee for such duration as determined by the Board and/or the Assigned Committee. The Board and/or the Assigned Committee will have sole discretion whether to grant a request for the modification of the length of practice monitoring.

13. If Applicant wishes to be relieved of the requirement for monitoring, he must submit a written request for such relief to the Board and/or the Assigned Committee. Such a request will not be considered by the Board and/or the Assigned Committee until Applicant has provided favorable and timely monitoring reports for duration as determined by the Board and/or the Assigned Committee. The practice monitoring requirement will not cease until the Board and/or the Assigned Committee has approved, in writing, Applicant's request to end the monitoring.

14. If the practice monitor can no longer monitor Applicant's practice, Applicant will notify the Board and/or the Assigned Committee in writing within five (5) business days. Within thirty (30) days of providing notice to the Committee, Applicant will submit the name of a

proposed replacement practice monitor which will be subject to the same approval process as the original practice monitor.

15. Upon notice to the Board and/or the Assigned Committee that the practice monitor can no longer serve, Applicant has sixty (60) days to obtain Board and/or the Assigned Committee's approval for a new practice monitor. If a new practice monitor is not approved in that time, Applicant will cease prescribing any controlled substances. Applicant will not resume prescribing controlled substances until a new practice monitor is approved by the Board and/or the Assigned Committee and can begin monitoring his practice. The Board and/or the Assigned Committee will endeavor to communicate its decision regarding the approval of a new proposed practice monitor to Applicant within thirty (30) days of his submission of the proposed monitor's name, contact information, and curriculum vitae to the Board and/or the Assigned Committee. If the Board and/or the Assigned Committee's response is delayed beyond thirty (30) days, that additional response time will not count toward the sixty (60) day limit that Applicant has to find a new practice monitor or cease prescribing controlled substances.

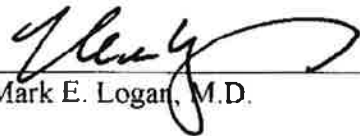
16. The Board and/or the Assigned Committee retains sole discretion to disapprove Applicant's practice monitor at any time. If the Board and/or the Assigned Committee disapproves Applicant's practice monitor, it will provide Applicant with written notice of the disapproval and a brief explanation of the reasons for its decision. Upon receiving this notice, Applicant will immediately notify his practice monitor that he is no longer authorized to monitor his practice under the Stipulation. Applicant will seek Board and/or the Assigned Committee approval for a new practice monitor. If a new monitor is not approved by the Board and/or the Assigned Committee within sixty (60) days, Applicant will cease prescribing opioid medication

and other controlled substances until such time as the Board and/or the Assigned Committee approves a new monitor.

17. Applicant and the practice monitor agree that they have both read this Agreement in its entirety and agree to all the terms and obligations set forth herein.

18. Applicant and the practice monitor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Board and/or the Assigned Committee.

Dated at RANDOLPH CT, Vermont, this 11 day of ~~January~~^{Dec}, 2023.



Mark E. Logan, M.D.

Dated at Windsor, Vermont, this 12 day of ~~January~~^{December}, 2023.



Practice Monitor

EXHIBIT B

REENTRY AGREEMENT

Vermont Board of Medical Practice

In re: Licensure of Mark E. Logan, M.D.

1. Pursuant to a Stipulation and Consent Order entered into by Dr. Mark Logan, M.D. (“Applicant”) and the Vermont Board of Medical Practice (“Board”), Applicant has engaged a primary supervising physician, C. Frederick Lord, M.D., to provide direct and continued supervision in his reentry program. The purpose of this Reentry Agreement is to set forth the terms of the supervision for Applicant with the Stipulation and Consent Order. This Agreement will be signed by the primary supervising physician approved by the Assigned Committee (“Committee”) and Applicant.

2. This Reentry Agreement shall cover all three phases of the reentry plan. The Reentry Agreement will cease upon the Board’s removal of the related conditions on Applicant’s license upon his request after he has successfully completed the reentry plan.

3. Applicant shall provide the primary supervisor and any secondary supervisor provider who will supervise him with a copy of the fully executed Stipulation and Consent Order.

4. Applicant shall be responsible for ensuring that the primary supervisor does the following:

a. In Phase I, Applicant will provide forty (40) hours of direct patient care supervised by his primary supervising physician or a secondary supervising provider. During the first twenty (20) hours of Phase I, Applicant preferably will observe his primary supervisor as he provides direct patient care if warranted by the circumstances. During the second twenty (20)

hours of Phase I, Applicant will provide patient care under direct observation of his primary supervising physician or one of his secondary supervising providers.

b. During Phase I, Applicant will meet with his primary supervising physician on a weekly basis to review his knowledge, skills, general professionalism, any deficiencies, and overall ability to practice safely and competently.

c. Prior to beginning Phase II, Applicant's primary supervising physician, using secondary providers as appropriate, will provide a written assessment of Applicant's preparedness to see patients without direct supervision. A copy of the assessment shall be provided to the Board and/or the Assigned Committee. If the Applicant has successfully met the requirements of Phase I, and the written assessment has been sent to the Board and/or the Assigned Committee, Applicant may proceed to Phase II.

d. During Phase II of the reentry program, Applicant shall complete at least 120 hours of practice. Applicant will only see and care for patients when his supervising physician or secondary supervising providers are available. A supervising provider shall, without fail, carry out a chart review within one working day for each instance of care rendered by Applicant. Following review, each chart shall be attested to and dated by the reviewer, who shall be one of the Applicant's supervising providers.

e. Prior to beginning Phase III, Applicant's primary supervising physician will, with input from other supervising providers as appropriate, provide a written assessment of Applicant's preparedness to enter Phase III. A copy of the assessment shall be provided to the Board and/or the Assigned Committee. If the Applicant has successfully met the requirements of Phase II, and the written assessment has been sent to the Board and/or the Assigned Committee, Applicant may proceed to Phase III.

f. Phase III of the entry program will consist of Applicant seeing patients on his own for at least 120 hours of practice. As part of Phase III, Applicant shall meet individually with his primary supervising physician twice per month. Applicant shall maintain a written record of the date, place, and duration of each meeting and consultation with their primary supervising physician.

g. Each meeting between Applicant and his supervising provider during all three phases of the reentry program will be of sufficient duration and involve discussion in sufficient detail to permit them to do the following:

- i. Confer regarding the care of individual patients;
- ii. Review charts, documentation and recordkeeping;
- iii. Discuss problems or concerns related to certain patients or complex cases;
- iv. Address general professional standards, expectations, and office-based practice;
- v. Review, as needed, matters such as current research and studies, general fund of knowledge, patient safety, performance of procedures, prescribing, communication, and counseling and decision-making; and
- vi. Discuss areas of weakness that might be addressed through CME or self-study.

Applicant will complete any CME or self-study as directed by his supervising physician in a timely manner.

5. Applicant will maintain a written record of the date, place, and duration of each meeting and consultation with his primary supervising physician.

6. Applicant and the primary supervisor agree that the supervisor shall discuss his observations regarding Applicant's ability to practice upon request by a Board member, investigators of the Board, or an Assistant Attorney General.

7. Applicant and the primary supervisor agree that the primary supervisor will immediately notify the Board and/or the Assigned Committee if there is any indication that Applicant has engaged in practice that does not meet the standard of care.

8. The Board and/or the Assigned Committee, in its sole discretion and without need of notice or hearings, may extend the duration of the reentry plan, but only if:

a. Reporting or information from Applicant's primary supervisor indicates one or more areas of possible deficiency in Applicant's practice skills, knowledge, or performance; or

b. The Board and/or the Assigned Committee receives credible information regarding a deficiency in Applicant's practice skills, knowledge, performance, or conduct. The Board and/or the Assigned Committee will advise Applicant of the adverse information and provide Applicant an opportunity to respond before any final action by the Board and/or the Assigned Committee.

9. If the primary supervisor can no longer supervise Applicant, Applicant will immediately notify the Board and/or the Assigned Committee in writing. Applicant will identify a new proposed primary supervising physician within sixty (60) days and provide the Board and/or the Assigned Committee with their name and curriculum vitae. The Board and/or the Assigned Committee will provide written notification to Applicant indicating whether it approves of the new proposed primary supervisor.

10. At the end of the Reentry Agreement, Applicant will provide to the Board and/or the Assigned Committee a final, written assessment from the primary supervising physician regarding the Applicant's performance and whether the Applicant is prepared to provide patient care without supervision.

11. After the Applicant successfully completes the reentry program, he may request relief from the conditions on his license related to the reentry program. The Board and/or the Assigned Committee will not take any action on that request without receiving the final written report from the primary supervising physician.

12. Applicant and the primary supervisor agree that they have both read this Agreement in its entirety and agree to all the terms and obligations set forth herein.


13. Applicant and the primary supervisor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Board and/or the Assigned Committee.

Dated at RANDOLPH CTR., Vermont, this 11 day of DEC., 2022



Mark E. Logan, M.D.
Applicant

Dated at Windsor, Vermont, this 12th day of December, 2022



C. Frederick Lord, M.D.
Primary Supervisor

AS TO MARK E. LOGAN, M.D.

**APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE:**

Signed on Behalf of the Vermont Board of Medical Practice:

By: 

Rick Hildebrant, M.D.
Chair, Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,
dated January 4, 2023.

Dated: January 4, 2023.