

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JOSE A. SOSA-ROCHE, M.D.**

4 Holder of License No. 18643
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-09-1474A

**ORDER FOR LICENSE
REACTIVATION, PROBATION, AND
CONSENT TO THE SAME**

7 Jose A. Sosa-Roche, M.D. ("Respondent") elects to permanently waive any right to
8 a hearing and appeal with respect to this Order for Probation; admits the jurisdiction of the
9 Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

10 **FINDINGS OF FACT**

11 1. The Board is the duly constituted authority for the regulation and control of
12 the practice of allopathic medicine in the State of Arizona.

13 2. Respondent is the holder of license number 18643 for the practice of
14 allopathic medicine in the State of Arizona.

15 3. The Board initiated case number MD-09-1474A after Respondent submitted
16 to a urine drug screen that was positive for Oxycodone.

17 4. On May 10, 2006, Respondent entered into a confidential Stipulated
18 Rehabilitation Agreement, which was terminated on January 21, 2009; however,
19 Respondent was subject to random drug and alcohol screen testing. On April 24, 2009,
20 Respondent submitted to a urine drug screen, which was positive for Oxycodone. On May
21 19, 2009, Respondent met with the Board's Addiction Medicine Contractor (AMC) and
22 underwent a urine and hair drug screen, which were also positive for Oxycodone.

23 5. On June 4, 2009, Respondent was ordered to undergo a residential
24 evaluation and it was determined that Respondent had relapsed and treatment was
25 recommended. On June 29, 2009, Respondent signed a request to inactivate his license

1 with cause because his SRA for substance abuse had been terminated and he had
2 relapsed pursuant to A.R.S. § 32-1452(F).

3 6. On October 4, 2009, Respondent successfully completed long-term
4 residential treatment. On October 7, 2009, Respondent requested reactivation of his
5 license. Upon review of the treatment records, the AMC recommended that Respondent
6 should participate in the Board's Monitored Aftercare Program (MAP) and stated that
7 Respondent was safe to return to practice. On December 1, 2009, Respondent entered
8 into an Interim Order to Participate in MAP. Board staff recommends that Respondent's
9 license be reactivated and he be placed in MAP under a final Board Order.

10 CONCLUSIONS OF LAW

11 1. The Arizona Medical Board possesses jurisdiction over the subject matter
12 hereof and over Respondent.

13 2. The Board has received substantial evidence supporting the Findings of Fact
14 described above and said findings require the Board to either refer the matter for formal
15 hearing to revoke Respondent's license or reactive Respondent's license and place
16 Respondent on probation for five years with restrictions necessary to assure public safety.
17 A.R.S. § 32-1452(F).

18 ORDER

19 IT IS HEREBY ORDERED that:

20 1. Respondent's license is reactivated upon payment of the renewal fee.

21 2. Respondent is placed on Probation for five years with the following terms

22 and conditions:

23 a.1. Participation¹. Respondent shall promptly enroll in and participate in
24 _____

25 ¹ Respondent's MAP participation is retroactive to December 1, 2009.

1 the Board's program for the treatment and rehabilitation of physicians who are impaired by
2 alcohol or drug abuse ("MAP"). Respondent's participation in MAP may be unilaterally
3 terminated with or without cause at the Board's discretion at any time after the issuance of
4 this Order.

5 i. Respondent shall submit quarterly declarations under penalty of
6 perjury stating whether there has been compliance with all conditions of
7 MAP. The declarations shall be submitted to the contractor retained by the
8 Board to administer the MAP program ("Contractor") on or before the 15th of
9 March, June, September and December of each year, beginning on or
10 before March, 2010.

11 2. **Relapse Prevention Group.** Respondent shall attend MAP's relapse
12 prevention group therapy sessions one time per week for the duration of this Order, unless
13 excused by the MAP relapse prevention group facilitator for good cause such as illness or
14 vacation. Respondent shall instruct the MAP relapse prevention group facilitators to
15 release to the MAP Contractor, upon request, all records relating to Respondent's
16 treatment, and to submit monthly reports to the MAP Contractor regarding attendance and
17 progress. The reports shall be submitted on or before the 10th day of each month.

18 3. **12 Step or Self-Help Group Meetings.** Respondent shall attend
19 ninety 12-step meetings or other self-help group meetings appropriate for substance
20 abuse and approved by the MAP Contractor, for a period of ninety days beginning no later
21 than either (a) the first day following Respondent's discharge from chemical dependency
22 treatment or (b) the date of this Order.

23 4. Following completion of the ninety meetings in ninety days,
24 Respondent shall participate in a 12-step recovery program or other self-help program
25 appropriate for substance abuse as recommended by the MAP Contractor. Respondent

1 shall attend a minimum of three 12-step or other self-help program meetings per week for
2 a total of twelve per month. Two of the twelve meetings must be Caduceus meetings.
3 Respondent must maintain a log of all self-help meetings. The MAP Contractor will provide
4 the log to Respondent.

5 **5. Approved Primary Care Physician.** Respondent shall promptly
6 obtain a primary care physician and shall submit the name of the physician to the MAP
7 Contractor in writing for approval. The approved primary care physician ("PCP") shall be
8 in charge of providing and coordinating Respondent's medical care and treatment. Except
9 in an *Emergency*, Respondent shall obtain medical care and treatment only from the PCP
10 and from health care providers to whom the PCP refers Respondent. Respondent shall
11 request that the PCP document all referrals in the medical record. Respondent shall
12 promptly inform the PCP of Respondent's rehabilitation efforts and provide a copy of this
13 Order to the PCP. Respondent shall also inform all other health care providers who
14 provide medical care or treatment that Respondent is participating in MAP.

15 a. "*Emergency*" means a serious accident or sudden illness that, if not
16 treated immediately, may result in a long-term medical problem or
17 loss of life.

18 **6. Medication.** Except in an *Emergency*, Respondent shall take no
19 *Medication* unless the PCP or other health care provider to whom the PCP refers
20 Respondent prescribes the *Medication*. Respondent shall not self-prescribe any
21 *Medication*.

22 a. "*Medication*" means a prescription-only drug, controlled substance,
23 and over-the counter preparation, other than plain aspirin, plain
24 ibuprofen, and plain acetaminophen.

25 7. If a controlled substance is prescribed, dispensed, or administered to

1 Respondent by any person other than PCP, Respondent shall notify the PCP in writing
2 within 48 hours and notify the MAP Contractor immediately. The notification shall contain
3 all information required for the medication log entry specified in paragraph 8. Respondent
4 shall request that the notification be made a part of the medical record. This paragraph
5 does not authorize Respondent to take any *Medication* other than in accordance with
6 paragraph 6.

7 **8. Medication Log.** Respondent shall maintain a current legible log of
8 all *Medication* taken by or administered to Respondent, and shall make the log available
9 to the MAP Contractor upon request. For *Medication* (other than controlled substances)
10 taken on an on-going basis, Respondent may comply with this paragraph by logging the
11 first and last administration of the *Medication* and all changes in dosage or frequency.
12 The log, at a minimum, shall include the following:

- 13 a. Name and dosage of *Medication* taken or administered;
- 14 b. Date taken or administered;
- 15 c. Name of prescribing or administering physician;
- 16 d. Reason *Medication* was prescribed or administered.

17 This paragraph does not authorize Respondent to take any *Medication* other than
18 in accordance with paragraph 6.

19 **9. No Alcohol or Poppy Seeds.** Respondent shall not consume
20 alcohol, any food, or other substance containing poppy seeds or alcohol.

21 **10. Biological Fluid Collection.** During all times that Respondent is
22 physically present in the State of Arizona and such other times as the MAP Contractor
23 may direct, Respondent shall promptly comply with requests to submit to witnessed
24 biological fluid collection. If Respondent is directed to contact an automated telephone
25 message system to determine when to provide a specimen, Respondent shall do so within

1 the hours specified. For the purposes of this paragraph, in the case of an in-person
2 request, "promptly comply" means "immediately." In the case of a telephonic request,
3 "promptly comply" means that, except for good cause shown, Respondent shall appear
4 and submit to specimen collection no later than two hours after telephonic notice to appear
5 is given. The MAP Contractor in its sole discretion shall determine good cause.

6 11. Respondent shall provide the MAP Contractor in writing with one
7 telephone number that shall be used to contact Respondent on a 24 hour per day/seven
8 day per week basis to submit to biological fluid collection. For the purposes of this section,
9 telephonic notice shall be deemed given at the time a message to appear is left at the
10 contact telephone number provided by Respondent. Respondent authorizes any person
11 or organization conducting tests on the collected samples to provide testing results to the
12 MAP Contractor.

13 12. Respondent shall cooperate with collection site personnel regarding
14 biological fluid collection. Repeated complaints from collection site personnel regarding
15 Respondent's lack of cooperation regarding collection may be grounds for termination
16 from MAP.

17 13. Out of State Travel and/or Unavailability at Home or Office
18 Telephone Number. Respondent shall provide the MAP Contractor with at least three
19 business days advance written notice of any plans to be away from office or home when
20 such absence would prohibit Respondent from responding to an order to provide a
21 biological fluid specimen or from responding to communications from the MAP Contractor.
22 The notice shall state the reason for the intended absence from home or office, and shall
23 provide a telephone number that may be used to contact Respondent.

24 14. Payment for Services. Respondent shall pay for all costs,
25 including personnel and contractor costs, associated with participating in MAP at

1 time service is rendered, or within 30 days of each invoice sent to Respondent.

2 15. Examination. Respondent shall submit to mental, physical, and
3 medical competency examinations at such times and under such conditions as directed by
4 the MAP Contractor to assist in monitoring Respondent's ability to safely perform as a
5 physician and Respondent's compliance with the terms of this Order.

6 16. Treatment. Respondent shall submit to all medical, substance
7 abuse, and mental health care and treatment ordered by the MAP Contractor.

8 17. Obey All Laws. Respondent shall obey all federal, state and local
9 laws, and all rules governing the practice of medicine in the State of Arizona.

10 18. Interviews. Respondent shall appear in person before the Board and
11 its Staff and MAP Contractor for interviews upon request, upon reasonable notice.

12 19. Address and Phone Changes, Notice. Respondent shall
13 immediately notify the MAP Contractor in writing of any change in office or home
14 addresses and telephone numbers.

15 20. Relapse, Violation. In the event of chemical dependency relapse by
16 Respondent or Respondent's use of drugs or alcohol in violation of the Order,
17 Respondent's license shall be summarily suspended pending a hearing for
18 revocation. In the alternative, Respondent may SURRENDER HIS LICENSE if he agrees
19 in writing to being impaired by alcohol or drug abuse. A.R.S. § 32-1452(G).

20 21. Notice Requirements.

21 (A) Respondent shall immediately provide a copy of this Order to all
22 employers and all hospitals and free standing surgery centers where Respondent currently
23 has privileges. Within 30 days of the date of this Order, Respondent shall provide the MAP
24 Contractor with a signed statement of compliance with this notification requirement. Upon
25 any change in employer or upon the granting of privileges at additional hospitals and free

1 standing surgery centers, Respondent shall provide the employer, hospital or free standing
2 surgery center with a copy of this Order. Within 30 days of a change in employer or upon
3 the granting of privileges at additional hospitals and free standing surgery centers,
4 Respondent shall provide the MAP Contractor with a signed statement of compliance with
5 this notification requirement.

6 (B) Respondent is further required to notify, in writing, all employers,
7 hospitals and free standing surgery centers where Respondent currently has or in the
8 future gains employment or privileges, of a chemical dependency relapse, use of drugs or
9 alcohol in violation of this Order and/or entry into a treatment program. Within seven days
10 of any of these events Respondent shall provide the MAP Contractor written confirmation
11 of compliance with this notification requirement.

12 22. Public Record. This Order is a public record.

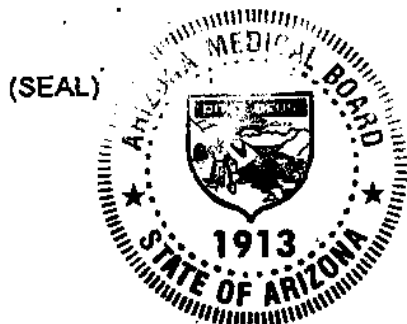
13 23. Out-of-State. In the event Respondent resides or practices as a
14 physician in a state other than Arizona, Respondent shall participate in the rehabilitation
15 program sponsored by that state's medical licensing authority or medical society.
16 Respondent shall cause the monitoring state's program to provide written reports to the
17 MAP Contractor regarding Respondent's attendance, participation, and monitoring. The
18 reports shall be due quarterly on or before the 15th day of March, June, September, and
19 December of each year, until the Board terminates this requirement in writing. The
20 monitoring state's program and Respondent shall immediately notify the MAP Contractor if
21 Respondent: a) is non-compliant with any aspect of the monitoring requirements; b)
22 relapses; c) tests positive for controlled substances; d) has low specific gravity urine drug
23 test(s), missed and/or late urine drug tests, or otherwise rejected urine drug tests; and e) is
24 required to undergo any additional treatment.

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1 24. This Order supersedes all previous consent agreements and
2 stipulations between the Board and/or the Executive Director and Respondent.

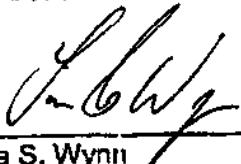
3 25. The Board retains jurisdiction and may initiate new action based upon
4 any violation of this Order.

5 DATED AND EFFECTIVE this 18TH day of FEBRUARY, 2010.



ARIZONA MEDICAL BOARD

By


Lisa S. Wynn
Executive Director

12 **CONSENT TO ENTRY OF ORDER**

13 1. Respondent has read and understands this Consent Agreement and the
14 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
15 acknowledges he has the right to consult with legal counsel regarding this matter.

16 2. Respondent acknowledges and agrees that this Order is entered into freely
17 and voluntarily and that no promise was made or coercion used to induce such entry.

18 3. By consenting to this Order, Respondent voluntarily relinquishes any rights
19 to a hearing or judicial review in state or federal court on the matters alleged, or to
20 challenge this Order in its entirety as issued by the Board, and waives any other cause of
21 action related thereto or arising from said Order.

22 4. The Order is not effective until approved by the Board and signed by its
23 Executive Director.

24 5. All admissions made by Respondent are solely for final disposition of this
25 matter and any subsequent related administrative proceedings or civil litigation involving
the Board and Respondent. Therefore, said admissions by Respondent are not intended

1 or made for any other use, such as in the context of another state or federal government
2 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
3 any other state or federal court.

4 6. Upon signing this agreement, and returning this document (or a copy
5 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the
6 entry of the Order. Respondent may not make any modifications to the document. Any
7 modifications to this original document are ineffective and void unless mutually approved
8 by the parties.

9 7. This Order is a public record that will be publicly disseminated as a formal
10 disciplinary action of the Board and will be reported to the National Practitioner's Data
11 Bank and on the Board's web site as a disciplinary action.

12 8. If any part of the Order is later declared void or otherwise unenforceable, the
13 remainder of the Order in its entirety shall remain in force and effect.

14 9. If the Board does not adopt this Order, Respondent will not assert as a
15 defense that the Board's consideration of the Order constitutes bias, prejudice,
16 prejudgment or other similar defense.

17 10. Any violation of this Order constitutes unprofessional conduct and may result
18 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
19 consent agreement or stipulation issued or entered into by the board or its executive
20 director under this chapter") and 32-1451.

21 11. ***Respondent has read and understands the conditions of probation.***

22
23 
24 _____
JOSE A. SOSA-ROCHE, M.D.

25 DATED: 1/8/09

EXECUTED COPY of the foregoing mailed

1 this 1st day of February, 2010 to:

2 Jose A. Sosa-Roche, M.D.
3 Address of Record

4 EXECUTED COPY of the foregoing mailed
5 this 1st day of February, 2010 to:

6 Sucher & Greenberg, P.C.

7 ORIGINAL of the foregoing filed
8 this 1st day of February, 2010 with:

9 Arizona Medical Board
10 9545 E. Doubletree Ranch Road
11 Scottsdale, AZ 85258

12 Chris Banks
13 Arizona Medical Board Staff
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1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

CASE No: MD-09-0604

3 **JOSE A. SOSA-ROCHE, M.D.**

**REQUEST FOR LICENSE
INACTIVATION WITH CAUSE AND
ORDER INACTIVATING LICENSE
WITH CAUSE**

4 Holder of License No. 18643
5 For the Practice of Allopathic Medicine in the
6 State of Arizona.

7 1. I, Jose A. Sosa-Roche, M.D., am the holder of License No. 18643 to practice
8 allopathic medicine in the State of Arizona.


9 2. I hereby request that, effective at 12:01 p.m. on the date of the following order,
10 the Arizona Medical Board ("Board") inactivate with cause my license to practice
11 allopathic medicine number 18643. A.R.S. §32-1452(F). I participated in the Board's
12 Monitored Aftercare Program from 2006-2009. I have now relapsed.

13 3. I will not practice medicine in the State of Arizona or any other state, territory or
14 district of the United States or a foreign country while my Arizona license is inactive. I
15 may not hold or maintain a controlled substance certificate with the Drug Enforcement
16 Administration or write or refill prescriptions as long as my license is inactive. If I practice
17 medicine while my license is inactive I will be practicing medicine without a license and/or
18 without being exempt from licensure, a felony.

19 4. I shall not request reactivation of my license to practice medicine in the State of
20 Arizona until I comply with all requests of the Board, which may include, but are not
21 limited to, long-term inpatient treatment, psychiatric and psychometric evaluations,
22 physical examination and testing, and written and/or oral competency examinations. The
23 Board will not reactivate my license until I present evidence satisfactory to the Board, in its
24
25

1 sole discretion, that I am medically competent and mentally and physically able to safely
2 practice medicine.

3 DATED this 29 day of June, 2009.

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6 
7 _____
8 JOSE SOSA-ROCHE, M.D.


8 **ORDER**

9 It is hereby ordered that license number 18643 held by Jose A. Sosa-Roche, M.D. is
10 Inactive with Cause. A.R.S. § 32-1452(F) and A.A.C. R4-16-503.

11 DATED this 29 day of June, 2009.



17 ARIZONA MEDICAL BOARD

18 By: 
19 _____
20 LISA S. WYNN
21 Executive Director

22 ORIGINAL of the foregoing filed this
23 29 day of June, 2009 with:

24 Arizona Medical Board
25 9545 East Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 29 day of June, 2009 to:

Jose A. Sosa-Roche, M.D.
Address of Record

