

**BEFORE THE BOARD OF MEDICAL EXAMINERS
STATE OF TENNESSEE**

IN THE MATTER OF:)	
)	
SIDNEY MORAGNE, M.D.,)	
)	
License No. 38014)	
Jackson, Tennessee)	CASE NO. 201101546
)	
)	
Respondent)	

CONSENT ORDER

Come now the Division of Health Related Boards of the Tennessee Department of Health (“State”), by and through the Office of General Counsel, and Sidney Moragne, M.D. (“Respondent”), and respectfully move the Tennessee Board of Medical Examiners (“Board”) for approval of this Consent Order affecting Respondent’s medical license in the State of Tennessee.

The Board is responsible for the regulation and supervision of medical doctors licensed to practice in the State of Tennessee. *See Tennessee Medical Practice Act, TENN. CODE ANN. §§ 63-6-101, et seq.* It is the policy of the Board to require strict compliance with the laws of this State, and to apply the laws so as to preserve the quality of medical care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Tennessee Medical Practice Act in such a manner as to promote and protect the public health, safety and welfare in every practicable way, including disciplining medical doctors who violate the provisions of TENN. CODE ANN. § 63-6-101, *et seq.* or the Rules and Regulations promulgated by the Board and

recorded in the Official Compilation Rules and Regulations of the State of Tennessee (hereinafter referred to as "TENN. COMP. R. & REGS.")

Respondent, by his signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

STIPULATIONS OF FACT

1. Respondent received a medical license from the State of Tennessee on October 27, 2003. Respondent's Tennessee medical license has a current expiration date of December 31, 2014.
2. At all times pertinent hereto, the Respondent held an active license to practice medicine in the State of Tennessee.
3. Respondent prescribed methadone for methadone maintenance to patients of his private practice without a license as required by the Tennessee Department of Mental Health and Developmental Disabilities.

4. A review of Respondent's patient charts uncovered several deficiencies including the failure to keep prescription records, failure to perform physical exams, and failure to address inconsistent drug screens.

GROUNDS FOR DISCIPLINE

Respondent's acts as described in the Stipulations of Fact section of this Consent Order are sufficient to establish that grounds for discipline of Respondent's medical license exist. Specifically, Respondent has violated the following statutes or rules which are part of the Tennessee Medical Practice Act, (TENN. CODE ANN. § 63-6-101, *et seq.* and *TENN. COMP. R & REGS.*) for which disciplinary action before and by the Board is authorized:

1. Respondent's actions/omissions as articulated in paragraphs three (3) and four (4) of the Stipulations of Fact, *supra*, constitute violations of TENN. CODE ANN. § 63-6-214 (b) (1):

Unprofessional conduct, dishonorable or unethical conduct.

2. Respondent's actions/omissions as articulated in paragraph three (3) of the Stipulations of Fact, *supra*, constitute a violation of Tennessee law, pursuant to TENN. CODE ANN. § 63-6-214(b)(14):

Dispensing, prescribing or otherwise distributing any controlled substance or other drug to any person in violation of any law of the state or of the United States.

POLICY STATEMENT

The Tennessee Board of Medical Examiners takes the following action in order to protect the health, safety and welfare of the citizens of the State of Tennessee and ensure that the public

confidence in the integrity of the medical profession is preserved.

ORDER

NOW THEREFORE, Respondent agrees to the following:

1. The Tennessee medical license of **SIDNEY MORAGNE, M.D.**, license number 38014, is hereby placed on **PROBATION** for a period of no less than three years.
2. Respondent must comply with the following **CONDITIONS OF PROBATION**:
 1. Record keeping course. Respondent shall attend and complete a record keeping course at his own expense, and provide proof of attendance to the Board's Disciplinary Coordinator and Medical Director within thirty (30) days of completing the course. Respondent must have the course approved by the Board's medical consultant prior to taking the course.
 2. Prescribing course. Respondent shall attend and complete a prescribing course at his own expense, and provide proof of attendance to the Board's Disciplinary Coordinator and Medical Director within thirty (30) days of completing the course. Respondent must have the course approved by the Board's medical consultant prior to taking the course.
 3. Ethics course. Respondent shall attend and complete an ethics course at his own expense, and provide proof of attendance to the Board's Disciplinary Coordinator and Medical Director within thirty (30) days of completing the course. Respondent must have the course approved by the Board's medical consultant prior to taking the course.
 4. Monitoring Agreement: Within forth-five (45) days of the entry of this Order, Respondent shall obtain a practice monitoring agreement with an entity to be approved by the Board's Medical Director. Respondent's monitoring agreement shall include the following:
 - a. Monitoring shall consist of quarterly reviews for the first two years of Respondent's probationary period, with additional reviews and reports to be done if necessary in the judgment of the monitor or if requested by the Board's Medical Director. An annual review will be due for the remainder of Respondent's probationary period.
 - b. The monitor shall review a minimum of five (5) and a maximum of ten (10) charts of patients who received chronic pain treatment or treatment

with other controlled substances during the immediately preceding six (6) months. These charts will be selected by the monitor based upon review of Respondent's Controlled Substance Monitoring Database (hereinafter "CSMD") report. The monitor will review the charts for compliance with the requirements of applicable law and the accepted standards of medical practice.

- c. A report of the monitor's review of Respondent's medical records and prescribing shall be transmitted within thirty (30) days of completion to: **Tennessee Board of Medical Examiners, Attn: Medical Director, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville, Tennessee, 37243.** The report should address Respondent's documentation of appropriate physical examinations and histories, diagnostic testing, and use of alternative, non-narcotic modalities, as well as Respondent's use of prior medical records and drug screens and response to evidence of abuse or diversion when prescribing to his patients. The report should also address the appropriateness of any medications prescribed to pediatric patients.
 - d. Respondent is responsible for all fees associated with this monitoring and is responsible for ensuring compliance with the terms of this monitoring.
 - e. Respondent shall maintain a monitoring agreement for Respondent's entire probationary period.
5. Good conduct. Respondent will maintain good and lawful conduct, and not violate any municipal ordinance, or any law or rule of the State of Tennessee or any other state, or of the United States.
3. Once the period of probation is completed and the conditions are met, the Respondent shall appear before the Board to petition for an Order of Compliance in order to have the probation lifted.
4. CIVIL PENALTY:
- a. Respondent shall pay one Type B civil penalty in the amount of five hundred dollars (\$500) for each violation listed, supra, for a total of one thousand dollars (\$1,000).

5. COSTS:

- a. Respondent shall pay, pursuant to TENN. CODE ANN. § 63-6-214(k) and Rule 0880-2-.12(1)(j) of the Official Compilation Rules and Regulations of the State of Tennessee, the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed by the Office of Investigations, Secretary of State, Administrative Procedures Division as well as the Office of General Counsel. These costs will be established by an Affidavit of Costs prepared and filed by counsel for the Department. The maximum amount for the assessment of costs shall be one thousand five hundred dollars (\$1,500.00).
6. Respondent understands that this is a formal disciplinary action and will be reported to the Health Integrity and Protection Data Bank (H.I.P.D.B.) and/or similar agency.
7. The probationary status of the Respondent's medical license does not place restrictions on the Respondent's ability to lawfully practice medicine.

This **CONSENT ORDER** was approved by a majority of a quorum of the Tennessee Board of Medical Examiners at a public meeting of the Board and signed this 24 day of July, 2013.

Michael J. Sullivan
Chairperson
Tennessee Board of Medical Examiners

APPROVED FOR ENTRY:

Sidney Moragne
Sidney Moragne, M.D.

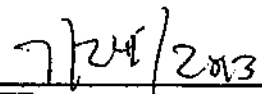
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DATE

RESPONDENT

Tennessee Medical License #38014
3 Dogwood Circle
Jackson, Tennessee 38305



Kynzite Hughes Toombs (B.P.R.#023702)
ASSISTANT GENERAL COUNSEL
Office of General Counsel
Tennessee Department of Health
220 Athens Way, Suite 210
Nashville, Tennessee 37243
(615) 741-1611



DATE

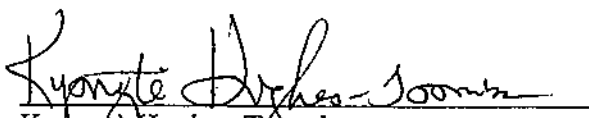
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this Consent Order has been served upon the Respondent, through Respondent's attorney, by United States Mail, with sufficient postage thereon to reach its destination at the following address:

Sidney Moragne, M.D.
3 Dogwood Circle
Jackson, Tennessee 38305

Certified Mail Numbers: 7012 3460 0000 8050 6440
RETURN RECEIPT REQUESTED

This 2⁶th day of July, 2013.



Kyonzie Hughes-Thomas
Assistant General Counsel