COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. PA-50

IN RE: THE LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT IN THE COMMONWEALTH OF KENTUCKY HELD BY JULIE A. SALISBURY, P.A.-C., LICENSE NO. PA819, 2429 WEST PARRISH AVENUE, OWENSBORO, KENTUCKY 42301

# AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Hearing Panel B, and Julie A. Salisbury, P.A.-C (hereafter "the licensee"), and, based upon their mutual desire to fully and finally resolve this pending Complaint, hereby ENTER INTO the following **AGREED ORDER**:

## STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Julie A. Salisbury, P.A.-C, was licensed by the Board to practice as a Physician Assistant within the Commonwealth of Kentucky.
2. On or about September 27, 2022, the Board received a grievance from the mother of a patient who died from an overdose alleging:

> My son [Patient A] started seeing Dr. [sic] Salisbury in 2019 when he moved to Owensboro for rehab then into sober living. Dr. [sic] Salisbury started prescribing [Patient A] Klonopin .5mg 1 x day in September 2021. Dr. [sic] Salisbury knew [Patient A] was a addict. He was going to a suboxone clinic but prescribed him Klonpin [sic] anyways. She only conducted one drug test when she first prescribed it and never repeated one. In October 2021 she increased him to .5mg 2 x day. In November 2021 [Patient A] overdosed on Klonpin [sic] and Meth. She still continued to prescribe him Klonpin [sic]. In February 2022 she increased him again to .5mg 3 x day. [Patient A] overdosed and died June 12, 2022. His toxicology report showed his Klonopin levels was 64.1 ng/ml. This doctor prescribed my son a controlled substance knowing he was a addict. Even increased his amount after he overdosed on it.

> [Patient A] was in the ICU on a ventilator in November. He almost died then. How can a dr legally prescribe a know [sic] addict a controlled substance and then increase his amount after he overdosed. I was listed on [Patient A's] medical records for information to be released to me when he died. I went to the office to get a copy of his records. They where [sic] going to give them to me. Till they asked how he died and I said he overdosed. Then they refused to give me his records and told me to get a lawyer if I wanted them. So I had to go to Court and get appointed Administrator of his estate and request to Judge I needed medical records to get them.

3. On or about October 24, 2022, the licensee responded to the grievance. She explained:

> ... I first saw [Patient A] at an Urgent Care I was working in and then followed up with him as a primary care patient in my primary care office. He presented with a history of depression and anxiety as well as a history of drug abuse. At the time I started seeing him, he was taking Prozac 40 mg once daily and Wellbutrin XL 150 mg once daily for depression and anxiety. His symptoms were fairly well-controlled with this treatment, however when I saw him in August of 2020, he had been struggling more with his anxiety. He had tried to donate plasma and his heart rate had been too high for him to donate on a couple of occasions which he contributed to his anxiety. He requested something to help with both the tachycardia and his anxiety and I started him on Buspirone 10 mg twice daily and Toprol XL 25 mg once daily. At his follow up in September, he informed me that the 10 mg Buspirone dose was causing him some side effects, so he had lowered the dose to ½ tablet (5 mg) twice daily instead and that was working well for him. He was also experiencing some difficulty sleeping and I started him on 6 mg of Doxepin nightly. At that point, I gave him 6 months' worth of refills and instructions to follow up or call if any problems with his medications.
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> In April of 2021 I left the primary care office I was working in and moved to a new office location and started to see patients again in June. I had made every best attempt to reach my patients prior to moving including mailing a letter that I was moving offices and a follow up post card with the new location information once I had started seeing patients again. I first saw [Patient A] again in August of 2021 and he had run out of medications for a short period of time (the office I had left gave my patients 30 days' supply of medication). His anxiety had been problematic for him during this time and he was started back on Prozac, Wellbutrin XL, Buspirone and Toprol XL. He had stopped taking the Doxepin as he had not found it helpful.
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> On September 14, 2021, he returned with concerns about his anxiety and how it was affecting his work. ... After a discussion about all the medications we had tried, including the higher dose of Buspirone he had not tolerated, I agreed to try him on a low dose of Klonopin 0.5 mg once daily

as needed pending a clear urine drug screen. He signed a controlled substances agreement at that time, his drug screen came back clear and I sent in the medication once I reviewed the UDS. I had him follow up in 1 month and he was doing better with the Klonopin, but still having trouble making it through his entire work shift as he worked mostly nights. I increased his dose to twice daily at that office visit and again had him follow up in 1 month. On November 16th he returned and was doing well with the twice daily dosing.

[...]

It was just recently, unfortunately after [Patient A's] passing, brought to my attention that sometime during the month of November 2021 [Patient A] was admitted to the hospital with an overdose of Methamphetamine, and Klonopin was also noted to be in his system. I was never made aware of this nor notified by the hospital or [Patient A]. ... I can assure you I would have never continued to prescribe [Patient A] a controlled substance of any sort had I known he had been using any illegal substances. I also do not give refills on benzodiazepines without the patient contacting the office to request a refill between office visits and I see them in person every 3 months once they are on a stable dose. [Patient A] called to request a refill on December 14th and again on January 14th and never once mentioned his hospital admission. I saw him again in person on February 15th and he again did not mention anything about his admission. He did admit to some new stressors going on at home and we discussed having him start seeing a counselor again as he had stopped doing so. I did increase his dose to three times daily at that office visit, again unknowing that he had been admitted or had used methamphetamine.

When he returned for his follow up in May, he was about to leave town to go out west with his grandmother and requested to have his Klonopin filled 4 days early so he wouldn't run out while out of town. I agreed to do so considering he had never asked for a prescription early, had always been compliant with office visits and I had no reason to suspect he would be misusing his medication which is also why I had not yet obtained another drug screen on [Patient A] since it only has to be done periodically unless there is reason to suspect misuse. [Patient A] was very excited about his trip during his visit, he had gone to Yellowstone with his grandmother the previous year and was looking forward to going again. Tragically that was the last office visit I had with [Patient A] as he overdosed again on June 12th and passed away. According to [Patient A's] mother, the level of Klonopin on his toxicology report was 64.1 ng/ml which falls well within the normal therapeutic range of 20-80 ng/ml which would indicate he was taking it as directed. I was not made aware of what substance [Patient A] actually overdosed on as I have never seen his full toxicology report or death certificate.

[...]

> Much to my dislike, in February 2022 I inherited a large number of patients from a provider that left our office who were unknowingly to me on MULTIPLE controlled substances at very high doses and I have been contacted by the Suboxone clinic on a couple of them to try to taper them down or off one or more of their medications. I have been doing my best to work with them in making this happen. As a result of both this influx of patients and after having gone through this process with [Patient A], I have been referring almost every patient that is on a benzodiazepine out of our office and to behavioral health providers. Unfortunately, this is a process that takes time. I have also been getting drug screens on these new-to-me patients and have had many of them test positive for illegal substances.
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> [...]
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> In conclusion, this has been an eye-opening experience for me as I have always thought myself a responsible provider having only had one other grievance made against me (which was determined to be unfounded) in my 18 years as a provider. I am willing to face any consequences the Medical Board feels necessary if my actions in this case are deemed unprofessional or not meeting up to the Board's standards.

4. On or about December 22, 2022, a Board consultant completed a review of the patient's records. As a result, it is the consultant's opinion that the licensee's care of the patient was below the minimum standards, stating in part:

> [Patient A's] treatment at the local Suboxone clinic is not mentioned in the narrative portion of the charts provided; only in the Provider's response letter. The only mention of the patient's addiction history was "Crisis Stabilization Unit" under Past Medical History. Suboxone never appears on [Patient A's] chart medication lists.
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> One urine toxicology screen was obtained on 9/14/2021; the only place in the chart mentioning Suboxone was on the order form for that laboratory in the back of the chart of that date.
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> No KASPER report on the Patient was requested by the Provider until 6/20/22, ten days after the Patient's death.
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> [...]
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> With the information available, the record demonstrates negligence in history taking, initial and ongoing evaluation, and treatment, with lack of coordination of care with other providers and resources.
>
> > 1) History taking: no history of the Patient's substance abuse history, "rehab" (mentioned in the grievance), and ongoing treatment in the Suboxone clinic. In terms of Social History, pertinent negatives

would include use of recreational substances, yet this is not indicated. Additionally, it is not part of the Providers template for care.

2) Evaluation: The symptoms of Anxiety Disorder can suggest other medical diagnoses, including hyperthyroidism, arrhythmias, asthma, chronic obstructive pulmonary disease, certain medication use or withdrawal, and substance use or withdrawal.

Other than basic laboratories, requested on 7/24/2020 and 8/28/20 with no results in the provided charts for the Provider's or my review, no EKG or other evaluation was offered.

The Provider used no available standardized instruments widely employed in the care of patients with mental health needs, no evaluation of other underlying medical and psychosocial reasons for the patient's anxiety, depression, tachycardia and sleep disorders, and no ongoing urine toxicology screens in this patient whose addiction history was evidently known by the Provider, per her response letter to the Board.

3) Treatment: The Provider gave the patient Toprol XL for tachycardia, Doxepin for sleep, merely symptomatic treatments when no further evaluation, though warranted, was pursued. When the patient was refractory to the potent combination of antidepressants and anxiolytics prescribed, no further evaluation or distinct psychiatric referral was pursued.

4) Coordination of care: while a mention is made that the Patient had sought counseling on a few occasions, despite the fact that the Provider stated that she would not escalate the dose without further evaluation by "BH", she did escalate to the 3x daily dose. No behavioral health referral or evaluation is seen in the chart.

5. On or about February 20, 2023, the licensee responded to the consultant's report.

She acknowledged many of her shortcomings, stating:

> I will admit, I immediately recognized upon reviewing his records prior to submitting them several of these shortcomings myself. I failed to get a KASPER report like I should have both initially and every 90 days. I also failed to include his history of opiate abuse on his past medical history as well as not listing Suboxone on his current medication list. I have no excuse for why this was not done. Although I knew this was part of his history, I did not have it in the forefront of his medical record like it should have been.

In addition, she explained that she has initiated several changes/improvements in her practice.

6. The Board consultant considered the licensee's response and stands by her original report, stating:

> We all want Providers to continue to practice only if they are supervised in an appropriate manner to avoid, as much as anyone can, tragedies such as this. I cannot at this time be sure that the Provider's practice has been transformed unless the Board makes certain that this has occurred and will continue as such.

7. On or about April 20, 2023, the licensee appeared before the Panel and reiterated much of what she said in her written responses. She also informed the Board that her practice location is not owned, managed or under the control of her supervising physician. Her supervising physician was approved for off-site supervision by the KBML. Her supervising physician comes to her separate practice location every month or two and completes a random review of 10% of her charts.
8. On or about May 17, 2023, the Board issued a Complaint and Emergency Order of Restriction based upon the above facts. The Complaint was amended on July 18, 2023 to specify the provisions of 201 KAR 9:260 that she violated.
9. The licensee now agrees to enter into this Agreed Order to resolve this pending case.

## STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky Physician Assistant license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee engaged in conduct which violates the provisions of KRS 311.850(1)(n), (p), and (s). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending Complaint by entering into an informal resolution such as this Agreed Order.

## AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to resolve this pending Complaint, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice as a Physician Assistant within the Commonwealth of Kentucky held by Julie A. Salisbury, P.A.-C., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order.

2. During the effective period of this Agreed Order, the licensee's license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

    a. The licensee SHALL NOT prescribe, administer, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;

    b. The licensee SHALL NOT perform any act which would constitute the practice of a physician assistant, as that term is defined or contemplated by KRS 311.840, *et seq.*, in the Commonwealth of Kentucky, unless and until the Panel or its Chair has approved, in writing, the practice location at which she will practice as a physician assistant. The decision whether to approve a particular practice location lies in the sole discretion of the Panel or its Chair. In determining whether to approve a particular practice location, the Panel or its Chair will particularly consider whether there will be appropriate supervision of the licensee, and may also consider the nature of the practice, including the licensee's proposed duties and hours to be worked. In approving such practice location, the Panel or its Chair may include specific conditions/restrictions to ensure patient safety;

        i. The licensee shall not request, and the Panel or Panel Chair shall not approve, the licensee to practice in any location separate from the licensee's supervising physician;

c. Pursuant to KRS 311.565(1)(v), the licensee SHALL REIMBURSE the Board's costs of $1,137.50 within six (6) months from entry of this Agreed Order; and

d. The licensee SHALL NOT violate any provision of KRS 311.850.

3. The licensee understands and agrees that the Panel SHALL NOT consider a request by the licensee to resume prescribing, administering or the professional utilization of controlled substances unless and until the Board has received an assessment report, and educational or remediation plan (if recommended), following the licensee's completion of a Physician Assistant clinical skills assessment(s), at her expense, from either:

   a. Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241; or

   b. LifeGuard, 400 Winding Creek Boulevard, Mechanicsburg, Pennsylvania, 17050, Tel. (717) 909-2590.

4. The licensee understands and agrees that both the licensee and the Board may provide relevant information to either CPEP or LifeGuard for consideration as part of the clinical skills assessment. In order to permit the Board to provide such relevant information, the licensee shall immediately notify the Board's Legal Department of any scheduled assessment dates once an assessment is scheduled and the licensee shall complete any necessary waiver/release to facilitate communication between the Board and CPEP or LifeGuard.

5. The licensee understands and agrees that if the Panel should permit the licensee to resume prescribing, administering or the professional utilization of controlled substances in the future, it shall do so by Amended Agreed Order, which shall include any and all terms and conditions deemed appropriate by the Panel at that time.

6. The licensee expressly agrees that if she should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.852 and 13B.125. The parties further agree that if the Board should receive information that the licensee has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.852 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

7. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, pursuant to KRS 311.850(1)(o), and may provide a legal basis for criminal prosecution for practicing as a Physician Assistant without a license.

SO AGREED on this 25 day of August, 2023.

FOR THE LICENSEE:

Julie A Salisbury PAz
JULIE A. SALISBURY, P.A-C.

COUNSEL FOR THE LICENSEE

FOR THE BOARD:

DALE E. TONEY, M.D.
CHAIR, HEARING PANEL B

NICOLE A. KING
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

**WAIVER OF RIGHTS**

I, Julie A. Salisbury, P.A.-C, am presently the Respondent in Kentucky Board of Medical Licensure Case No. PA-50. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 et seq, and I will have the right to raise any objections normally available in such proceedings.

Executed this 25 day of August, 2023.

Julie A Salisbury PA-C
JULIE A. SALISBURY, P.A.-C.
RESPONDENT

COUNSEL FOR THE RESPONDENT