

**STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND	)
PROFESSIONAL REGULATION	)
of the State of Illinois,	Complainant, )
v.	) No. 2023-09780
Steven W. Powell, M.D.	)
License No. 036-151035,	Respondent. )

**CONSENT ORDER**

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovskiy, one of its attorneys, (hereinafter the "Department") and Steven W. Powell, M.D. (hereinafter the "Respondent"), agree to the following:

**STIPULATIONS**

Steven W. Powell, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding Illinois Physician and Surgeon License No. 036-151035. Said license is in active status. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties herein.

In August 2023, Louisiana State Board of Medical Examiners approved an Order whereby Respondent's Louisiana medical license was surrendered while under investigation. See Department's Exhibit A, attached hereto and made a part of this Consent Order. The allegation(s) as set forth herein, if proven to be true, may constitute grounds for suspending, revoking or other discipline of Respondent's license as a Physician and Surgeon, on the authority of 225 Illinois Compiled Statutes, Paragraph 60/22(A) (12).

Subsequently, the Department contacted Respondent to engage in negotiations for an

amicable resolution of this matter. For purposes of this Consent Order, Respondent acknowledges that should this matter proceed to a contested hearing, the Illinois State Medical Board (the "Board") could find a violation of the Medical Practice Act. In the event that this Consent Order is not approved by the Board or is not approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Director"), this acknowledgement shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Consent Order had not been submitted.

Respondent has been advised of the right to a hearing on the pending complaint, the right to contest any charges brought, and the right to administrative review of this Consent Order. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Board or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent, Steven W. Powell, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

### **CONDITIONS**

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Steven W. Powell, M.D., Respondent, agree:

- A. Upon effective date of this Consent Order, Illinois Physician and Surgeon License of Steven W. Powell, M.D., License No. 036-151035, is hereby placed on

permanent inactive status;

- B. Respondent agrees that this Order is formal public action reportable to all relevant authorities and entities responsible for licensing and regulation of healthcare providers;
- C. This Consent Order is a final administrative order. The effective date of this Order is the date when it is signed unless otherwise stated.


10/23/2023

DATE

  
Vladimir Lozovskiy, Attorney for Department

10-19-23

DATE

  
Steven W. Powell, M.D., Respondent

11/1/23  
DATE

  
Member, Illinois State Medical Board

The foregoing Consent Order is approved in full.

DATED THIS 18th day of November, 2023.

**DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the State of Illinois,  
Mario Treto, Jr., Secretary  
Division of Professional Regulation**



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**Camile Lindsay, Acting Director**

REF: Case No. 2023-09780/License No. 036-151035





# LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130  
Phone: (504) 568-6820; Fax: (504) 324-0994  
Web site: <http://www.lsbme.la.gov>

## BEFORE THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

No. 2023-I-390

### IN THE MATTER OF:

**STEVEN W. POWELL, M.D.**  
(*Credential No. MD.322381*),  
*Respondent*

STIPULATION AND  
AGREEMENT FOR VOLUNTARY  
SURRENDER OF MEDICAL LICENSE

This *Stipulation and Agreement* is made by Steven W. Powell, M.D. ("Dr. Powell"), a physician licensed to practice medicine in the State of Louisiana by the Louisiana State Board of Medical Examiners (the "Board"), as evidenced by Credential No. MD.322381.

1. *Acknowledgment and Stipulations.* Dr. Powell hereby acknowledges, stipulates, and agrees that:

- (a) An investigation was initiated by the Board upon notification that Dr. Powell had entered a plea of guilty to one count of health care fraud in violation of 18 U.S.C. § 1347, in the United States District Court for the District of New Hampshire, a felony under the laws of the United States.<sup>1</sup>
- (b) Dr. Powell acknowledges that the Plea Agreement provides the Investigating Officer for the Board with probable cause to pursue formal administrative proceedings against him, and to impose restrictions on his Louisiana medical license, pursuant to La. R.S. 37:1285(A)(1), (2), and (11).<sup>2</sup>

<sup>1</sup> See Plea Agreement, *United States v. Powell*, No. 1:23-cr-00036 (D.N.H. Apr. 26, 2023), ECF No. 2; see also 18 U.S.C. § 1347(a) (providing for maximum sentence of fine, or imprisonment of not more than 10 years, or both); 18 U.S.C. § 3559 ("An offense that is not specifically classified by a letter grade in the section defining it, is classified if the maximum term of imprisonment authorized is . . . (3) less than twenty-five years but ten or more years, as a Class C felony[.]").

<sup>2</sup> Pursuant to the Act, La. R.S. 37:1285(A), the Board may suspend, revoke, or impose probationary or other restrictions against the license of a physician as the result of: "(1) Conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge constituting a felony under the laws of Louisiana or of the United States"; "(2) Conviction of a crime or entry of a plea of guilty or nolo contendere to any criminal charge arising out of or in connection with the practice of medicine"; and "(11) Making or submitting false, deceptive, or unfounded claims, reports, or opinions to any patient, insurance company or indemnity association, company, individual, or governmental authority for the purpose of obtaining anything of economic value."

- (c) Dr. Powell has not yet been sentenced, however, he has indicated that does not intend to practice medicine in this state and accordingly wishes to surrender his license to practice medicine in this state rather than undertaking further administrative proceedings and a hearing.
- (d) The Director of Investigations concurs that Dr. Powell should be permitted to voluntarily surrender his license to practice medicine in this state pursuant to a public order.
- (e) Pursuant to the Louisiana Medical Practice Act, La. R.S. 37:1261 *et. seq.*, the Louisiana Administrative Procedure Act, La. R.S. 49:950 *et seq.*, and the Board's Rules on Adjudication, La. Admin. Code. tit. 46, pt. XLV, § 9901 *et seq.*, Dr. Powell would be entitled, prior to final disciplinary action against his medical license, to an administrative adjudication of such charges, pursuant to La. R.S. 49:975–977. At such hearing, Dr. Powell would be entitled to be represented by legal counsel, to have those charges proved against him by evidence, to appear and confront adverse witnesses, to call witnesses and present evidence on his own behalf in defense or in mitigation of the charges made, to a decision thereon by the Board based upon written findings of fact and conclusions of law pursuant to La. R.S. 49:958, and to any other right to which he may be afforded by the Louisiana Administrative Procedure Act, La. R.S. 49:950 *et seq.*, or otherwise.

2. ***Voluntary Surrender of License.*** Notwithstanding his right to an administrative hearing and a decision thereon, as provided by La. R.S. 49:950 *et. seq.*, in recognition of the stipulations set forth hereinabove toward final disposition of the pending investigation, Dr. Powell, nonetheless, acknowledges the substantial accuracy of the foregoing information and hereby waives his right to formal adjudication and voluntarily surrenders to the Board for cancellation of his license to practice medicine in the State of Louisiana, as evidenced by Credential No. MD. 322381. By his subscription hereto, Dr. Powell also hereby authorizes the Investigating Officer designated by the Board with respect to this matter to present this Stipulation and Agreement for Voluntary Surrender of Medical License to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation, and he waives any objection to such disclosures under La. R.S. 49: 977.2.

3. ***Effect of Voluntary Surrender of License.*** Dr. Powell acknowledges, stipulates, and agrees that the voluntary surrender of his Louisiana medical license affected hereby in the presence of an administrative investigation shall have, and shall be deemed by the Board to have, the same effect as if the Board had entered an order of revocation upon the conclusion of formal administrative proceedings. Further, Dr. Powell acknowledges, stipulates, and agrees that he shall not reapply for a license to practice medicine in the State of Louisiana.

4. ***Termination of Proceedings.*** By the voluntary surrender of his medical license, and the attendant dismissal of the proceedings occasioned hereby, Dr. Powell, moreover, acknowledges, stipulates and agrees that he hereby waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act, La. R.S. 49:950 *et. seq.*, or to which otherwise may be afforded to him by any law, to contest his agreement to or the force and effect of this document in

any court or other forum relating to the stipulations, agreements, acknowledgments, and other matters referred to herein.

5. ***Advice of Counsel.*** Dr. Powell acknowledges that he has had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and Agreement for Voluntary Surrender of Medical License and that all of the terms, conditions, restrictions and limitations contained herein have been explained to him and/or that he fully understands them.

6. ***Public Record.*** Dr. Powell acknowledges, stipulates, and agrees that this Stipulation and Agreement for Voluntary Surrender of Medical License shall be, and shall be deemed to be, a **PUBLIC RECORD**.

*Stipulation and Agreement on Next Page*

**STIPULATION  
AND AGREEMENT**

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

I, STEVEN W. POWELL, M.D., hereby acknowledge that I have had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and Agreement for Voluntary Surrender of Medical License and that all of its terms and conditions have been fully explained to me and/or that I fully understand them. I further acknowledge that I approve, accept, and consent to entry of the above and foregoing Stipulation and Agreement without duress and of my own free will and accord, this 27<sup>th</sup> day of July, 2023.

\_\_\_\_\_  
STEVEN W. POWELL, M.D.

**WITNESSES:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

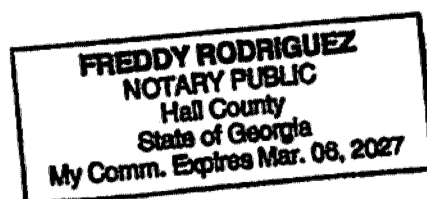
Sworn to and subscribed before me this  
27<sup>th</sup> day of July, 2023, in the  
presence of the two stated witnesses.

\_\_\_\_\_  
Notary Public (Signature)

Name: \_\_\_\_\_

Notary/Bar No.: \_\_\_\_\_

Commission expires: 3/6/2027



**ACCEPTANCE**

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation and Agreement for Voluntary Surrender of Medical License is hereby **APPROVED AND ACCEPTED** by the Louisiana State Board of Medical Examiners, at New Orleans, Louisiana, on this 28<sup>th</sup> day of August, 2023.

LOUISIANA STATE BOARD  
OF MEDICAL EXAMINERS

BY: \_\_\_\_\_

TERRIE R. THOMAS, M.D.  
*President*