

1 2011, according to the date of the last prescribed controlled substance on the Pharmacy
2 Monitoring Profile.

3 5. Although Respondent's SP began threatening to end the supervisory
4 relationship in May 2001, the actual termination did not occur until several months after the
5 correspondence began. There was, therefore, substantial evidence that Respondent did
6 not receive fair notice that her SP had notified the Board that the supervision had ended.

7 6. On October 26, 2011, Respondent wrote two prescriptions for controlled
8 substances on a prescription pad that contained her SP's name and DEA number. The
9 prescriptions were written after the SP terminated his supervisory relationship with
10 Respondent. Board staff determined that the prescription pads did not contain
11 Respondent's current supervisor's information.

12 7. In addition, Respondent failed to timely appear for an investigational
13 interview with Board staff to address the quality of care issues in this case on four
14 occasions. Board staff found that Respondent failed to cooperate with the Board's
15 investigation.

16 8. On November 1, 2011, Respondent was referred to the Board's Physician
17 Health Program (PHP) for an assessment. On November 8, 2011, Respondent entered
18 into an Interim Consent Agreement for Practice Restriction pending her ability to afford
19 and schedule the assessment. On March 2, 2012, the PHP Contractor submitted a report
20 to the Board indicating that Respondent was safe to perform healthcare tasks and no
21 further evaluation, treatment or monitoring recommendations were made. The Interim
22 Practice Restriction was vacated on March 6, 2012.

23 9. A Medical Consultant (MC) reviewed the medical records of patients JC and
24 MW to determine the quality of care provided by Respondent. Patient JC was first seen by
25 Respondent in September of 2009 for weight loss and removal of skin lesions. JC was

1 started on Levoxyl and Prozac. JC continued to be seen for chronic pain, and received
2 prescriptions for Phentermine, Vicodin, Valium, Xanax and Oxycodone during the course
3 of treatment with Respondent. Reportedly, JC's prescriptions were stolen in March 2011.

4 10. JC later underwent Fraxel treatment along with Meso therapy that reportedly
5 required continuation of her pain medications. By October 2011, JC had not established
6 herself with a pain specialist and again claimed that her prescriptions were stolen.

7 11. Patient MW only received medical care in the office for a Fraxel treatment on
8 August 23, 2011. There is no record of prescriptions written for this patient in the chart
9 provided.

10 12. A police report made by Respondent's former SP noted that Respondent
11 wrote 39 prescriptions for patient MW between June – September of 2011 including
12 Oxycodone, Hydrocodone, Valium, Phentermine, Xanax, and Endocet. In particular,
13 Respondent wrote a prescription for 100 Oxycodone 5 mg. and 100 Diazepam 10 mg. with
14 five refills on June 20, 2011.

15 13. The record of all pharmacy prescriptions written by Respondent from
16 November 2010 to November 2011 includes 99 pages with 11 prescriptions listed on each
17 page. Approximately 99% of the prescriptions written by Respondent during this time
18 period were for Phentermine, Diazepam, Alprazolam, Hydrocodone, Oxycodone, Endocet
19 and Carisoprodol. Of particular concern to the MC were prescriptions for DJ for 100
20 Hydrocodone 7.5/740 with five refills and prescriptions for E.K. for 100 Oxycodone 10/325,
21 90 Alprazolam 1 mg with 2 refills and 40 Meperidine 50 mg. on January 18, 2011.

22 14. The standard of care when prescribing medications for patients requires
23 documentation of the medications prescribed, indications for use and monitoring of the
24 amounts being prescribed and noted in the medical record.

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1 IT IS HEREBY ORDERED THAT:

- 2 1. Respondent is issued a Letter of Reprimand.
- 3 2. Respondent is placed on probation for **one year** with the following terms and
4 conditions:
- 5 a. Respondent shall within twelve months of the effective date of this Order
6 obtain 15-20 hours of Board Staff pre-approved Category I Continuing
7 Medical Education (CME) in an intensive, in-person prescribing course
8 and obtain 15-20 hours of Board Staff pre-approved Category I CME in
9 an in-person professional boundaries course. Respondent shall provide
10 Board Staff with satisfactory proof of attendance. The CME hours shall
11 be in addition to the hours required for the annual renewal of licensure.
- 12 b. Respondent is prohibited from prescribing, administering, or dispensing
13 any Controlled Substances until completion of both of the CME courses
14 described in paragraph 2(a) of this Order.
- 15 c. The probation shall terminate upon completion of the CME courses.
- 16 d. In the event Respondent should leave Arizona to reside or perform health
17 care tasks outside the State or for any reason should Respondent stop
18 performing health care tasks in Arizona, Respondent shall notify the
19 Executive Director in writing within ten days of departure and return or the
20 dates of non-performance within Arizona. Non-performance is defined as
21 any period of time exceeding thirty days during which Respondent is not
22 engaging in the performance of health care tasks. Periods of temporary
23 or permanent residence or performance of health care tasks outside
24 Arizona or of non-performance of health care tasks within Arizona, will
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1 not apply to the reduction of the probationary period

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3 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

4 Respondent is hereby notified that he has the right to petition for a rehearing or
5 review. The petition for rehearing or review must be filed with the Board's Executive
6 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
7 petition for rehearing or review must set forth legally sufficient reasons for granting a
8 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after
9 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,
10 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

11 Respondent is further notified that the filing of a motion for rehearing or review is
12 required to preserve any rights of appeal to the Superior Court.

13 DATED AND EFFECTIVE this 28TH day of FEBRUARY, 2013.

14
15 ARIZONA REGULATORY BOARD OF
16 PHYSICIAN ASSISTANTS

17 By 
18 Lisa S. Wynn
19 Executive Director

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21
22 EXECUTED COPY of the foregoing mailed
23 this 28th day of Feb, 2013 to:

24 Tammy Hankins, P.A.
25 Address of Record

26 ORIGINAL of the foregoing filed
27 this 28th day of Feb, 2013 with:

1 Arizona Regulatory Board of Physician Assistants
9545 E. Doubletree Ranch Road
2 Scottsdale, AZ 85258

3 
4 Arizona Regulatory Board
of Physician Assistants Staff

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