

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AURORA C. ANDREWS, M.D.  
License No. 43-01-034328,  
Respondent.

File No. 43-19-154690

CONSENT ORDER

On October 18, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent Aurora Andrews, M.D. with violating the Public Health Code, MCL 333.1101 *et seq.*

The parties have stipulated that the Michigan Board of Medicine Disciplinary Subcommittee (DSC) may enter this Consent Order and Stipulation. The DSC has reviewed this Consent Order and Stipulation and agrees that resolution of the Complaint best serves the public interest.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a), (b)(i), and (w).

Accordingly, IT IS ORDERED that Respondent is placed on PROBATION for one year, commencing on the effective date of this Order.

The terms of probation are as follows:

1. Meeting with Board-Approved Reviewer.

- a. Within 30 days of the effective date of this Order, Respondent shall submit to the Department written correspondence requesting approval of a proposed physician reviewer from a Board-accepted monitoring organization. Respondent shall provide a copy of this Order and the Administrative Complaint dated October 18, 2019, to the proposed physician reviewer before requesting approval of the proposed physician reviewer. Respondent shall not work in any capacity for which a physician

license is required until Respondent receives written confirmation from the Department that a physician reviewer was approved.

- b. When requesting approval of a proposed monitor from the Department, the request shall include, at a minimum, the reviewer's name, address, telephone number, curriculum vitae, and monitoring organization affiliation. **Respondent shall ensure that the correspondence is submitted to the Department as provided below.**
- c. The physician reviewer shall review Respondent's professional practice from the date of the order forward; however, the reviewer may review documents within the selected records prior to the date of the order in assessing Respondent's current treatment decisions.
- d. The reviewer shall provide a total of four reports to the Department focusing on:
  - i. Appropriate documentation of diagnoses, assessments, histories, evaluations, and referrals,
  - ii. Appropriate controlled substance prescribing, and
  - iii. Any other deficiencies alleged in the Administrative Complaint.
- e. Respondent shall be responsible for scheduling the time and place of the meetings with the identified and approved reviewer.
- f. Respondent shall meet quarterly (four times) with the reviewer to review Respondent's professional practice as described above. At each meeting, the reviewer shall review with Respondent a minimum of 25 patient charts randomly selected by the reviewer.
- g. Unless immediate notification is required, all reviewer reports shall be filed on a quarterly basis. The first report shall be filed at the end of the third month of probation and subsequent reports every three (3) months after that. In the event that Respondent, at any time,
  - (i) fails to comply with the minimal standards of acceptable and prevailing practice; or
  - (ii) appears unable to practice with reasonable skill and safety,

then the reviewer shall notify the Department immediately.

2. Physician Reviewer Change. If at any time during the period of probation the physician reviewer is unable to review Respondent's professional practice, Respondent shall report this information in writing to the Department within 15 days of such change and request approval of another physician reviewer.

3. Authorization to Contact. Respondent authorizes the Department or any authorized representative periodically to contact the physician reviewer or his or her authorized representative.

4. Timely Filing of Reports. It is Respondent's responsibility to ensure timely filing of all reports and other documents required by this Order. Failure to file a report or other document within the time limitations provided is a violation of this Order.

5. Compliance with the Public Health Code. Respondent shall comply with the Public Health Code and its administrative rules.

Respondent shall direct all communications, except fines, required by the terms of this Order to: **BPL-Monitoring@michigan.gov**.

Respondent shall be automatically discharged from probation after one year, PROVIDED Respondent has paid the fine as set forth below, has complied with the terms of this Order and not violated the Public Health Code.


Respondent is FINED \$5,000.00 to be paid to the State of Michigan within 90 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 43-19-154690**.

If Respondent violates any provision of this Order or fails to complete the terms of probation within one year, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

Respondent is solely responsible for payment of all costs incurred in complying with the terms of this Order.

This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

**MICHIGAN BOARD OF MEDICINE**

 for  
By: Chairperson, Disciplinary Subcommittee

Dated: September 16, 2020, 2020



### STIPULATION

The Department of Licensing and Regulatory Affairs and Respondent stipulate as follows:

1. Respondent does not admit the truth of the allegations above but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of this matter and may enter an order finding Respondent has violated MCL 333.16221(a), (b)(i), and (w) of the Public Health Code. The DSC has reviewed this Order and agrees that the public interest is best served by resolution of this matter without further administrative process.

2. This matter is a public record that must be published and made available to the public under the Michigan Freedom of Information Act, MCL 15.231 *et seq.*

3. This action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law, in accordance with the Health Care Quality Improvement Act of 1986, 42 USC 11101 *et seq.*

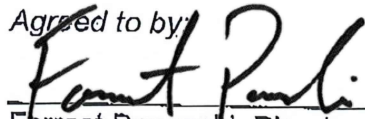
4. Respondent approves the form and substance of this Order to be entered as the final order of the DSC in this matter.

5. The parties considered the following factor in agreeing to the above terms:

- a. A Compliance Conference was held with a conferee and Bureau analyst. The case was discussed in detail and this resolution is supported by the conferee Dr. Bates.
- b. Respondent wishes to save the time and expense of an administrative hearing.
- c. Respondent has submitted proof of 29.25 Medscape Education CME credits in many different subjects. These were all completed in 2020.
- d. Respondent has already paid the \$5,000.00 fine to the Department.
- e. Respondent has been licensed since 1974 and does not have any other administrative complaints issued against her license.

6. This Order is effective only upon acceptance by the DSC. Respondent and the Department reserve the right to further proceedings without prejudice if the DSC rejects this Order.

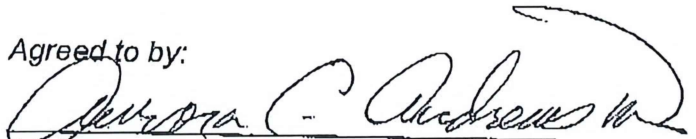
Agreed to by:



Forrest Pasanski, Director  
Enforcement Division  
Bureau of Professional Licensing

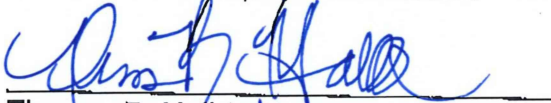
Dated: 8-7, 2020

Agreed to by:



Aurora Andrews, M.D.  
Respondent

Dated: 8/6, 2020



Thomas R. Hall (P42350)  
Attorney for Respondent

Dated: 8/6, 2020

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STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AURORA C. ANDREWS, M.D.  
License No. 43-01-034328,  
Respondent.

File No. 43-19-154690

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, files this Complaint against Respondent as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed to practice medicine in the state of Michigan and has a controlled substance license.

3. Abilify is an antipsychotic medication available by prescription. It is not a controlled substance.

4. Wellbutrin is an antidepressant medication available by prescription. It is not a controlled substance.

5. Phentermine is used to treat obesity. It is available by prescription and is a schedule 4 controlled substance.

6. Trileptal is an anticonvulsant or antiepileptic medicine and is available by prescription. It is not a controlled substance.

7. Alprazolam (e.g. Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

8. Cymbalta is an antidepressant available by prescription. It is not a controlled substance.

9. Amphetamine salts (e.g., Adderall) are schedule 2 controlled substances.

10. Trazodone is an antidepressant available by prescription. It is not a controlled substance.

11. At all relevant times, Respondent was employed as a psychiatrist at Allegan General Hospital (facility) in Allegan, Michigan.

## MAPS DATA

12. The Department reviewed data from the Michigan Automated Prescription System (MAPS), the State of Michigan prescription monitoring program which gathers data regarding controlled substances dispensed in Michigan.

13. MAPS data revealed that from January 1, 2018 through October 1, 2019, Respondent issued 20,256 controlled substance prescriptions to approximately 1,133 patients which were subsequently filled at 198 pharmacies. Over 50% of the prescriptions were for Adderall and Alprazolam<sup>1</sup>.

14. Respondent ranked as one of the top prescribers of commonly abused and diverted controlled substances in the State of Michigan in 2017, 2018, and the first quarter of 2019.

Drug	2017 Q1 Rank	2017 Q2 Rank	2017 Q3 Rank	2017 Q4 Rank	2018 Q1 Rank
Adderall (all doses)	6 <sup>th</sup>	5 <sup>th</sup>	7 <sup>th</sup>	7 <sup>th</sup>	5 <sup>th</sup>
All Controlled Substances	26 <sup>th</sup>	28 <sup>th</sup>	31 <sup>st</sup>	21 <sup>st</sup>	14 <sup>th</sup>
Alprazolam 1mg	12 <sup>th</sup>	11 <sup>th</sup>	10 <sup>th</sup>	7 <sup>th</sup>	7 <sup>th</sup>
Alprazolam 2mg	6 <sup>th</sup>	5 <sup>th</sup>	4 <sup>th</sup>	4 <sup>th</sup>	4 <sup>th</sup>
Stimulants	8 <sup>th</sup>	9 <sup>th</sup>	9 <sup>th</sup>	9 <sup>th</sup>	7 <sup>th</sup>
Drug	2018 Q2 Rank	2018 Q3 Rank	2018 Q4 Rank	2019 Q1 Rank	2019 Q2 Rank
Adderall (all doses)	3 <sup>rd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	16 <sup>th</sup>	12 <sup>th</sup>
All Controlled Substances	14 <sup>th</sup>	12 <sup>th</sup>	17 <sup>th</sup>	65 <sup>th</sup>	46 <sup>th</sup>
Alprazolam 1mg	9 <sup>th</sup>	5 <sup>th</sup>	5 <sup>th</sup>	11 <sup>th</sup>	5 <sup>th</sup>
Alprazolam 2mg	5 <sup>th</sup>	4 <sup>th</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Stimulants	7 <sup>th</sup>	6 <sup>th</sup>	10 <sup>th</sup>	22 <sup>nd</sup>	18 <sup>th</sup>

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<sup>1</sup> Adderall 30mg (21.97%), Alprazolam 1mg (11.61%), Adderall 20mg (7.66%), Alprazolam 0.5mg (5.36%), and alprazolam 2mg (4.91%).

15. MAPS staff analyzed Respondent's MAPS practice by reviewing a sampling of 11 patients in September 2019. Respondent failed to check MAPS reports before issuing a controlled substance prescription approximately 63% of the time.

16. Respondent prescribed benzodiazepines on a long-term basis to some patients. Long-term benzodiazepine use is associated with an increased risk of dependence, dose escalation, loss of efficacy, and an increased risk of accidents and falls.

**Patient D.S.<sup>2</sup>**

17. Respondent treated Patient D.S. from approximately July 2013 through October 2018 and prescribed multiple medications, including Abilify, during this time.

18. In August 2018, Patient complained of possible oral tardive dyskinesia due to her tongue's involuntary movement in her mouth. Respondent told Patient to quit taking Abilify 20mg. Respondent did not tell Patient to taper or cut back the dose of the medication before quitting.

19. Respondent did not properly perform AIMS<sup>3</sup> testing on Patient<sup>4</sup>.

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<sup>2</sup> Patient initials used for patient privacy.

<sup>3</sup> AIMS test is a system used to assess abnormal involuntary movements.

<sup>4</sup> Patient alleges AIMS testing was not completed by Respondent. Patient's medical chart indicates that AIMS testing was completed most visits with a negative result. See also paragraph 24(f).

20. Patient attempted to contact Respondent after discontinuing Abilify. Patient made five phone calls to Respondent between the end of August 2018 and October 2018. Respondent did not return any of the phone calls from Patient.

21. Patient began treating with a new physician who diagnosed her with permanent oral tardive dyskinesia in December 2018. Patient was prescribed Ingrezza which she may have to take the rest of her life to help alleviate the effects of the disease.

### **EXPERT REVIEW**

22. As a part of the Department's investigation into Respondent's conduct, an expert was retained and found that Respondent was negligent and failed to conform to minimal standards of acceptable and prevailing practice in her treatment of Patient D.S. in the following ways:

- a. Respondent failed to note important medical information, including that patient was obese.
- b. Respondent neglected to discuss the potential side effects of prescribed medications with Patient, such as potential weight gain and metabolic changes.
- c. Respondent prescribed substantial doses of Wellbutrin and high doses of stimulants, which can affect blood pressure and underlying metabolic process. Respondent failed to obtain and review lab tests and vital signs to document how these aspects of the patient's condition were being monitored, and if they were being affected by the prescribed medications. Respondent failed to document consideration of the possible adverse consequences of medication additions and adjustments.

- d. Respondent diagnosed Patient with Bipolar II Disorder without considering the many aspects of the Patient that could be affecting her presentation, such as struggles in her personal life. Patient was also taking multiple antidepressants, significant doses of stimulants, and an appetite suppressant, which could also create problems with her mood. Additionally, if a patient does have Bipolar Disorder, using antidepressants can cause the patient to cycle.
- e. Respondent should have more seriously considered the underlying cause of the rash Patient developed after taking Trileptal. Patients who take Trileptal have the possibility of developing Stevens-Johnson Syndrome, a serious skin condition that could become life threatening.
- f. Respondent failed to slowly taper Patient off Abilify and continue to closely monitor her symptoms of TD.
- g. Patient alleges that Respondent failed to administer an AIMS examination. However, Respondent documented performing an AIMS test at most office visits.

### COUNT I

Respondent's conduct, as set forth above, evidences a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, in violation of MCL 333.16221(a).



## COUNT II

Respondent's conduct, as set forth above, evidences a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of MCL 333.16221(b)(i).

## COUNT III

Respondent's conduct, as set forth above, evidences a failure to obtain and review a MAPS report prior to issuing a controlled substance prescription, in violation of MCL 333.16221(w).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 10-18-19

A handwritten signature in black ink, appearing to read "Forrest Pasanski", written over a horizontal line.

Forrest Pasanski  
Enforcement Division Director  
Bureau of Professional Licensing

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