

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NO. 2011-4735-A

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF
SANDRA E. LOFTIN, M.D., LICENSE NUMBER DR-43990,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel A
("Panel") of the Colorado Medical Board ("Board") and Sandra E. Loftin, M.D.
("Respondent") (collectively "the Parties") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on September 8, 2005 and was issued license number DR- 43990, which Respondent has held continuously since that date.
2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
3. On November 8, 2011, the Panel reviewed Case No. 2011-4735-A and determined that further proceedings by formal complaint were warranted pursuant to section 12-36-118(4)(c)(IV), C.R.S. The Panel thereupon referred the matter to the Attorney General pursuant to section 12-36-118(4)(c)(IV), C.R.S.
4. On December 19, 2011, the Panel reviewed additional information relating to Case No. 2011-4735-A and found that based upon the information reviewed, the Panel had reasonable grounds to believe that the public health, safety, or welfare imperatively required emergency action. Included in this information was a report from the Colorado Physician Health Program ("CPHP") concluding that Respondent suffered from a physical or mental illness or condition that rendered her unsafe to practice medicine. In lieu of summary suspension pursuant to section 24-4-104(4), C.R.S., Respondent entered into an Interim Cessation of Practice Agreement ("Interim Agreement"). Pursuant to the Interim Agreement, Respondent agreed that she would not perform any act requiring a license to practice medicine while the Interim remained in effect.
5. It is the intent of the parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in Case No. 2011-4735-A, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the

parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

6. Respondent understands that:
 - a. Respondent has the right to be represented by an attorney of the Respondent's choice, and Respondent is represented by counsel in this matter;
 - b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to sections 12-36-118(4)(c)(IV) and 12-36-118(5), C.R.S.;
 - c. By entering into this Order, Respondent knowingly and voluntarily gives up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;
 - d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and
 - e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

7. Respondent specifically admits and the Panel finds that:
 - a. Respondent has a history of major depression and alcohol abuse and dependence for which she has received extensive treatment.
 - b. On May 23, 2011 Respondent pled guilty to Driving While Ability Impaired ("DWAI"), in Denver County Court Case No. 10M9787.
 - c. In December 2011, Respondent relapsed by abusing multiple substances and required hospitalization.
 - d. On November 14, 2012, Respondent again required hospitalization following a relapse related to substance abuse.
8. Respondent admits and the Panel finds that the conduct set forth above constitutes unprofessional conduct as defined in sections 12-36-117(1)(i) and (o), C.R.S., which state:

- (1) "Unprofessional conduct" as used in this article means:
 - (i) Habitual or excessive use or abuse of alcohol, a habit-forming drug, or a controlled substance as defined in section 18-18-102(5), C.R.S.;
 - (o) Failing to notify the board, as required by section 12-36-118.5(1), of a physical or mental illness or condition that impacts the licensee's ability to perform a medical service

with reasonable skill and with safety to patients, failing to act within the limitations created by a physical or mental illness or condition that renders the licensee unable to perform a medical service with reasonable skill and with safety to the patient, or failing to comply with the limitations agreed to under a confidential agreement entered pursuant to section 12-36-118.5.

9. Based upon the above, the parties agree and stipulate that the terms of this Order are authorized by section 12-36-118(5)(g)(III), C.R.S.

LETTER OF ADMONITION

10. This provision shall constitute a Letter of Admonition as set forth in sections 12-36-118(4)(c)(III)(A) and 12-36-118(5)(g)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

11. By entering this Order, Respondent agrees to waive the rights provided by section 12-36-118(4)(c)(III)(B), C.R.S., to contest this Letter of Admonition.

PROBATIONARY TERMS

12. Respondent's license to practice medicine is hereby placed on probation for **five (5) years** commencing on the effective date of this Order. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order.

13. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

ABSTINENCE FROM ADDICTIVE SUBSTANCES

14. Respondent shall totally abstain from the use of alcohol and the use of any habit-forming drug or controlled substance, other than as administered, dispensed or prescribed by an authorized person other than Respondent. Respondent shall use such habit-forming drug or controlled substance only as directed by such authorized person and only for the condition identified by such authorized person.

AUTHORIZED USE OF ADDICTIVE SUBSTANCES

15. Except in the case of a bona fide medical emergency, the Respondent shall not use a habit-forming drug or controlled substance given by an authorized person unless Respondent has received **prior written approval** of the use from the treatment monitor, as that term is defined *infra*. In the case of a bona fide medical emergency, Respondent may use the habit-forming drug or controlled substance as prescribed by the authorized person,

but must notify the treatment monitor within 24 hours of the use. Also within 24 hours of the use, Respondent must obtain written approval from the treatment monitor for continued use of the habit-forming drug or controlled substance.

16. Approvals for the use of habit-forming drugs or controlled substances made by the treatment monitor shall go only to the particular medication, indication, dosage and amount of refills understood and acknowledged by the treatment monitor. The burden shall be on the Respondent to assure that the treatment monitor understands fully the drug regimen the treatment monitor is approving.

TREATMENT MONITORING

17. During the probationary period, Respondent shall receive such medical treatment as is determined to be appropriate by the Colorado Physician Health Program ("CPHP"). All instructions to Respondent by CPHP shall constitute terms of this Order, and Respondent must comply with any such instructions. Failure to comply with such instructions shall constitute a violation of this Order. CPHP shall also function as the "treatment monitor" as that term is used in this Order.

18. Within 30 days of the effective date of this Order, Respondent shall sign any and all releases necessary to allow CPHP to communicate with the Panel. Within 60 days of the effective date of this Order, Respondent shall provide the Panel with a copy of such releases. This information may include alcohol and drug abuse treatment program records that may be confidential under federal or state law. Respondent shall update any and all releases as often as may reasonably be required to allow the Panel access to Respondent's privileged or confidential information. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order. In the event Respondent revokes such release, CPHP may, because of confidentiality concerns, refuse to acknowledge Respondent's participation in CPHP. CPHP's refusal to acknowledge Respondent's participation with that organization shall constitute a violation of this Order.

19. Respondent specifically agrees that the Panel shall be allowed access to all records generated by third-party providers or facilities that provide treatment or evaluation of Respondent and for which records are provided to CPHP. Respondent shall complete any and all unrestricted releases as are necessary to permit CPHP to disclose to the Panel information generated by other sources. Respondent authorizes the Panel to re-disclose and make public, consistent with Board Policy 10-18, information obtained from CPHP necessary for the limited purposes of enforcing this Order, seeking sanctions for noncompliance with this Order, or other purposes authorized in

the Medical Practice Act. Medical records shall not become public records by virtue of such use. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order.

20. CPHP's treatment monitoring activities shall also constitute an ongoing evaluation of Respondent. Respondent's failure to comply with CPHP's requirements shall have the full force and effect of a violation of an order pursuant to section 12-36-118(9)(a), C.R.S. and subject Respondent to action pursuant to sections 12-36-118(5)(g)(IV) and 12-36-118(9)(a), C.R.S.

21. CPHP shall monitor Respondent's compliance with this Order in the following manner:

a. CPHP shall perform testing of Respondent, in the manner CPHP deems appropriate, to ensure compliance with this Order. CPHP's testing may include urine screening or other tissue testing, including but not limited to hair, skin, blood, sweat or breath testing, at CPHP's discretion. If CPHP tests Respondent through urine testing, CPHP shall require Respondent to submit to urine tests on randomly selected days on a frequency of approximately eight times per month. Upon notice to Respondent by CPHP that a urine sample must be given, Respondent must provide a urine sample as soon as possible, and in accordance with CPHP's direction. Within these guidelines, CPHP shall make reasonable effort to ensure that the Respondent will not be able to predict which days Respondent will be tested. CPHP shall take all reasonable measures, including observation of the giving of a urine sample and ordering testing to detect the presence of EtG on all dilute urine samples, to ensure that the urine testing is effective. CPHP shall schedule any other testing at the appropriate frequency that will ensure compliance with this Order. Testing by means other than urine testing shall require Respondent to produce a sample as soon as possible after notification and at any time of the day CPHP determines reasonable and appropriate.

22. Respondent shall ensure CPHP submits quarterly written reports to the Panel. The reports shall briefly describe CPHP's ongoing evaluation and treatment monitoring of Respondent. The reports shall also state whether Respondent is in compliance with this Order. If at any time CPHP has reasonable cause to believe that Respondent has violated the terms of this Order, is unable to practice with skill and with safety to patients or has committed unprofessional conduct as defined in section 12-36-117(1), C.R.S., CPHP shall immediately inform the Panel.

23. Respondent shall not consume any alcohol-containing food, whether solid or liquid, or products or any substances such as poppy seeds, cough syrup or mouthwash that result in a "false positive" for urine or other tissue testing. Further, Respondent shall not use alcohol-based soaps and/or hand

sanitizers or any other alcohol-based products. Any false positive caused by the consumption of alcohol-containing food or products, poppy seeds, cough syrup, mouthwash, alcohol-based food products and/or the use of alcohol-based soaps and/or hand sanitizers or any other alcohol-based products shall constitute a violation of this Order. Additionally, any consumption and/or use of any other substance Respondent has reason to believe will cause a false positive shall also constitute a violation of this Order.

24. Nothing in this agreement shall limit the ability of CPHP to test more frequently or for more substances than set forth above or to impose any other condition as part of its treatment monitoring of Respondent. Any of CPHP's treatment monitoring recommendations shall constitute terms of this Order for so long as this Order remains in effect.

25. If at any time CPHP believes that any of the above requirements are no longer necessary, CPHP may relax the requirements as it deems appropriate, and at CPHP's direction, the Respondent may comply with this Order as determined by CPHP. CPHP shall inform the Panel of any such action relaxing the above requirements in its quarterly report. All such reports shall be reviewed by the Board's staff and, at the staff's discretion, may be reviewed by the Panel. Following receipt and review of such a quarterly report, the Panel reserves the right to reject and nullify CPHP's decision regarding the relaxing of such requirements. If the Panel nullifies CPHP's decision regarding the relaxing of any of the above requirements, the Respondent specifically agrees to comply with the Order as set forth above in accordance with the Panel's directions.

26. It is the responsibility of the Respondent to provide information to CPHP in a timely and complete manner and to assure that all CPHP written reports are timely transmitted to the Panel.

27. Respondent has not worked in a clinical setting since December, 2011. CPHP shall govern Respondent's return to practice including, but not limited to, work place settings and hourly restrictions.

PRACTICE MONITORING

28. During the probationary period, a "practice monitor" shall monitor Respondent's medical practice. Within 30 days of the effective date of this Order, Respondent shall nominate, in writing, a proposed practice monitor for the Panel's approval. The nominee shall be a physician licensed by the Board and currently practicing medicine in Colorado. The nominee shall have no financial interest in Respondent's practice of medicine. The nominee must be knowledgeable in Respondent's area of practice. If Respondent is board certified in an area of practice, it is preferred, but not required, that the nominee be board certified by that same board. If the Respondent has privileges at hospitals, it is preferred, but not required, that the nominee have privileges at as many of those same hospitals as possible. The

Board shall not have disciplined the nominee.

29. Respondent's nomination for practice monitor shall set forth how the nominee meets the above criteria. With the written nomination, Respondent shall submit a letter signed by the nominee as well as a current *curriculum vitae* of the nominee. The letter from the nominee shall contain a statement from the nominee indicating that the nominee has read this Order and understands and agrees to perform the obligations set forth herein. The nominee must also state that the nominee can be fair and impartial in the review of the Respondent's practice.

30. Upon approval by the Panel, the practice monitor shall perform the following:

a. Each month, the practice monitor shall visit all the offices at which Respondent practices medicine and shall review a minimum of five patient charts maintained by Respondent. The practice monitor shall make reasonable efforts to ensure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other medical records maintained by Respondent as the practice monitor deems appropriate.

b. Each month, the practice monitor shall review a minimum of five hospital charts of patients whom Respondent has admitted to, evaluated at, or treated at hospitals. If Respondent has admitted, evaluated, or treated fewer than five patients, the practice monitor shall review all the patients so admitted, evaluated, or treated, if any. The practice monitor shall make reasonable efforts to ensure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other hospital charts as the practice monitor deems appropriate.

c. The practice monitor shall submit quarterly written reports to the Panel.

d. The practice monitor's reports shall include the following:

- i. a description of each of the cases reviewed; and
- ii. to each case reviewed, the practice monitor's opinion whether Respondent is practicing medicine in accordance with generally accepted standards of medical practice.

31. Respondent shall ensure that all reports by the practice monitor are complete and timely submitted to the Board. In the event that a practice monitor finds Respondent's care falls below generally accepted standards of medical practice, the Panel shall review the report and determine whether Respondent's action constitutes a violation of this Order and section 12-36-117(1), C.R.S. If the

Panel determines that such a violation occurred, it shall take any additional disciplinary action against Respondent it deems necessary and appropriate. Respondent understands that the Board may accept or reject a report, as well as refer the matter for additional disciplinary proceedings or take any further action authorized by law.

32. If at any time the practice monitor believes Respondent is not in compliance with this Order, is unable to practice with skill and safety to patients, or has otherwise committed unprofessional conduct as defined in section 12-36-117(1), C.R.S., the practice monitor shall immediately inform the Panel.

33. It is the responsibility of the Respondent to fully cooperate with the practice monitor and to assure that the practice monitor's reports are timely and complete. Failure of the practice monitor to perform the duties set forth above may result in a notice from Board staff requiring the nomination of a new practice monitor. Upon such notification, Respondent shall nominate a new practice monitor according to the procedure set forth above. Respondent shall nominate the new monitor within 30 days of such notice. Failure to nominate a new monitor within 30 days of such notification shall constitute a violation of this Order.

EARLY TERMINATION FROM PRACTICE MONITORING

34. After successful completion of three years of practice monitoring, Respondent may petition the Panel, in writing, for early termination of practice monitoring. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent hereby waives any right to appeal the Panel's decision on this issue.

TOLLING OF THE PROBATIONARY PERIOD

35. If a practice monitor nominated by Respondent and approved by the Panel does not commence practice monitoring within three months of the effective date of the Order, the period of probation shall be tolled for the time the Order is in effect and Respondent's practice is not being monitored by the practice monitor. Additionally, if the Respondent is required to nominate a new practice monitor, the period of probation shall be tolled for any period of time during which a practice monitor is not monitoring Respondent's practice.

36. If at any time, Respondent ceases the active clinical practice of medicine, defined for the purposes of this Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Order is in effect and Respondent is not engaged in the active clinical practice of medicine.

37. Respondent must comply with all other terms of the Order and

all other terms of probation. Unless otherwise specified, all terms of the Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Order until probation is terminated. The probationary period shall be tolled for any time Respondent is not in compliance with any term of this Order.

OUT OF STATE PRACTICE

38. Respondent may wish to leave Colorado and practice in another state. At any time, whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's license on inactive status as set forth in section 12-36-137, C.R.S. Upon the approval of such request, Respondent may cease to comply with this Order. Failure to comply with this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other location pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's license is inactive, Respondent must comply with all provisions of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's license is inactive.

39. Respondent may resume the active practice of medicine at any time as set forth in section 12-36-137(5), C.R.S. With such written request, Respondent shall nominate a practice monitor as provided above and Respondent shall cause CPHP to perform an updated evaluation of Respondent. Respondent shall be permitted to resume the active practice of medicine only after approval of the practice monitor and only after submission of and approval of an updated evaluation from CPHP.

TERMINATION OF PROBATION

40. Upon the expiration of the probationary period, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. If Respondent has complied with the terms of probation, and if Respondent's probationary period has not been tolled, such release shall be granted by the Panel in the form of written notice.

OTHER TERMS

41. The terms of this Order were mutually negotiated and determined.

42. Both parties acknowledge that they understand the legal consequences of this Order; both parties enter into this Order voluntarily; and both parties agree that no term or condition of this Order is unconscionable.

43. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

44. During the probationary period or any period in which Respondent is subject to prescribing restrictions, Respondent shall not perform an assessment of a patient's medical history and current medical condition, including a personal physical examination, for the purposes of concluding that a patient may benefit from the use of medical marijuana, recommending the use of medical marijuana or certifying a debilitating medical condition for an applicant to the Colorado Medical Marijuana Program. Respondent hereby understands and agrees that Respondent shall not certify to the state health agency that a patient has a debilitating medical condition or that the patient may benefit from the use of medical marijuana.

45. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

46. So that the Board may notify hospitals of this agreement pursuant to section 12-36-118(13), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

47. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in section 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of section 12-36-117(1)(u), C.R.S.

48. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

49. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.


50. During the pendency of any action arising out of this Order, the terms of the parties shall be deemed to be in full force and effect and shall not be tolled.

51. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

52. This Agreement shall be effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b)

service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

53. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported the Federation of State Medical Boards, the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank and as otherwise required by law.




SANDRA E. LOFTIN, M.D.

THE FOREGOING was acknowledged before me this 13th day of January, 2014

by SANDRA E. LOFTIN, M.D., in the County of Denver, State of
Colorado

LYNN E. FRIESEN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19944007005
MY COMMISSION EXPIRES APRIL 29, 2014



NOTARY PUBLIC
4-29-14

My commission expires

THE FOREGOING Stipulation and Final Agency Order is approved this 19th
day of February, 2014.

FOR THE COLORADO MEDICAL
BOARD INQUIRY PANEL A

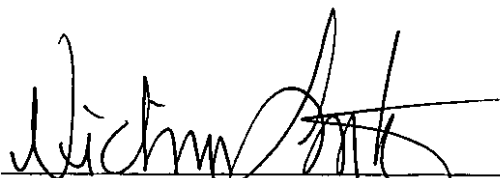


J. Dale Utt, D.O.
Chair, Inquiry Panel A

APPROVED AS TO FORM

FOR RESPONDENT

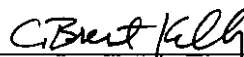
SANDRA E. LOFTIN, M.D.



VICTORIA E. LOVATO, # 31700
The Smith Mansion
1801 York Street
Denver, Colorado 80206
Telephone: (303) 399-3000
Fax: (303) 399-2650

FOR THE COLORADO MEDICAL BOARD

JOHN W. SUTHERS
Attorney General



C. BRENT KELLY, 31238
Assistant Attorney General
Business and Licensing Section
Attorney for the Colorado Medical Board,
Inquiry Panel A
Colorado Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 8th Floor
Denver, Colorado 80203
Telephone: (720) 508-6391
FAX: (720) 508-6037
*Counsel of Record