

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 2128-E

DEC 22 2023

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY WILLIAM K. VINCENT, M.D., LICENSE NO. 36099, 222 PHILLIP STONE WAY, CENTRAL CITY, KENTUCKY 42330

**FINAL ORDER OVERTURNING  
EMERGENCY ORDER OF RESTRICTION**

This action was instituted as the administrative appeal of William K. Vincent, M.D., from the *Emergency Order of Restriction* issued by the Kentucky Board of Medical Licensure [hereinafter “the Board”] against his license on October 24, 2023. Exhibit 1, Tab B. [Hereafter, the Board’s order will be referred to as “*Emergency Order*,” and citations to the order will be to the numbered paragraphs and pages of the order without reference to Exhibit 1, Tab B]. In the *Emergency Order* the Board charged there is probable cause to believe Dr. Vincent violated two of the Board’s statutes governing the practice of medicine and that his medical “practice constitutes a danger to the health, welfare and safety of his patients or the general public.” *Emergency Order*, Conclusions of Law, Paragraphs 3 and 4, page 9. Based upon those allegations, the Board issued the *Emergency Order* restricting Dr. Vincent’s license by prohibiting him from “prescribing, dispensing, or otherwise professionally utilizing controlled substances until the Board’s Hearing Panel has finally resolved the Complaint or until such further Order of the Board.” *Emergency Order*, page 10.

In the *Complaint* issued with the *Emergency Order* the Board charged Dr. Vincent with the same misconduct that served as the basis for issuance of the

*Emergency Order* and charged him with violating the same statutes governing the practice of medicine in Kentucky . Exhibit 1, Tab C.

Dr. Vincent filed a request for an administrative hearing pursuant to KRS 13B.125 to challenge the sufficiency of the *Emergency Order*. See letter from Dr. Vincent's counsel to Board counsel and the Board's Executive Director and filed of record on October 31, 2023. The hearing officer conducted the hearing over the course of six days in November and December 2023, and concluded the hearing on December 15, 2023. At the hearing Hon. Nicole A. King represented the Kentucky Board of Medical Licensure, and Hon. Lisa English Hinkle, Hon. Ed Monarch and Hon. Katy Harvey represented Dr. Vincent, who also appeared at the hearing.

After considering the evidence admitted at the administrative hearing and the arguments of counsel, the hearing officer finds that there is substantial evidence in the record to support the conclusion that Dr. Vincent engaged in conduct in violation of the Board's statutes as alleged in the *Emergency Order*. KRS 13B.125(3) and KRS 311.592(1). There is not, however, substantial evidence in the record that his care and treatment of patients constitutes an immediate danger to the health, safety, or welfare of patients or the general public. That determination is based upon Dr. Vincent's agreement not to prescribe certain controlled substances pending resolution of the allegations in the *Complaint* that the Board's consultant found to be contrary to the standards of acceptable and prevailing medical practice in Kentucky and based upon the assumption that pending the administrative hearing on the *Complaint*, Dr. Vincent will correct the deficiencies and implement the recommendations found by the Board's

expert in his report. Otherwise, Dr. Vincent’s continued practice of medicine will constitute an immediate danger to patients and the general public. In support of his decision, the hearing officer submits the following Findings of Fact, Conclusions of Law, and Final Order:

### **FINDINGS OF FACT**

1. On October 24, 2023, the Board issued the *Complaint and Emergency Order* that make identical factual allegations against Dr. Vincent to support violations of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). *Complaint*, pages 1-8; *Emergency Order*, pages 2-8.

2. A physician is subject to discipline under KRS 311.595(9), as illustrated by KRS 311.597(4), if he engages in “conduct which is calculated or has the effect of bringing the medical profession into disrepute, including but not limited to any departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky . . . .”

3. Under KRS 311.595(12), a physician is subject to discipline if he has “violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate any provision or term of any medical practice act, including but not limited to the code of conduct promulgated by the board under KRS 311.601 or any other valid regulation of the board.”

4. Since the Board has regulations governing the prescribing of controlled substances generally, and buprenorphine in particular, the alleged statutory violations

focus largely on Dr. Vincent's prescribing practices. 201 KAR 9:260 and 201 KAR 9:270 respectively.

5. The evidence showed that Dr. Vincent and generally followed the guidelines and requirements in 201 KAR 9:270 for prescribing buprenorphine for the treatment of Opioid Use Disorder ("OUD"), but there is substantial evidence in the record that he has failed to rigorously apply the guidelines and requirements and failed to properly document in his medical records all of the relevant information about his prescribing practices in sufficient detail to determine that he has complied with the professional standards for administering the medication. 201 KAR 9:270, Sections 4 and 5.

6. Dr. Vincent's medical specialty is addiction medicine, and the allegations of misconduct focus on the prescribing practices at his opioid treatment clinic, A New Start, in Central City, Kentucky. Exhibit 1, marked page 1629.

7. The Board does not dispute that Dr. Vincent is qualified and authorized to prescribe, dispense, or administer buprenorphine.

8. He has been medical director/staff physician at A New Start since December 2015, and the clinic employs in the medical practice at least twenty-five individuals in several different positions to assist with the care and treatment of patients, including Physician Assistants, four APRNs, Medication -Assisted Treatment Providers, Care Coordinators, seven to eight Case Managers, and twelve Peer Support Specialists. Exhibit 1, marked pages 1578-1597; DVD I, 10:03-10:05 a.m. (Since the administrative hearing was conducted over six days, the citations to the video recording

of the hearing are to the sequential day of the hearing and to the approximate time of the testimony as recorded in the hearing officer's notes due to the fact there is not the usual time stamp on any of the video recordings.)

9. In addition, A New Start has a specific organizational chart and various policies and procedures for the treatment of OUD. Exhibit 1, marked pages 1599-1606.

10. Thus, there's no dispute that A New Start is a legitimate, fully operational opioid treatment facility that is well respected in the local community. Exhibit 3, attached exhibits 8-12.

11. Opioids, such as heroin, are a full agonist that binds to receptors in the brain to give a "reward" and cause persons to seek more of the drug for the effect produced. DVD I, 11:32-11:34 a.m.

12. Because a person builds a tolerance to the drug, requiring increasing amounts for the same effect and to prevent going into withdrawal, opioids can cause respiratory suppression that results in death. DVD I, 11:34-11:36 a.m.

13. A New Start treats OUD by substituting buprenorphine for heroin or other opioids. DVD I, 11:32-11:34 a.m.

14. Buprenorphine occupies the same receptors in the brain as opioids, which prevents the person from going into withdrawal and reduces the craving for the drug. DVD I, 11:34 and 11:41 a.m.; DVD II, 11:35-11:38 a.m.

15. Suboxone is a combination of buprenorphine and naloxone by which naloxone knocks the heroin off the receptors and block its effect, and the combined medication has a decreased likelihood of abuse. DVD I, 11:38-11:42 a.m.

16. Subutex is known as a mono product that consists only of buprenorphine and while still blocking the receptors, it gives a partial euphoric effect. DVD I, 11:41 a.m.

17. Thus, the mono product can be abused and is thereby subject to diversion, but the medication is not the drug of choice for persons with an OUD. DVD I, 11:41 a.m.

18. The standards for the prescribing of buprenorphine has been evolving in an effort to allow increased access to the medication for those with an opioid addiction. DVD I, 11:42-11:45 a.m.

19. Suboxone has an advantage over methadone because it is generally a safer medication and does not have the side effect of respiratory suppression. DVD I, 11:56-11:58 a.m.

20. Because methadone can be abused, it too is susceptible to diversion and is highly regulated. DVD I, 11:59 a.m. - 12:01 p.m.

21. Every new patient at A New Start has a urine drug screen and an evaluation to determine whether the person is in withdrawal, currently taking opioids or methadone, and is naive to buprenorphine. DVD III, 12:42-12:46 p.m.

22. Thus, the urine drug screen is performed for patient safety and to get baseline levels of medications since some medications can stay in the body for weeks. DVD III, 12:59 p.m.

23. Patients then undergo an "induction" at which they are given increasing doses of Suboxone as necessary in a controlled setting to establish the appropriate level of medication for treatment of their OUD. DVD III, 12:42-12:44 p.m.

24. If the patient is naive to suboxone, the induction takes place at A New Start, but if the person is not naive, he can undertake the induction in his own home. DVD III, 12:42 p.m. and 12:49-12:53 p.m.

25. If a patient is switching from methadone to Suboxone, the person must not have taken methadone for at least seventy-two hours before induction since he can experience severe withdrawals if he still has the medication in his body. DVD III, 12:54-12:57 p.m.

26. One of the issues in this action is whether Dr. Vincent performed a proper and adequate evaluation of patients prior to allowing them to perform the induction at home or whether the medical records simply fail to contain adequate or complete information.

27. Persons with a stimulant use disorder (“SUD”) differ from those with an opiate use disorder because the former is chasing the high rather than attempting to prevent withdrawal. DVD I, 1:33-1:34 p.m.

28. SUD patients experience fatigue, lack of concentration, and difficulty completing tasks and will turn to illicit drugs to obtain symptom relief. DVD I, 1:38 p.m.

29. Dr. Vincent testified that nothing raises dopamine level like methamphetamine. DVD I, 1:37 p.m.

30. Thus, medications are not an effective tool for treating SUD, and therefore, therapy and twelve-step type programs are used for treatment. DVD I, 1:35 p.m.

31. Persons with Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder have symptoms similar to persons with SUD. DVD I, 1:39 p.m.

32. Another issue in this action is whether Dr. Vincent has appropriately prescribed stimulants, benzodiazepines, and gabapentin to patients who have an OUD or SUD.

33. Dr. Vincent has also agreed not to prescribe stimulants, benzodiazepines, and gabapentin pending the resolution of the allegations in the *Complaint*. DVD VI, 1:36-1:39 p.m.

34. Affiliated with A New Start is the primary care practice, Care Now, that is located in the same building as A New Start. DVD I, 10:05-10:06 a.m.

35. Care Now was established in order for patients of A New Start to have a primary care facility available to treat their other healthcare needs, including mental health issues. DVD I, 10:05-10:06 a.m.

36. The Board initiated an investigation of Dr. Vincent in response to concerns expressed to the Board by a Social Services Clinician with the Kentucky Department of Corrections who noted an increase in the number of her clients who had been treated at the clinic. Exhibit 1, marked page 1517.

37. In response and at the Board's request, the Cabinet for Health and Family Services, Office of Inspector General, reviewed Dr. Vincent's KASPER records and identified patients whose records represented concerns found by the Inspector General's Office. Exhibit 1, marked pages 1518-1522.

38. The Board obtained copies of medical records for eighteen patients from A New Start and provided them to the Board's consultant, Dr. Mark Jorrisch, who reviewed over 26,000 pages of records and found deviations from the standards of



acceptable and prevailing medical practices in the care and treatment provided to seventeen of the patients. Exhibit 1, marked pages 1707-1802; DVD V, 11:52 a.m.

39. Dr. Jorrisch has been a consultant with the Board since 2005, and at the administrative hearing he was qualified as an expert in addiction medicine. DVD V, 9:09 a.m.; Exhibit 34.

40. Although Dr. Jorrisch found several deficiencies in Dr. Vincent's addiction medicine practice, he did not find the practice to be a "pill mill" that prescribed controlled substances with little regard for the patients' health and well-being. DVD VI, 9:26 a.m.

41. Instead, he found the deficiencies could be remedied by correcting the deficiencies and implementing the changes he recommended in his report. Exhibit 1, marked pages 1707-1802: DVD VI, 9:27-9:40 a.m.

42. For each patient whose care he reviewed Dr. Jorrisch prepared an "Expert Review Worksheet" provided by the Board to its consultants that generally addressed whether the diagnosis, treatment, and records for the patient met minimum standards, and he attached an extensive narrative for each patient explaining the basis for his opinions related to the three categories. Id.

43. Overall, Dr. Jorrisch estimated that he spent at least forty hours reviewing the medical records and other information provided by the Board and preparing his consultant report. DVD V, 9:10 a.m.; Exhibit 1, marked pages 1707-1802.

44. Dr. Jorrisch found no deviations from the standard of care for the person identified as Patient 3, but for the other seventeen patients, Dr. Jorrisch found

deviations in the three categories for the majority of the patients. Exhibit 1, marked pages 1707-1802.

45. For nine patients the diagnosis was “below minimum standards;” for fifteen patients, treatment was “below minimum standards;” and for fourteen patients, the medical records were “below minimum standards.” Id.

46. Dr. Jorrisch’s “overall opinion” based upon the above-listed categories was that the care and treatment provided to two patients was “clearly within the minimum standards;” for four patients the care and treatment was “borderline;” and for the remaining twelve patients, the care and treatment was “clearly below minimum standards.” Id.

47. Through his cover letter dated June 17, 2023, that accompanied the worksheets, Dr. Jorrisch provided a general summary of his findings, conclusions, and opinions regarding the care and treatment provided by Dr. Vincent based upon his review of the medical records from A New Start. Exhibit 1, marked pages 1707-1714.

48. Under the category of “Prescribing,” Dr. Jorrisch found the medications Dr. Vincent prescribed were “excessive under accepted and prevailing medical practice standards.” Id, marked page 1707.

49. Dr. Jorrisch also found under that category, as well as the categories in his cover letter of “Substandard Care” and “Medical Necessity,” that Dr. Vincent “engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky” . . . and that his

medical practice “constitute[s] a danger to the health, welfare, and safety of the physician’s patients and the general public.” Id, marked pages 1707-1708.

50. Dr. Jorrish’s concerns extended to Dr. Vincent’s treatment of patients with a diagnosis of Attention Deficit Hyperactivity Disorder with stimulants, the treatment of anxiety in patients with a substance use disorder with benzodiazepines, and the prescribing of promethazine, hydroxyzine, gabapentin to patients with an OUD since those medications are often misused by those patients. Id., marked page 1713.

51. In spite of Dr. Vincent’s assertions to the contrary and studies that allegedly supported the use of stimulants for treatment of an SUD, Dr. Jorrish stated, “treatment of Stimulant Use Disorder continues to be a purely behavioral approach albeit difficult and with limited success.” Exhibit 1, marked pages 1709-1710.

52. Dr. Jorrish identified several other specific practices that fell below the applicable standards, including failure to obtain a complete history or the patient’s past medical records, or past treatment history for OUD; failure to follow the appropriate protocol to initiate treatment for an OUD; failure to set forth for all patient visits “the actual conclusion and plan of action, particularly for struggling patients;” failure to provide a complete history of present illness; failure to identify alcohol use by patients; failure to address drug screens that were inconsistent with the prescribed medications; failure to adequately address mental health concerns; and failure to address non-opiate related medical issues revealed through examination or testing. Id, marked pages 1709-1712.

53. Dr. Jorrisch also noted in the cover letter that his “critical concern” was “the prescribing habits and routines of Dr. Vincent” and the risks related to the prescribing of “potentially addicting substance” to “patients with a diagnosis of Substance Use Disorder.” Id., marked page 1712.

54. Dr. Jorrisch summarized his findings and conclusions by stating, “Dr. Vincent’s practice [is] definitely outside the standards for treatment in the Commonwealth of Kentucky, dangerous to his patients, and dangerous to the community. Major concerns exist for accurate evaluation of patients, for identification of active diagnoses, for documentation in the medical record and in prescribing.” Id., marked page 1714.

55. Dr. Jorrisch noted that adequate documentation is especially critical in a medical practice such as Dr. Vincent’s in which multiple providers can be treating the patient and reviewing the record of care. DVD VI, 9:38-9:40 a.m.

56. In short, if care and treatment isn’t documented, there’s no way for others to be sure it happened. DVD V, 10:25 a.m.

57. In response to Dr. Jorrisch’s report and the Board’s allegations, Dr. Vincent provided through counsel several letters and a substantial amount of information in support of his medical practices. Exhibit 1, attached exhibits 2, 3, 5, and 6.

58. In addition, Dr. Vincent provided opinions from two addiction medicine specialists, Dr. Roger Starner Jones and Dr. James Patrick Murphy, who found Dr. Vincent’s practice of medicine to be within the applicable standards. Exhibit 1, marked pages 2188 2203.

59. Dr. Murphy, however, specifically agreed with Dr. Jorrisch's concern for inadequate documentation, stating that Dr. Vincent and his colleagues "in some instances [were] not documenting in a manner that could allow the KBML to readily understand their decision making processes." Exhibit 1, marked page 2202.

60. Dr. Vincent submitted his own written response to each of Dr. Jorrisch's Expert Review Worksheets and denied any violations to the Board's statutes and regulations. Exhibit 1, marked pages 2341-2358.

61. Dr. Jorrisch provided a fifteen page reply to the information provided by Dr. Vincent and concluded his reply by stating, "In summary, this report supports my original opinions re. Dr. William Kelly Vincent." Exhibit 1, marked pages 2600-2614.

62. Dr. James Murphy testified at the administrative hearing and was qualified as an expert in addiction, anaesthesiology, and pain management. DVD I, 3:33 p.m.

63. He had spent approximately twenty hours reviewing the charts of the patients at issue in this action. DVD II, 11:12 a.m.

64. Dr. Murphy testified that the care and treatment provided by Dr. Vincent for each patient was within the standard of care, and he found no deviation from the standard in Dr. Vincent's prescribing of buprenorphine, the prescribing of other controlled substances to patients with substance use disorders, or in the treatment of other health issues faced by the patients. DVD I, 3:40-3:54 p.m.

65. Dr. Murphy also found that Dr. Vincent's care and treatment of the patients did not pose a danger to them. DVD I, 3:59 p.m.

66. Although Dr. Murphy highlighted what he considered to be some factual errors in Dr. Jorrisch's report, his testimony focused mainly on the difference between his and Dr. Jorrisch's professional opinions regarding whether Dr. Vincent's care and treatment met the standard for acceptable and prevailing medical practice.

67. As such, Dr. Murphy's opinions did not call into question the validity of Dr. Jorrisch's professional opinions, except to the extent that two qualified professionals have differing opinions on the adequacy of the care and treatment provided by Dr. Vincent, but those differences do not detract from the fact there is substantial evidence in the record to support Dr. Jorrisch's opinions.

68. At the administrative hearing Dr. Vincent testified extensively and consistently with his written responses, and in his testimony he pointed out several instances in which Dr. Jorrisch made factual errors regarding the adequacy of the documentation in the records, especially those regarding the patients' vital signs, none of which affected the credibility of Dr. Jorrisch's opinions on whether Dr. Vincent met the standard of acceptable and prevailing medical practice in Kentucky.

69. In addition, even with Dr. Vincent's assertion that the care he provided met the applicable standards, that does not take away the fact there is substantial evidence in support of Dr. Jorrisch's findings and opinions.

70. Dr. Jorrisch testified regarding his review of the care and treatment provided to Patients 1, 2, and 12, but he provided the most in-depth review for Patient 1. DVD V and VI.

71. Dr. Jorrisch stated his findings and conclusions for Patient 1 applied to and were similar to those found in his review of the other patients for whom he found there were violations of the standard of care. DVD VI, 9:23 a.m.

72. Hence, considering Dr. Jorrisch's reports and testimony, as summarized in his cover letter to his Expert Review Worksheets and considered in light of the information and testimony provided on behalf of Dr. Vincent, there is credible and substantial evidence in the record from Dr. Jorrisch that Dr. Vincent violated KRS 311.595, as illustrated by KRS 311.597(4).

73. Since Dr. Jorrisch's report and the evidence presented at the administrative hearing focused on whether Dr. Vincent violated the standards of acceptable and prevailing medical practice in Kentucky, rather than on violations of the specific provisions of 201 KAR 9:260 or 201 KAR 9:270, the hearing officer will not address specific violations of those regulations in this order.

74. In spite of stating in the cover letter to his report that for each of the categories of "Prescribing," "Substandard Care," and "Medical Necessity," Dr. Vincent's medical "practice constitutes a danger to the health, welfare, and safety of the physician's patients and general public," Dr. Jorrisch testified at the administrative hearing that Dr. Vincent's medical practice was not an "immediate danger" to his patients or the general public. Exhibit 1, marked pages 1707-1717; DVD V, 2:42 p.m.; KRS 13B.125, KRS 311.592(1).

75. In addition, Dr. Jorrisch explained that his opinion that Dr. Vincent's medical practice presented a "danger," due to his failure to meet the standards of

acceptable and prevailing practice in Kentucky, could be addressed in an “orderly” manner extending over a period of time rather than by an immediate restriction or suspension of his license. DVD V, 1:36-1:37 p.m.; See for example, Exhibit 1, marked pages 1748-1749.

76. Dr. Jorrisch testified that there was a “potential” for danger as a result of some of Dr. Vincent’s practices, which meant they needed to be remedied as quickly as possible to avoid danger to patients and the general public. DVD V, 2:09-2:10 p.m. and 2:43-2:52 p.m.

77. Those potential dangers included generally the problems identified in his report and specifically issues such as Dr. Vincent’s prescribing of benzodiazepines, lack of records regarding home induction, lack of reference to records from the associated primary care practice, and lack of justification for the increase in buprenorphine dosing. Id.

78. Thus, assuming Dr. Jorrisch’s recommendations are implemented by Dr. Vincent pending the administrative hearing on the *Complaint*, Dr. Jorrisch asserted Dr. Vincent’s practice would not be an immediate danger to his patients or the general public. Exhibit 1, marked pages 1707-1714; DVD V, 2:51-2:52 p.m.; DVD VI, 9:24-9:40 a.m.

79. Those recommendations included better documentation on the assessment of the patient to determine whether buprenorphine is the appropriate medication; better documentation and justification for escalating to a higher dose of the medication on the initiation and for the titration of the medication; not prescribing other controlled



substances, such as stimulants, benzodiazepines, and gabapentin with buprenorphine; adequate consultation and coordination with psychiatrists and pain management specialists; better use of referrals for mental health treatment and for higher levels of care for patients; and addressing inconsistent urine drug screens and blood tests showing the need for treatment of other medical conditions. DVD V, 9:29-9:32 a.m.; DVD VI, 9:26-9:37 a.m.

80. Those recommendations represent a more rigorous and complete application of the standards and regulations for record-keeping and for the prescribing of controlled substances and do not reflect a lack of knowledge on the standards for prescribing controlled substances or an unwillingness or inability to follow the applicable standards.

81. The hearing officer also notes that on August 16-18, 2023, Dr. Vincent attended the Vanderbilt University Medical Center's professional development course titled *Proper Prescribing of Controlled Substances*, which was presumably consistent with Dr. Jorrisch's recommendations and which Dr. Vincent will implement as part of his medical practice. Exhibit 1, marked pages 2597-2599.

#### **CONCLUSIONS OF LAW**

1. The Board issued the *Emergency Order* pursuant to KRS 311.592(1), which authorizes the Board to issue an emergency order "suspending, limiting, or restricting" a physician's license when there is "probable cause to believe that . . . a physician's practice constitutes a danger to the health, welfare, and safety of his patients or the general public . . . ."

2. Pursuant to that same statute, the administrative hearing on the emergency order was conducted in accordance with the provisions of KRS 13B.125.

3. Under KRS 13B.125(3), "the emergency order shall be affirmed if there is substantial evidence of a violation of law which constitutes an immediate danger to the public health, safety, or welfare."

4. For purposes of the emergency hearing, "the findings of fact in the emergency order shall constitute a rebuttable presumption of substantial evidence of a violation of law that constitutes immediate danger to the health, welfare, or safety of patients or the general public." KRS 311.592(2).

5. Thus, applying the provisions of KRS 13B.125 and KRS 311.592 in conjunction with KRS 13B.090(7), the Board had the burden to prove there is substantial evidence of a violation of law and that the violation constitutes an immediate danger.

6. "Substantial evidence" is defined as "evidence of substance and relevant consequence, having the fitness to induce conviction in the minds of reasonable men." *Kentucky State Racing Commission v. Fuller*, 481 S.W.2d 298, 308 (Ky. 1972), quoting *O'Nan v. Ecklar Moore Express, Inc.*, 339 S.W.2d 466 (Ky. 1960).

7. Furthermore, "[t]he test of substantiality of evidence is whether when taken alone or in the light of all the evidence it has sufficient probative value to induce conviction in the minds of reasonable men." *Fuller*, 481 S.W.2d at 308.

8. Stated another way, substantial evidence is "evidence that a reasonable mind would accept as adequate to support a conclusion." *Black's Law Dictionary*, 7<sup>th</sup>

ed., p. 580. In addition, “if there is substantial evidence in the record to support an agency’s findings, the findings will be upheld, even though there may be conflicting evidence in the record.” *Kentucky Commission on Human Rights v. Fraser*, 625 S.W.2d 852, 856 (Ky. 1981).

9. The Board has met its burden to prove there is substantial evidence in the record that Dr. Vincent is in violation of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12).

10. Dr. Jorrisch’s report and testimony presented numerous examples in Exhibit 1, marked pages 1710 to 1714, to support the conclusion that Dr. Vincent’s medical practice violates the standard of acceptable and prevailing medical practice in Kentucky.

11. Based upon the findings in Dr. Jorrisch’s report, there is substantial evidence in the record that Dr. Vincent did not properly initiate treatment of the patients’ OUD with suboxone, failed to appropriately justify the initial dose and the escalation of dosing for suboxone, failed to properly document in his records the rationale and justification for switching from suboxone to the mono product, failed to justify adequately in the record during the course of treatment, the rationale and justification for increasing a patient’s dose of the medication, improperly prescribed stimulants, benzodiazepines, and gabapentin to patients with substance use disorders, failed to have adequate consultation and coordination with psychiatrists and pain management specialists, failed to properly utilize referrals for mental health treatment

and for higher levels of care for patients; and failing to address inconsistent urine drug screens and blood tests showing the need for treatment of other medical conditions.

12. Although Dr. Vincent and his expert witnesses disagreed with Dr. Jorrisch's findings, conclusions, and professional opinions, and although they pointed out some factual errors in Dr. Jorrisch's review of 26,000 pages of medical records, none of the factual errors or the experts' opinions in support of Dr. Vincent called into question the substantial nature of the evidence in support of Dr. Jorrisch's opinions.

13. Therefore, there is substantial evidence in the record to support a violation of KRS 311.595(9), as illustrated by KRS 311.597(4), due to Dr. Vincent's "departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky."

14. In addition, the hearing officer notes that Dr. Vincent's own expert witness questioned the adequacy of Dr. Vincent's documentation for his prescribing of buprenorphine, which is itself a violation of the applicable regulation and the basis for finding there is substantial evidence in the record that his record keeping violated the standard of acceptable and prevailing medical practice in Kentucky. 201 KAR 9:270, Sections 4 and 5.

15. Therefore, there is also substantial evidence to support a violation of KRS 311.595(12) based upon Dr. Vincent's violation of a "valid regulation of the board."

16. Although there is substantial evidence of the violation of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12), there is not substantial evidence in the record that Dr. Vincent's practice of medicine "constitutes an immediate danger

to the public health, safety, or welfare” as required by KRS 13B.125(3) to affirm the emergency order.

17. That determination is based upon the representation by Dr. Vincent that he will not prescribe stimulants, benzodiazepines, or gabapentin during the pendency of the *Complaint* action.

18. That determination is also based upon the assumption that he will incorporate into his practice the information obtained through the Vanderbilt professional development course and all of the recommendations set forth by Dr. Jorrisch in his cover letter, but especially the recommendation of maintaining adequate records of his care and treatment of patients, to show that he is following the required standards of acceptable and prevailing medical practice in Kentucky.

19. Dr. Vincent’s prescribing of stimulants, benzodiazepines, and gabapentin or his failure to incorporate Dr. Jorrisch’s recommendations will represent an immediate danger to his patients and to the public health, safety, and welfare as set forth in KRS 13B.125(3) and KRS 311.592(1).

#### **FINAL ORDER**

Based upon the foregoing, the hearing officer overturns the Board’s *Emergency Order of Restriction* issued against the license of William K. Vincent, M.D., on October 24, 2023. There is substantial evidence in the record to support the Board’s determination that Dr. Vincent engaged in conduct in violation of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12), but there is not substantial evidence

in the record that his continued practice of medicine constitutes an immediate danger to his patients or the public health, safety, or welfare.

### NOTICE OF APPEAL RIGHTS

Pursuant to KRS 13B.125(4), this Final Order may be appealed pursuant to KRS 13B.140(1). That subsection of the statute states:

All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling statutes, within 30 days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the final order.

Pursuant to KRS 23A.010(4), "such review [by the Circuit Court] shall not constitute an appeal but an original action." Some courts have interpreted this language to mean that a summons also be served upon filing an appeal in circuit court.

SO ORDERED this 22<sup>nd</sup> day of December 2023.



THOMAS J. HELLMANN  
HEARING OFFICER  
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FRANKFORT KY 40601  
(502) 330-7338  
thellmann@mac.com

**CERTIFICATE OF SERVICE**

I hereby certify that the original of this FINAL ORDER was mailed this 22<sup>nd</sup> day of December, 2023, by first-class mail, postage prepaid, to:

JILL LUN  
KY BOARD OF MEDICAL LICENSURE  
HURSTBOURNE OFFICE PARK STE 1B  
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for filing; and pursuant to the parties' agreement to waive service of the Final Order by certified mail, a true copy was sent by email and by first-class mail, postage prepaid, on December \_\_\_\_\_, 2023, to:

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