COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2200

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY DAVID P. EASLEY, M.D., LICENSE NO. 22832, 1213 OLD CANNONS LANE, LOUISVILLE, KENTUCKY 40207

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), by and through its Inquiry Panel A, and David P. Easley, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending investigation without an evidentiary hearing, hereby enter into the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this agreed order:

1. At all relevant times, David P. Easley, M.D. ("the licensee") was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialties are psychiatry and addiction medicine.
3. In October 1998, the licensee entered into an Agreed Order, KBML Case No. 612, in which he stipulated to facts, including the following:

    - The Board initiated a review of the licensee's treatment of two patients ("GM" and "JC") based upon a grievance filed by the Louisville-Jefferson County Metro Narcotics Unit. In a letter dated August 8, 1994, the licensee advised the Metro Narcotics Unit withheld information regarding the licensee's treatment of "GM." The licensee noted that, although "GM" had told the licensee that he only wanted one physician to manage his medication, the licensee did not believe that was the truth. The licensee also indicated that he would not have prescribed certain medications to "GM" if he had known that another physician had prescribed medications to "GM" the day before. Based upon documents presented to the licensee by "GM" later that day, the licensee changed his opinion about the matters he had discussed with the detectives. According to the licensee, he was subsequently ordered by a judge to act as "GM's" sole source of medication.

- A Board consultant specializing in Psychiatry reviewed the licensee's medical treatment of "GM" and "JC." The consultant noted that the licensee's medical records for "GM" did not contain a history, a review of systems, past medical history, and either a physical examination or mental status examination or both. In the consultant's opinion, the absence of such information would constitute a breach of standard medical practice. This consultant further opined that it was against the standard of general psychiatric medical practice to prescribe the types of medications prescribed to "GM," given his history of drug and alcohol abuse, without detailed explanations for such practices documented in the patient's chart. The consultant noted that the licensee's medical records for "JC" did not contain an initial evaluation, history and examination, diagnosis or plan of treatment. The consultant opined that the failure to do such things was a deviation from the standard of medical practice. This consultant also opined that it was a deviation from standard medical practice to prescribe such large amounts of narcotics to "JC" for such a long period of time, particularly in the face of suspicions raised by drug authorities. This consultant finally noted that it did not appear from the records that the licensee was treating "JC's" underlying medical condition.

- A Board consultant specializing in pain management also reviewed the licensee's medical treatment of "GM" and "JC." The consultant opined that the licensee's documents and records did not meet acceptable levels for documentation of pain management. The consultant noted that, in both cases, there was no initial pain-related history and physical examination documenting the patients' injuries and/or pain-specific problems. The consultant further noted that, on each visit reviewed, there was no evidence of an objective physical examination and assessment of the patients' pain through common measurements such as a visual analog scale for pain to determine the effectiveness of pain therapy. This consultant opined that it was a clear deviation from acceptable medical standards for the licensee to continue to write controlled substance prescriptions for "GM," after learning that "GM" was getting narcotics and other controlled substances from more than one physician. This consultant also found no evidence that the licensee provided the degree of control and objectivity needed to manage successfully these difficult pain patients

4. Pursuant to the Agreed Order, KBML Case No. 612, the licensee was restricted from continuing a physician-patient relationship with "GM" and "JC"; required to maintain a controlled substance log for any controlled substances prescribed to his patients outside of a nursing home/personal care home employment setting; required to complete a University of Kentucky mini-residency on "The Prescribing and Use of Controlled Substances"; and

be subjected to consultant reviews if deemed appropriate by the Board. The Agreed Order expired in October 2001.

5. On or about November 15, 2022, Kentucky Governor Andy Beshear issued Executive Order 2022-798, which stated, in part, as follows:

> ...
> Our citizens should not face criminal punishment for treating certain medical conditions with medical cannabis where the medical cannabis was legally purchased in another state.
>
> NOW, THEREFORE, I, Andy Beshear, Governor of the Commonwealth of Kentucky, in consideration of the foregoing, and by virtue of the authority vested in me by Section 77 and related provisions of the Kentucky Constitution, do hereby GRANT a full, complete, and conditional pardon to any and all persons who after the effective date of this Order are accused of possession of marijuana under KRS 218A.1422, if and only if all of the following conditions are satisfied:
> ...
>
> 4. The individual or the individual's caregiver shall produce a written certification by a healthcare provider who is licensed to practice medicine in the Commonwealth of Kentucky or in the jurisdiction of the individual's residence, and is in good standing with the appropriate licensure board within the Commonwealth of Kentucky or in the jurisdiction of the individual's residence, that shows that the individual has been diagnosed with at least one of the following medical conditions:
> ...
>
> 5. The written certification required in paragraph 4. of this Order shall include the following:
>
> a. ...
> b. ...
> c. a statement that the healthcare provider has a bona fide healthcare provider-patient relationship with the individual;
> d. a statement that in the healthcare provider's professional opinion the patient suffers from a medical condition identified in this Order; ...

6. During the 2023 Regular Session, Kentucky's General Assembly passed SB 47 and created a framework for use of cannabis for medicinal purposes to begin January 1, 2025, and

which would require, in part, that qualified patients be registered cardholders through the Cabinet for Health and Family Services after receiving a written certification from an authorized medicinal cannabis practitioner, stating that the practitioner has a bona-fide physician-patient relationship with the patient, that the patient has been diagnosed with a qualifying medical condition, and that the patient would benefit from the use of medicinal cannabis.

7. On or about April 23, 2024, the licensee issued a card ("Cannabis Certification # 2603-6922") to Patient A, bearing the words "Kentucky Medical Cannabis," the seal of the Commonwealth of Kentucky, the licensee's name and licensee #, and stating "My patient has a medical condition qualified for cannabis possession."
8. On or about June 28, 2024, the Kentucky Board of Pharmacy informed this Board that the licensee was providing medicinal cannabis cards to patients.
9. On or about July 10, 2024, the licensee submitted a letter in which he stated, in part,

> ...
> ... I have issued medical cannabis card to approximately 1292 patients. A blank copy of the card that I have issued in the past is attached. As you will see, this card contains a Commonwealth of Kentucky state seal which I originally included to reflect that the patient met the Kentucky-specific criteria for immunity from prosecution pursuant to the November 15, 2022 Executive Order No. 2022-798, Executive Action relating to Medical Cannabis. I first started issuing such cards on or around January 2023. Although it was not my intent to make the card appear as though it was, in fact, issued by the state, I later recognized that inclusion of the seal could lend itself to that interpretation. As such, I no longer include the state seal the cards but the substance is otherwise the same.
>
> More specifically, the card includes a statement indicating that the patient suffers from a medical condition that qualifies him/her for the possession of medical cannabis. It likewise contains my office contact information and a "certification number" which corresponds to the patient's medical records number in my office so that any additional information supporting issuance of the card could be readily obtained by law enforcement personnel should it be needed.

...

10. A Board subpoenaed a list of patients that the licensee had provided "Kentucky Medical Cannabis" cards for since January 2023 and was provided a list of approximately 1,399 patient names. The Board randomly selected and subpoenaed medical records of ten (10) patients identified on the list.

11. On or about December 4, 2024, a Board consultant completed a review of the ten (10) subpoenaed patient records and found a pattern of failure to conform to acceptable and prevailing medical practices and a pattern of conduct demonstrating gross ignorance or gross negligence, overall noting

> ...
> ... Due to lack of sufficient documentation of mental illness and an incomplete history, safety of the patient can be compromised.
>
> I was provided with 10 charts, all of which contained only a one single patient visit. Usually, a first visit is expected to be an initial intake which requires a comprehensive evaluation, including risk assessments. Comprehensive evaluation includes basic medical information such as: past psychiatric history with prior hospitalizations, medications, and treatment trials. It will also include Family, Social, Medical, Surgical, and Substance abuse history in detail and to meet the standard of care and is essential with the clinical practices in making correct diagnosis and appropriate treatment.
>
> All documentation that I have reviewed fails to meet that requirement. All 10 charts include insufficient documentation with no past psychiatric/medical/social/family/substance abuse histories. Chief complaints were initially written as "PTSD" and "chronic Pain" without any detailed information about the patient's previous trauma. Without this, we are unable to determine the impact of symptoms and how those are affecting the patient's current level of function. Therefore, current documentation in these notes does not support the criteria of PTSD diagnosis. Not every trauma leads to PTSD, so it is vital to document a patient's current symptoms. This is missing in all of the notes, except for the vague description of one patient complaining of sleep issues and another indicating nightmares as the sole symptom. It is also unclear in most documentation if the incident to trauma is acute or chronic in nature, which requires different treatment strategies.

There is no inclusion or exclusion of other mental illnesses in the assessment, such as bipolar disorder, anxiety, obsessive compulsive disorder (OCD), generalized Anxiety Disorder and psychosis. In one instance, it is documented that patient has "mania without psychosis" and the patient was on an antidepressant instead of mood stabilizers. In another instance, there was improper documentation of a patient's pill bottles via photography, but that information was not utilized properly within the medical note. It is unclear if those bottles are current or old as I was unable to see the dates of when they were prescribed. There was even one bottle of acetaminophen which had someone else's name, and it is included in the patient's medical record.

In terms of the "chronic pain", most of the notes do not have complete information about pain, such as onset of injury and the impact. There were no objective findings on physical examinations to reflect that injury or chronic pain. There was no documentation of prior pain management, previous imaging, prior surgeries, nor previous treatments attempted. In few cases, KASPER was done but not in all charts. KASPER report is the record of all scheduled prescriptions for an individual over a specific period of time, including a prescriber and dispenser. No vital signs were taken. No urine drug screenings were done to verify current THC or Suboxone use or to rule out any other illicit drug abuse. Some charts were missing substance use history, which is very crucial when discussing the option of medical THC. There were couple of patients that had a prior addiction history, but nowhere in the notes is it written that they were educated about a potential risk of abuse and addiction with THC. There were no basic labs ordered or recorded in the medical notes.

Mental Status Exam (MSE) is another important part of documentation in Psychiatry which includes: patient's mood/affect, thought content, and thought process. It also includes suicidal ideation, homicidal ideation, or psychosis, with an assessment of attention, focus, insight, and judgment. MSE in most of the notes are insufficient and does not identify any imminent danger to self or to others. In 3 patients' charts, MSE was included as a separate note without any date on it.

It was also noted that patients were not educated about PTSD and were not offered an FDA approved First Line of Treatment Drug prescription for PTSD. There was one patient with polypharmacy and was on three different antipsychotics, according to photographed pill bottles. It was unclear if these were old regimen or current. Polypharmacy was not addressed anywhere in the note. There is no continuity of care or follow up recommendations.

...

12. On or about December 30, 2024, the licensee responded, in writing, to the Board consultant's report, stating in part

> ... Although that report does not specifically identify what that consultant was asked to do, his/her report indicates that he/she was providing opinions about my "medical care, diagnosis, and treatment" based upon the records provided. With that in mind, it appears that the consultant has fundamentally misunderstood the nature of those visits and my relationship with those particular patients.
>
> In particular, the particular charts reviewed were not for patients with whom I was undertaking a traditional physician-patient relationship. I did not see those patients for the purpose of diagnosing, treating, or otherwise establishing continuity of care. Instead, I saw them for a singular and limited purpose; namely, to evaluate whether they had a diagnosis which would potentially qualify them for them for immunity from prosecution for certain marijuana-related offenses pursant [sic] to Governor Andy Beshear's Executive Order No. 2022-798, Executive Action Relating to Medical Cannabis ...
>
> ... my role for the patients inquiring about receiving a cannibis [sic] card was simply to confirm [sic] that he/she, in fact, met the medical criteria to receive a card. More specifically, if after evaluation, I was confident that the patient had already been diagnosed by another provider with one or more of the 21 conditions identified in Governor Beshear's Order which would exonerate them from criminal liability for the use of medical marijuana, I would provide them with a card that included the information required by paragraph 5 of the Executive Order. ...

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this agreed order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9) as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this agreed order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending investigation without an evidentiary hearing by entering into an informal resolution such as this agreed order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the parties' mutual desire to fully and finally resolve the pending investigation, without an evidentiary hearing, the parties hereby enter into the following **AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by David P. Easley, M.D., is hereby placed on PROBATION FOR A PERIOD OF FIVE (5) YEARS, with that period of probation to become effective immediately upon the date that this agreed order is filed of record.
2. During the effective period of this agreed order, the licensee's Kentucky medical license shall be subject to the following terms and conditions:
    a. Within twenty (20) days of entry of this agreed order, the licensee SHALL contact CPEP, Tel. (303) 577-3232, *or* LifeGuard, Tel. (717) 909-2590, to schedule a clinical skills assessment for the earliest dates available to both CPEP/LifeGuard and the licensee but no more than ninety (90) days from entry of this agreed order;
        i. Both parties may provide relevant information to CPEP/LifeGuard for consideration as part of the clinical skills assessment. In order to permit the Board to provide such relevant information, the licensee SHALL immediately notify the Board's Legal Department of the assessment dates once the assessment is scheduled;
        ii. The licensee SHALL travel to CPEP/LifeGuard and complete the assessment as scheduled, at his expense;
        iii. Both parties SHALL be provided a copy of the Assessment Report for their review. The licensee SHALL complete any necessary waiver/release so that the Board may receive a copy of the Assessment Report for review. CPEP/LifeGuard will issue its Assessment Report, in accordance with its internal policies;

iv. If the Assessment Report recommends development of an education plan, the licensee SHALL take all necessary steps to arrange for CPEP/LifeGuard to immediately develop such a plan and the licensee shall immediately engage in that education plan, at CPEP/LifeGuard's direction and at the licensee's expense;

b. Within twenty (20) days of the filing of this agreed order, the licensee SHALL make all necessary arrangements to enroll in the *ProBE* Program offered through the Center for Personalized Education for Professionals (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;

i. The licensee SHALL complete and "unconditionally pass" the *ProBE* Program at the time and date(s) scheduled, at his expense and as directed by CPEP's staff;

ii. The licensee SHALL provide the Board's staff with written verification that he has completed and "unconditionally passed" CPEP's *ProBE* Program, promptly after completing the program;

iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBE* Program to the Board's Legal Department promptly after their completion;

iv. If upon completion of the *ProBE* Program, the licensee either "fails" or "conditionally passes" the *ProBE* Program, the licensee SHALL re-enroll for the next available course within thirty (30) days of receiving notice of the fail or unconditional pass;

v. The licensee understands and agrees that the failure to "unconditionally pass" the *ProBE* Program a second time, SHALL constitute noncompliance with this agreed order;

c. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain patient records, upon request, for review by the Board's agents and/or consultants. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this agreed order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this agreed order; and

d. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee agrees and understands that this agreed order shall not be subject to modification or termination prior to the expiration of five (5) years. Any violation(s) of KRS 311.595 and/or 311.597 during the five (5) years that this agreed order is in place, shall constitute separate and independent grounds for action.
4. The licensee agrees and understands that, by entering into this agreed order, he waives his right to proceedings pursuant to KRS Chapter 13B and he waives his right to raise any constitutional, statutory or common law objection(s) he may have to the agreed order, its terms and/or the Board's conduct in conformity and enforcement of the agreed order.
5. The licensee agrees and understands that if he should violate any term or condition of the agreed order, the licensee's practice SHALL constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this agreed order, the Panel Chair is authorized by law to enter an emergency order of suspension or restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an emergency order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this agreed order; and
6. The licensee agrees and understands that any violation of the terms of this agreed order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 17th day of March, 2025.

DAVID P. EASLEY, M.D.

DANIEL G. BROWN, ESQ.
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A

LEANNE K. DIAKOV
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 764-2613