

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

AUG 10 2007

STATE OF OKLAHOMA  
EX REL. THE OKLAHOMA BOARD  
OF MEDICAL LICENSURE  
AND SUPERVISION,

Plaintiff

v.

NANCY ELLEN GRAYSON, M.D.,  
LICENSE NO. 17590,

Defendant.

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 07-05-3291

**COMPLAINT**

COMES NOW the plaintiff, the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General, and for its Complaint against the Defendant, Nancy Ellen Grayson, M.D., Oklahoma license no. 17590, alleges and states as follows:

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.*
2. Defendant, Nancy Ellen Grayson, M.D., holds Oklahoma license no. 17590 and practices as a psychiatrist in Tulsa, Oklahoma.

**PATIENT AML-SEXUAL MISCONDUCT  
AND PRESCRIBING VIOLATIONS**

3. A review of Defendant's records reveals that Defendant began treating Patient AML on or around June 26, 2000 for alleged back, shoulder and leg pain, as well as ADHD.
4. A review of Defendant's medical records on Patient AML reveals that the patient frequently contacted Defendant requesting certain specific controlled dangerous drugs in certain strengths and quantities for his own self-diagnosed ailments, to which the Defendant generally complied. Defendant additionally asked Patient AML to make a list of all lab tests, consultations and medications he wanted, to which she generally complied.



5. Throughout Defendant's treatment of Patient AML, the patient admitted he was stockpiling his prescriptions from Defendant. Defendant nevertheless continued to prescribe large quantities of controlled dangerous substances to him.

6. Defendant's records reflect that during 2001, she post-dated prescriptions for Patient AML for Schedule II controlled dangerous substances. She signed the prescriptions and wrote the drug name, strength and quantity, but allowed Patient AML to fill in the date on the prescriptions.

7. Defendant's treatment of Patient AML continued until approximately October 2001, at which time the patient kissed Defendant at the close of a counseling session.

8. At the next treatment session on approximately October 8, 2001, Defendant claims to have terminated her treatment of Patient AML.

9. Several weeks later, Patient AML contacted Defendant and asked her to come to his apartment, which she did. At the patient's apartment, Defendant and the patient engaged in "heavy kissing". Over the next several months, Defendant went to the patient's apartment on numerous occasions, where she spent the night with the patient, slept in the same bed with the patient, and continued sexual contact with the patient. This conduct continued for several months throughout 2002, after which time Defendant claims that she again terminated her relationship with the patient.

10. During the time that Defendant was sleeping at Patient AML's apartment and continuing her sexual contact with him, she maintained a doctor-patient relationship with him and continued to treat Patient AML by prescribing large amounts of controlled dangerous substances to the patient. Pharmacy records reflect that from October 24, 2001 through December 23, 2002, Defendant prescribed or authorized forty-seven (47) prescriptions to Patient AML for Desoxyn, Oxycontin 80 mg., Oxycontin 10 mg., Morphine, Methadone 10 mg., Methadone 40 mg., Methadone Oral Solution, Hydromorphone tablets and injections, Dilaudid, Focalin and Dextroamphetamine, all Schedule II controlled dangerous substances, for a total of **16,939 total dosage units**, for an **average of 39.86 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart reflects no office visits during this entire period of time.

11. In late 2002 or early 2003, Patient AML again asked Defendant to treat him, to which she agreed. Defendant's records reflect that she treated Patient AML in her office on three (3) occasions during 2003. Pharmacy records reflect that from January 2, 2003 until November 28, 2003, Defendant prescribed or authorized forty-four (44) prescriptions to Patient AML for Oxycontin 80 mg., Oxycontin 10 mg., Roxycodone, Dextroamphetamine, Methadose, Morphine



Sulfate Injection, Numorphan Injection and Hydromorphone Injection, all Schedule II controlled dangerous substances, for a total of **18,630 total dosage units**, for an **average of 56.45 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

12. Defendant's records reflect that the last time she treated Patient AML in her office was on December 12, 2003. However, she nevertheless continued to prescribe controlled dangerous substances to him for almost three (3) years. Pharmacy records reveal that from January 7, 2004 through September 11, 2006, Defendant prescribed or authorized forty-five (45) prescriptions to Patient AML for Oxycontin 80 mg., Oxycontin 10 mg., Concerta, Ritalin, Oxycodone 80 mg., Oxycodone 30 mg., Percodan, Dextroamphetamine, Numorphone Injection, Hydromorphone Injection, Adderall, and Focalin, all Schedule II controlled dangerous substances, for a total of **15,063 total dosage units**, for an **average of 15.40 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart contains no record of any office visits during this period of time.

13. A review of Patient AML's previous medical records provided to Defendant reflects that the patient had previously overdosed on prescription medications. Additionally, a neurological consultation obtained in October 2000 reflects that there was no etiologic basis for the patient's complaints of leg pain. Further, an MRI obtained in 2000 reflected normal spine function. Defendant nevertheless continued to prescribe large amounts of controlled dangerous substances to the patient. A review of Defendant's records reveals that Defendant did not establish a legitimate medical need for the medical treatment, that she ignored test results, that she did not perform a sufficient examination prior to prescribing medications, and that she failed to maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

14. Defendant admits that throughout her treatment of Patient AML, she gave him undated prescriptions for Schedule II controlled dangerous substances so as to allow him to fill his prescriptions at any time.

### **PATIENT JML-PRESCRIBING VIOLATIONS**

15. Beginning on or around September 20, 2001, Defendant began treating Patient JML, the mother of Patient AML in paragraphs 3-14 above. Defendant's chart reflects that she was treating the patient for alleged depression, anxiety and narcolepsy. Defendant's chart additionally reflects that the patient was treated in Defendant's office for these conditions on



three (3) occasions: September 20, 2001, November 26, 2002 and January 2, 2003. She was also treated via telephone on April 29, 2003 and on December 12, 2003, which was her last treatment by Defendant.

15. Pharmacy records reflect that from October 12, 2001 until November 28, 2003, Defendant prescribed or authorized forty-four (44) prescriptions to Patient JML for Oxycontin, Desoxyn, Dexedrine, Kadian, Roxicodone, Morphine 30 mg., Methylin, Dextroamphetamine, Hydromorphone, Morphine Injection, Hydromorphone Injection, Adderall and Focalin, all Schedule II controlled dangerous substances, for a total of **13, 251 total dosage units**, for an **average of 17.05 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform a sufficient physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient.

16. Despite the fact that Defendant ceased treating Patient JML on December 12, 2003, she continued to prescribe large quantities of controlled dangerous substances to her after this time. Pharmacy records reflect that from January 7, 2004 until April 30, 2005, Defendant prescribed or authorized twenty-three (23) prescriptions to Patient JML for Oxycontin 80 mg., Oxycontin 10 mg., Ritalin, Morphine, Concerta, Morphine Sulphate Injection, Dextroamphetamine, Hydromorphone Injection and Adderall, all Schedule II controlled dangerous substances, for a total of **7,460 total dosage units**, for an **average of 15.57 dosage units per day** of Schedule II controlled dangerous drugs. A review of Defendant's records reveals that she failed to perform a sufficient physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart contains no record of any office or telephone visits during this period of time.

17. Defendant is guilty of unprofessional conduct in that she:

- A. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. § 509 (8) and OAC 435:10-7-4 (11).
- B. Engaged in physical conduct with a patient which is sexual in nature, ... in violation of 59 O.S. §509 (17).
- C. Committed an act of sexual ... misconduct or exploitation related or unrelated to the licensee's practice of medicine and surgery in violation of OAC 435:10-7-4 (23).
- D. Abused the physician's position of trust by coercion [or] manipulation ... in the doctor-patient relationship in violation of OAC 435:10-7-4(44).



- E. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509 (13) and OAC 435:10-7-4(39).
- F. Failed to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient in violation of 59 O.S. §509 (18).
- G. Violated any state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27).
- H. Prescribed or administered a drug or treatment without sufficient examination and the establishment of a valid physician patient relationship in violation of 59 O.S. §509(12).
- I. Confessed to a crime involving violation of the antinarcotics laws and regulations of the federal government and the laws of this state in violation of 59 O.S. §509(7).
- J. Prescribed, dispensed or administered controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribed, dispensed or administered controlled substances or narcotic drugs without medical need in accordance with published standards in violation of 59 O.S. §509(16) and OAC 435:10-7-4(2) and (6).
- K. Engaged in indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).
- L. Engaged in gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15).
- M. Engaged in practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18).
- N. Aided or abetted the practice of medicine and surgery by an unlicensed, incompetent, or impaired person in violation of OAC 435:10-7-4(21).



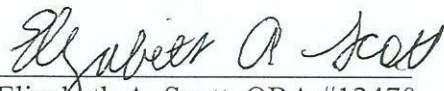
- O. Failed to provide a proper setting and assistive personnel in violation of OAC 435:10-7-4(41).

*Conclusion*

WHEREFORE, plaintiff requests that the Board conduct a hearing, and upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including the revocation or suspension of the Defendant's license to practice as a physician and surgeon in the State of Oklahoma, the assessment of costs and fees incurred in this action, and any other appropriate action with respect to Defendant's license to practice as a physician and surgeon in the State of Oklahoma.

Dated this 10<sup>th</sup> day of August, 2007 at 1:00 p.m.

Respectfully submitted,



Elizabeth A. Scott, OBA #12470  
Assistant Attorney General  
State of Oklahoma  
5104 N. Francis, Suite C  
Oklahoma City, OK 73118

Attorney for the State of Oklahoma ex rel.  
Oklahoma State Board of Medical  
Licensure and Supervision



IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

STATE OF OKLAHOMA  
EX REL. THE OKLAHOMA BOARD  
OF MEDICAL LICENSURE  
AND SUPERVISION,

Plaintiff,

v.  
NANCY ELLEN GRAYSON, M.D.,

LICENSE NO. 17590

Defendant.

AUG 10 2007

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 07-05-3291

CITATION

YOU ARE HEREBY NOTIFIED that on the 10th day of August, 2007, a sworn Complaint was filed with the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act at 59 Okla. Stat. §509(7), (8), (12), (13), (16), (17) and (18), and OAC 435:10-7-4(1), (2), (6), (11), (15), (18), (21), (23), (27), (39), (41) and (44). A copy of the Complaint is attached hereto and made a part thereof.

On September 20-22, 2007, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 Okla. Stat. §309, *et seq.*, as amended.


If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as a physician within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney's fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the complaint as true at the hearing of the complaint. If the charges are deemed sufficient by the Board, your license to practice as a physician in the State of Oklahoma may be suspended or revoked.



THEREFORE, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

DATED this 10 day of August, 2007 at 1<sup>55</sup> pm o'clock.

  
\_\_\_\_\_  
GERALD C. ZUMWALT, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

**RETURN OF SERVICE BY AGENT**

Received the attached and foregoing Citation, Complaint and Scheduling Order in the investigation of Dr. Nancy Grayson, M.D. at Oklahoma City, Oklahoma, on the 10<sup>th</sup> day of August, 2007, and on the 13<sup>th</sup> day of August, 2007, at 11 o'clock A.M. served it on the within named defendant by delivering a copy to: Richard Mildren (lawyer)  
(name of person served)

at (address):

Riggs, Abney, Neal, Turpen, Orbison & Lewis  
5801 N. Broadway, Ste 101  
OKC, OK 73118

Served by:

Janet Swindle

Subscribed and sworn to before me on this 13 day of August, 2007.



Janet Swindle  
Notary Public

My Commission expires:

8-22-2010

CASE NAME: Grayson

CASE #: 07-05-3291



**IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA**

**FILED**

**STATE OF OKLAHOMA  
EX REL. THE OKLAHOMA BOARD  
OF MEDICAL LICENSURE  
AND SUPERVISION,**

**Plaintiff,**

**v.**

**NANCY ELLEN GRAYSON, M.D.,  
LICENSE NO. 17590**

**Defendant.**

**SEP 28 2007**

**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION**

**Case No. 07-05-3291**

**FINAL ORDER OF SUSPENSION**

This cause came on for hearing before the Oklahoma State Board of Medical Licensure and Supervision (the "Board") on September 20, 2007, at the office of the Board, 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, pursuant to notice given as required by law and the rules of the Board.

Elizabeth A. Scott, Assistant Attorney General, appeared for the plaintiff and defendant appeared in person and through counsel, Tracy Zahl.

The Board *en banc* after hearing arguments of counsel and the witnesses, reviewing the pleadings filed, and being fully advised in the premises, found that there is clear and convincing evidence to support the following Findings of Fact, Conclusions of Law and Orders:

***Findings of Fact***

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.*
2. The Board has jurisdiction over this matter, and notice has been given in all respects in accordance with law and the rules of the Board.
3. Defendant, Nancy Ellen Grayson, M.D., holds Oklahoma license no. 17590 and practices as a psychiatrist in Tulsa, Oklahoma.

**PATIENT AML-SEXUAL MISCONDUCT  
AND PRESCRIBING VIOLATIONS**

4. A review of Defendant's records reveals that Defendant began treating Patient AML on or around June 26, 2000 for alleged back, shoulder and leg pain, as well as ADHD.

5. A review of Defendant's medical records on Patient AML reveals that the patient frequently contacted Defendant requesting certain specific controlled dangerous drugs in certain strengths and quantities for his own self-diagnosed ailments, to which the Defendant generally complied. Defendant additionally asked Patient AML to make a list of all lab tests, consultations and medications he wanted, to which she generally complied. Defendant denied these allegations.

6. Throughout Defendant's treatment of Patient AML, the patient admitted he was stockpiling his prescriptions from Defendant. Defendant nevertheless continued to prescribe large quantities of controlled dangerous substances to him.

7. Defendant's records reflect that during 2001, she pre-signed prescriptions for Patient AML for Schedule II controlled dangerous substances. She signed the prescriptions and wrote the drug name, strength and quantity, but allowed Patient AML to fill in the date on the prescriptions.

8. Defendant's treatment of Patient AML continued until approximately October 2001, at which time the patient kissed Defendant at the close of a counseling session.

9. At the next treatment session on approximately October 8, 2001, Defendant claims to have terminated her treatment of Patient AML.

10. Several weeks later, Patient AML contacted Defendant and asked her to come to his apartment, which she did. At the patient's apartment, Defendant and the patient engaged in "heavy kissing". Over the next several months, Defendant went to the patient's apartment on numerous occasions, where she spent the night with the patient, slept in the same bed with the patient, and continued sexual contact with the patient. This conduct continued for several months throughout 2002, after which time Defendant claims that she again terminated her relationship with the patient.

11. During the time that Defendant was sleeping at Patient AML's apartment and continuing her sexual contact with him, she maintained a doctor-patient relationship with him and continued to treat Patient AML by prescribing large amounts of controlled dangerous substances to the patient. Pharmacy records reflect that from October 24, 2001 through December 23, 2002, Defendant prescribed or authorized forty-seven (47) prescriptions to Patient AML for Desoxyn, Oxycontin 80 mg., Oxycontin 10 mg., Morphine, Methadone 10 mg., Methadone 40 mg., Methadone Oral Solution, Hydromorphone tablets and injections, Dilaudid, Focalin and Dextroamphetamine, all Schedule II controlled dangerous substances, for a total of **16,939 total dosage units**, for an **average of 39.86 dosage units per day** of Schedule II



controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart reflects no office visits during this entire period of time. Defendant claims that there was a legitimate medical need for the medications prescribed.

12. In late 2002 or early 2003, Patient AML again asked Defendant to treat him, to which she agreed. Defendant's records reflect that she treated Patient AML in her office on three (3) occasions during 2003. Pharmacy records reflect that from January 2, 2003 until November 28, 2003, Defendant prescribed or authorized forty-four (44) prescriptions to Patient AML for Oxycontin 80 mg., Oxycontin 10 mg., Roxicodone, Dextroamphetamine, Methadose, Morphine Sulfate Injection, Numorphan Injection and Hydromorphone Injection, all Schedule II controlled dangerous substances, for a total of **18,630 total dosage units**, for an **average of 56.45 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant claims that there was a legitimate medical need for the medications prescribed.

13. Defendant's records reflect that the last time she treated Patient AML in her office was on December 12, 2003. However, she nevertheless continued to prescribe controlled dangerous substances to him for almost three (3) years. Pharmacy records reveal that from January 7, 2004 through September 11, 2006, Defendant prescribed or authorized forty-five (45) prescriptions to Patient AML for Oxycontin 80 mg., Oxycontin 10 mg., Concerta, Ritalin, Oxycodone 80 mg., Oxycodone 30 mg., Percodan, Dextroamphetamine, Numorphone Injection, Hydromorphone Injection, Adderall, and Focalin, all Schedule II controlled dangerous substances, for a total of **15,063 total dosage units**, for an **average of 15.40 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform any physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart contains no record of any office visits during this period of time. Defendant claims that there was a legitimate medical need for the medications prescribed.

14. A review of Patient AML's previous medical records provided to Defendant reflects that the patient had previously overdosed on prescription medications. Additionally, a neurological consultation obtained in October 2000 reflects that there was no etiologic basis for the patient's complaints of leg pain. Further, an MRI obtained in 2000 reflected normal spine function. Defendant nevertheless continued to prescribe large amounts of controlled dangerous substances to the patient. A review of Defendant's records reveals that Defendant did not establish a legitimate medical need for the medical treatment, that she ignored test results, that

she did not perform a sufficient examination prior to prescribing medications, and that she failed to maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant claims that the records do not support this.

15. Defendant admits that throughout her treatment of Patient AML, she gave him undated prescriptions for Schedule II controlled dangerous substances so as to allow him to fill his prescriptions at any time.

### ***PATIENT JML-PRESCRIBING VIOLATIONS***

16. Beginning on or around September 20, 2001, Defendant began treating Patient JML, the mother of Patient AML in paragraphs 3-14 above. Defendant's chart reflects that she was treating the patient for alleged depression, anxiety and narcolepsy. Defendant's chart additionally reflects that the patient was treated in Defendant's office for these conditions on three (3) occasions: September 20, 2001, November 26, 2002 and January 2, 2003. She was also treated via telephone on April 29, 2003 and on December 12, 2003, which was her last treatment by Defendant.

17. Pharmacy records reflect that from October 12, 2001 until November 28, 2003, Defendant prescribed or authorized forty-four (44) prescriptions to Patient JML for Oxycontin, Desoxyn, Dexedrine, Kadian, Roxicodone, Morphine 30 mg., Methylin, Dextroamphetamine, Hydromorphone, Morphine Injection, Hydromorphone Injection, Adderall and Focalin, all Schedule II controlled dangerous substances, for a total of **13, 251 total dosage units**, for an **average of 17.05 dosage units per day** of Schedule II controlled dangerous drugs. Defendant's chart on this patient reveals that she failed to perform a sufficient physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant claims that there was a legitimate medical need for the prescriptions.

18. Despite the fact that Defendant ceased treating Patient JML on December 12, 2003, she continued to prescribe large quantities of controlled dangerous substances to her after this time. Pharmacy records reflect that from January 7, 2004 until April 30, 2005, Defendant prescribed or authorized twenty-three (23) prescriptions to Patient JML for Oxycontin 80 mg., Oxycontin 10 mg., Ritalin, Morphine, Concerta, Morphine Sulphate Injection, Dextroamphetamine, Hydromorphone Injection and Adderall, all Schedule II controlled dangerous substances, for a total of **7,460 total dosage units**, for an **average of 15.57 dosage units per day** of Schedule II controlled dangerous drugs. A review of Defendant's records reveals that she failed to perform a sufficient physical examination on this patient during this time period, that she did not order appropriate tests, that she did not establish a legitimate medical need for the medications, and that she did not maintain an office record which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient. Defendant's chart contains no record of any office or telephone visits during this period of time. Defendant claims that there was a legitimate medical need for the prescriptions.



19. Defendant is guilty of unprofessional conduct in that she:
- A. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. § 509 (8) and OAC 435:10-7-4 (11).
  - B. Engaged in physical conduct with a patient which is sexual in nature, ... in violation of 59 O.S. §509 (17).
  - C. Committed an act of sexual ... misconduct or exploitation related or unrelated to the licensee's practice of medicine and surgery in violation of OAC 435:10-7-4 (23).
  - D. Abused the physician's position of trust by coercion [or] manipulation ... in the doctor-patient relationship in violation of OAC 435:10-7-4(44).
  - E. Prescribed, dispensed or administered controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribed, dispensed or administered controlled substances or narcotic drugs without medical need in accordance with published standards in violation of 59 O.S. §509(16) and OAC 435:10-7-4(2) and (6).
  - F. Engaged in indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).

### *Conclusions of Law*

1. The Board has jurisdiction and authority over the Defendant and subject matter herein pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act (the "Act") and its applicable regulations. The Board is authorized to enforce the Act as necessary to protect the public health, safety and welfare.

2. Defendant is guilty of unprofessional conduct in that she:
- A. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. § 509 (8) and OAC 435:10-7-4 (11).
  - B. Engaged in physical conduct with a patient which is sexual in nature, ... in violation of 59 O.S. §509 (17).

- C. Committed an act of sexual ... misconduct or exploitation related or unrelated to the licensee's practice of medicine and surgery in violation of OAC 435:10-7-4 (23).
- D. Abused the physician's position of trust by coercion [or] manipulation ... in the doctor-patient relationship in violation of OAC 435:10-7-4(44).
- E. Prescribed, dispensed or administered controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribed, dispensed or administered controlled substances or narcotic drugs without medical need in accordance with published standards in violation of 59 O.S. §509(16) and OAC 435:10-7-4(2) and (6).
- F. Engaged in indiscriminate or excessive prescribing, dispensing or administering of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).

3. The Board further found that the Defendant's license should be suspended based upon any or all of the violations of the unprofessional conduct provisions of 59 O.S. §509 (8), (16) and (17) and OAC Title 435:10-7-4 (1), (2), (6), (11), (23) and (44).

### *Order*

IT IS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision as follows:

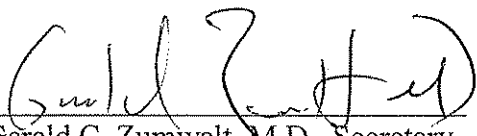
1. The license of Defendant, Nancy Ellen Grayson, M.D., Oklahoma license no. 17590, is hereby **SUSPENDED INDEFINITELY** beginning September 20, 2007 and continuing until she completes an assessment at a nationally recognized facility approved in advance in writing by the Board Secretary regarding boundary issues and prescribing issues relating to controlled dangerous substances. Upon receipt of a written report from the assessment facility, Defendant may appear before the Board to seek reinstatement of her license.

2. Promptly upon receipt of an invoice, Defendant shall pay all costs of this action authorized by law, including without limitation, legal fees and investigation costs.

3. Defendant's suspended license shall not be reinstated unless Defendant has reimbursed the Board for all taxed costs.

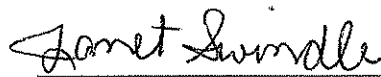
Dated this 28 day of September, 2007.



  
Gerald C. Zumwalt, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

**CERTIFICATE OF SERVICE**

I certify that on the 28 day of September, 2007, I mailed, via first class mail, postage prepaid, a true and correct copy of this Order of Suspension to Richard Mildren, Riggs, Abney, Neal, Turpen, Orbison and Lewis, 5801 N. Broadway, Suite 101, Oklahoma City, OK 73118 and to Nancy Ellen Grayson, 2802 E. 85<sup>th</sup> Street, Tulsa, OK 74137-1437.

  
Janet Swindle

**IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA**

**FILED**

**IN THE MATTER OF THE  
APPLICATION OF**

**MAR 21 2008**

**NANCY ELLEN GRAYSON, M.D.,**

**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION**

**FOR REINSTATEMENT OF OKLAHOMA  
MEDICAL LICENSE NO. 17590**

**Case No. 07-05-3291**

**ORDER GRANTING REINSTATEMENT OF  
LICENSE UNDER TERMS OF PROBATION**

This matter came on for hearing before the Oklahoma State Board of Medical Licensure and Supervision on March 13, 2008, at the Board office, 5104 North Francis, Suite C, Oklahoma City, Oklahoma 73118, pursuant to notice given as required by law and rules of the Board.

Defendant, Nancy Ellen Grayson, M.D., appeared in person and through counsel, Linda G. Scoggins.

Elizabeth A. Scott, Assistant Attorney General, appeared on behalf of the State of Oklahoma, ex rel. the Oklahoma State Board of Medical Licensure and Supervision.

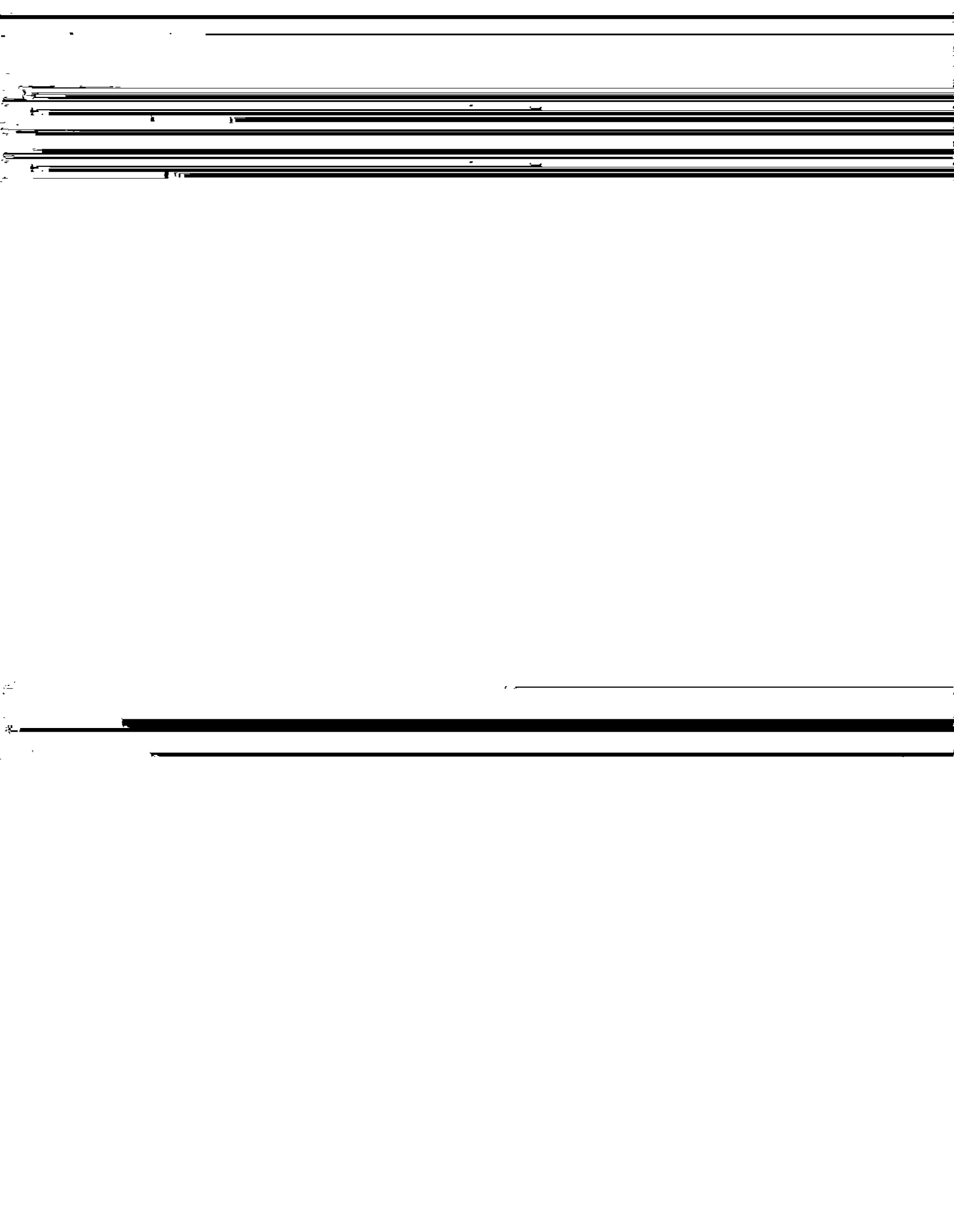
The Board *en banc* heard testimony, reviewed the exhibits presented, and being fully apprised of the premises, entered the following Findings of Fact, Conclusions of Law, and Orders:

***Findings of Fact***

1. The Board *en banc* has jurisdiction over the subject matter herein, and notice has been given in all respects as required by law and the rules of the Board.

2. On September 20, 2007, after hearing before the Board *en banc*, the Board entered a Final Order of Suspension whereby it suspended Defendant's license indefinitely until Defendant completed an assessment at a nationally recognized facility approved in advance in writing by the Board Secretary regarding boundary issues and prescribing issues relating to controlled dangerous substances.





require surveillance of a licensed physician.

E. Defendant will enter and continue individual weekly psychotherapy with a therapist approved in advance in writing by the Board Secretary and will authorize in writing the release of any and all records of that treatment to the Board or its designee. Defendant will provide quarterly reports from her therapist to the Board Secretary for his review. Defendant shall continue psychotherapy until released by both the therapist and the Board Secretary in writing.

F. Defendant will enter and continue treatment and medication management with a board certified psychiatrist not previously disciplined by the Board and approved in advance in writing by the Board Secretary. Defendant will provide quarterly reports from her psychiatrist to the Board Secretary for his review. Defendant shall continue treatment until released by both the psychiatrist and the Board Secretary in writing.

G. Defendant will not prescribe, administer or dispense any narcotic medications to any of her psychiatric patients.

H. Defendant shall limit the scope of her prescribing to the treatment of mental disorders and shall keep a clear record of her diagnostic and treatment rationales in each patient's chart.

I. Defendant will authorize in writing the release of any and all information regarding her treatment at the Professional Renewal Center and Acumen Assessments, Inc. and will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Consultant or other Board designee to obtain copies of medical records and authorize the Compliance Consultant or other Board designee to discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

J. Defendant will abide by all terms and recommendations of Acumen Assessments, Inc.

K. Defendant will sign a contract with the Health Professionals Recovery Program and will participate in the program so long as recommended by the program.

L. Defendant will keep the Oklahoma State Board of Medical Licensure and Supervision informed of her current address.

M. Defendant will keep current payment of all assessment by the Board for prosecution, investigation and monitoring of her case, including but not limited to a \$100.00 per month monitoring fee.

N. Until such time as all indebtedness to the Oklahoma State Board of Medial Licensure and Supervision has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.

O. Defendant shall make herself available for one or more personal appearances before the Board or its designee upon request.

P. Defendant shall submit any required reports and forms on a timely, accurate and prompt basis to the Compliance Coordinator or designee.

Q. Defendant shall practice in a group practice or a medical/psychiatric facility approved in advance in writing by the Board Secretary. Defendant shall obtain a practice monitor/mentor approved in advance in writing by the Board Secretary. Defendant shall meet with her practice monitor on a weekly basis to discuss the clinical aspects of her cases and boundary-related dynamics. Defendant shall submit quarterly reports from her practice monitor to the HPRP and to the Board Secretary for their review.

R. Defendant shall return to Acumen Assessments, Inc. for follow-up assessment/treatment four (4) to six (6) months after she returns to work.

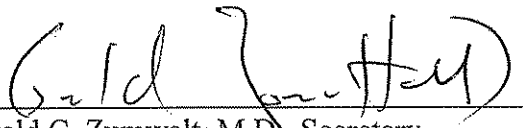
2. During the period of probation, failure to meet any of the terms of probation will constitute cause for the Board to initiate additional proceedings to suspend or revoke Defendant's license, after due notice and hearing.

3. Defendant's suspended license shall not be reinstated unless Defendant has reimbursed the Board for all taxed costs and expenses incurred by the State of Oklahoma.

4. A copy of this written order shall be sent to Defendant as soon as it is processed.

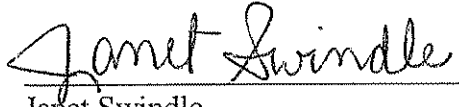


Dated this 4 day of March, 2008.

  
Gerald C. Zumwalt, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

**Certificate of Service**

On the 24 day of March, 2008, a true and correct copy of this order was mailed, postage prepaid, to Nancy Ellen Grayson, 2802 E. 85<sup>th</sup> Street, Tulsa, OK 74137-1437 and to Linda G. Scoggins, Scoggins & Cross, PLLC, 204 N. Robinson, Suite 3100, Oklahoma City, OK 73102.

  
Janet Swindle

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

NOV 10 2010

IN THE MATTER OF  
THE APPLICATION OF

NANCY ELLEN GRAYSON, M.D.

FOR TERMINATION OF  
PROBATION FOR  
LICENSE NO. 17590

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 07-05-3291

**ORDER TERMINATING PROBATION**

This matter came on for hearing before the Oklahoma Board of Medical Licensure and Supervision on November 4, 2010, at the Board office, 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma, pursuant to notice given as required by law and rules of the Board.

Applicant, Nancy Ellen Grayson, M.D., holding Oklahoma medical license no. 17590, appeared in person and pro se.

The Board sitting *en banc* after hearing testimony, reviewing the request and other materials presented, and being fully apprised of the premises, made the following Findings of Fact, Conclusions of Law and Orders:

***FINDINGS OF FACT***

1. The Board *en banc* has jurisdiction over the subject matter herein, and notice has been given in all respects as required by law and the rules of the Board.
2. Dr. Grayson currently holds medical license no. 17590 under a five (5) year term of probation that commenced on or around March 13, 2008.
3. Dr. Grayson has requested that her probation be terminated effective immediately since she has fulfilled all of the terms of her probation.
4. Tom Sosbee, Compliance and Education Coordinator for the Board, testified that Dr. Grayson had complied to date with the terms of probation and that the Board staff did not object to the requested termination.
5. Dr. Grayson has complied to date in all respects with the terms of probation, and the purposes of the probationary period have been accomplished. Dr. Grayson has presented sufficient evidence to support the requested early termination.

### **CONCLUSIONS OF LAW**


1. The Board has jurisdiction to hear this matter pursuant to 59 O. S. § 480 *et seq.*
2. Dr. Grayson has presented satisfactory evidence to justify termination of the remainder of her probationary period. The purposes of the probationary period have been accomplished by Dr. Grayson's compliance with the probationary terms. No useful purpose would be gained by having Dr. Grayson serve the remainder of her probationary term.

### **ORDER**

**IT IS THEREFORE ORDERED** by the Board of Medical Licensure and Supervision as follows:

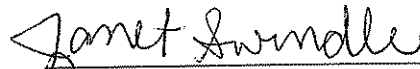
1. Dr. Grayson's application to terminate probation is **GRANTED** and his probationary period is terminated effective November 4, 2010.
2. A copy of this written order should be sent to Dr. Grayson as soon as it is processed.

Dated this 10 day of November, 2010.

  
\_\_\_\_\_  
Gerald C. Zumwalt, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

### **Certificate of Service**

On the 10 day of November, 2010, a true and correct copy of this order was mailed, postage prepaid, to Nancy E. Grayson, M.D., 2448 East 81<sup>st</sup> Street, Suite 2048, Tulsa, OK 74137.

  
\_\_\_\_\_  
Janet Swindle