

**BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE**

In the Matter of the  
Medical License of  
Mark R. Koller, M.D.  
Year of Birth: 1956  
License Number: 31306

**AGREEMENT FOR  
CORRECTIVE ACTION**

This Agreement for Corrective Action (“Agreement”) is entered into by and between Mark Robert Koller, M.D. (“Respondent”), and the Complaint Review Committee of the Minnesota Board of Medical Practice (“Committee”) pursuant to the authority of Minnesota Statutes section 214.103, subdivision 6(a) (2023). Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent elected to be represented by David P. Bunde, Fredrikson & Byron, P.A. 200 South Sixth Street, Suite 4000, Minneapolis, MN 55402. The Committee was represented by Daniel S. Schueppert, Assistant Attorney General, 445 Minnesota Street, Suite 1400, St. Paul, Minnesota 55101. Respondent and the Committee hereby agree as follows:

**FACTS**

1. For the purpose of this Agreement, the Board may consider the following facts as true:
  - a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on September 12, 1987. Respondent is board certified in psychiatry.
  - b. In April 2021, the Board received a report alleging that Respondent was inappropriately prescribing and directly providing benzodiazepines at his outpatient psychiatry

clinic. Specifically, the report alleged that alprazolam was not listed on one patient's Minnesota Prescription Monitoring Program ("PMP") profile.

c. In response to the allegations, the Board initiated an investigation into Respondent's practice. The investigation revealed that, beginning in February 2020, Respondent sold and dispensed stock bottles of alprazolam directly to a patient. Alprazolam was an acceptable treatment for the patient that Respondent determined to be necessary. Respondent obtained the medication from a legal supplier and provided it at cost to the patient. Between September 2020 and April 2021, Respondent provided the medication to the patient without a written prescription. Respondent did not follow the reporting procedures, bottle labeling, or record keeping requirements for a physician dispensing a substance regulated by the PMP directly to a patient.

d. On February 24, 2023, Respondent appeared before the Committee to discuss the allegations. During the conference, Respondent explained that he had researched the applicable rules and believed that it was acceptable for him to provide the alprazolam to the patient in this way. Respondent acknowledged that he did not check the patient's PMP and did not report his dispensing to the PMP.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1(f) (a rule promulgated by the board or an order of the board, a state, or federal law which relates to the practice of medicine, or in part regulates the practice of medicine including without limitation sections 604.201, 609.344, and 609.345, or a state or federal narcotics or controlled substance law), (o) (improper management of medical records, including failure to maintain adequate medical records), and (s) (inappropriate prescribing of or failure to properly prescribe a drug or device) (2023), and

Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action under these statutes.

### **CORRECTIVE ACTION**

3. Respondent agrees to address the concerns referred to in paragraphs 1 and 2 by taking the following corrective action:

a. Within six months of the date of this Agreement, Respondent shall successfully complete the following pre-approved courses:

- i. Prescription Monitoring Program compliance; and
- ii. Medical records management.

b. Within three months of completing the above-referenced coursework and readings, Respondent shall write a paper, for Committee approval, documenting what he has learned from the coursework and readings and how he has implemented that knowledge into his practice.

4. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Respondent successfully completes the term of the Agreement. Successful completion shall be determined by the Committee. Upon Respondent's signature and the Committee's execution of this Agreement, the Committee agrees to close the complaint resulting in the information referred to in paragraphs 1 and 2. Respondent understands and further agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraphs 1 and 2, the Committee may reopen the closed complaint.

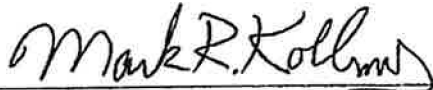
5. If Respondent fails to satisfy the terms of the Agreement the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 14, 147, and 214. Failure to satisfy the terms of the Agreement constitutes failure to cooperate under

Minnesota Statutes section 147.091, subdivision 1(u). In any subsequent proceeding, the Committee may use this Agreement as proof that Respondent's conduct, cited in the Facts above, justified action under these statutes.

6. Respondent understands that this Agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data for purposes of Minnesota Statutes sections 13.02, subdivision 15, and 13.41, subdivision 5 (2023). Data regarding this Agreement may be provided to data banks as required by federal law or consistent with Board policy.

7. Respondent acknowledges reading and understanding this Agreement and entering into it voluntarily. This Agreement contains the entire agreement between the Committee and Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

Dated: 4/25/2024



MARK R. KOLLER, M.D.  
Respondent

Dated: 4/26/2024

  
FOR THE COMMITTEE