

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

IN THE MATTER OF:)	
)	BEFORE THE TENNESSEE BOARD
JON W. DRAUD, M.D.)	OF MEDICAL EXAMINERS
RESPONDENT)	
)	COMPLAINT NO. 2018056471 and
)	2021007551
NASHVILLE, TENNESSEE)	
TENNESSEE LICENSE NO. 23785)	

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 Respondent, Jon W. Draud, M.D., (“Respondent”), by and through counsel, and respectfully move the Tennessee Board of Medical Examiners (“Board”) for approval of this Consent Order effecting Respondent’s medical license in the State of Tennessee.

The Board is responsible for the regulation and supervision of medical professionals licensed to practice in the State of Tennessee. See Tennessee Medical Practice Act, Tennessee Code Annotated sections (“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 individuals 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 (“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 Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. Respondent acknowledges that this is a formal disciplinary action and will be reported to the National Practitioner Data Bank and/or similar agency. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

STIPULATIONS OF FACT

1. Respondent has been at all times pertinent hereto licensed by the Board as a medical doctor in the State of Tennessee, having been granted license number 23785 by the Board on July 13, 1992, which currently has an expiration date of August 31, 2023.
2. Respondent is board certified in psychiatry and has served as the supervising physician of thirteen (13) advanced practice registered nurses (hereinafter "APRN") in multiple clinics.
3. Respondent failed to be on-site at Primary Care & Hope Clinic, Genesis Psychiatric Services, Cedars Counseling, Novo Healthcare, Athena Consulting and Psychological Services once every thirty (30) days as required.

GROUND FOR DISCIPLINE

The preceding Stipulations of Fact are sufficient to establish that Respondent has violated the following rule which is part of the Act, TENN. CODE ANN. § 63-6-101, *et seq.* for which disciplinary action before and by the Board is authorized:

4. The facts stipulated in paragraphs two (2) and three (3), *supra*, constitute a violation of TENN. COMP. R. & REGS. 0880-6-.02 (9):

The supervising physician shall be required to visit any remote site at least once every thirty (30) days[.]

POLICY STATEMENT

The Tennessee Board of Medical Examiners takes the following action in order to protect the health, safety and welfare of the people in the State of Tennessee and ensure that the public confidence in the integrity of the medical profession is preserved.

ORDER

NOW THEREFORE, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

5. The Tennessee medical license of Jon W. Draud, M.D., license number 23785, is hereby REPRIMANDED effective the date of entry of this Order.
6. Respondent must pay five (5) Type B Civil Penalties in the amount of five hundred dollars (\$500.00) each, for a total of twenty-five hundred dollars (\$2,500.00) representing a penalty for each clinic that the Respondent failed to visit every thirty (30) days as outlined in the Stipulations of Fact, *supra*. Any and all civil penalties shall be paid within ninety (90) days of the effective date of this Consent Order. Any and all civil penalty payments shall be paid by certified check, cashier's check, or money order payable to the State of Tennessee,

which shall be mailed or delivered to: **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, 2nd Floor, Nashville, Tennessee 37243.** A notation shall be placed on said check that it is payable for the civil penalty of **Jon W. Draud, M.D., COMPLAINT NO. 2018056471 and 2021007551.**


7. 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 Assessment of Costs prepared and filed by counsel for the Department. The maximum amount for the assessment of costs shall be ten thousand dollars (\$10,000.00). Any and all costs shall be paid in full within one hundred and eighty (180) days from the issuance of the Assessment of Costs by submitting a **certified check, cashier's check, or money order** payable to the **State of Tennessee**, which shall be mailed or delivered to: **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, 2nd Floor, Nashville, Tennessee 37243, Nashville, Tennessee 37243.** A notation shall be placed on said check or money order that it is payable for the costs of **Jon W. Draud, M.D., COMPLAINT NO. 2018056471 and 2021007551.**
8. Respondent understands that this is a formal disciplinary action and will be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency.
9. Failure to comply with any of the terms of this Order shall be considered a Board Order violation, which may result in further discipline against Respondent pursuant to T.C.A. § 63-6-214(b)(2).

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 16th day of May, 2023.



Chairperson
Tennessee Board of Medical Examiners

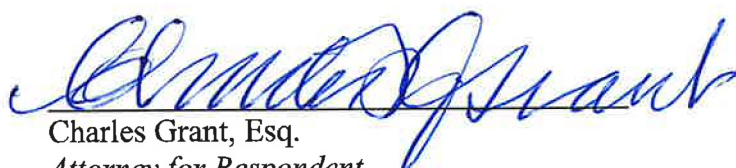
APPROVED FOR ENTRY:



Jon W. Draud, M.D.
RESPONDENT

4-9-2023

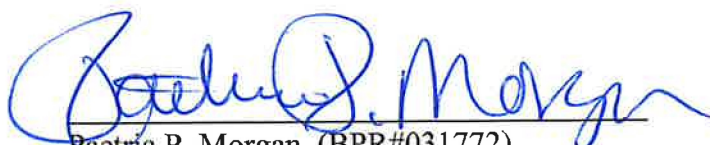
DATE



Charles Grant, Esq.
Attorney for Respondent
Commerce Center, Suite 800
211 Commerce Street
Nashville, Tennessee 37201

4/12/23

DATE



Raetria P. Morgan (BPR#031772)
Senior Associate General Counsel
Office of General Counsel
Tennessee Department of Health
665 Mainstream Drive, 2nd Floor
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(615) 741-1611

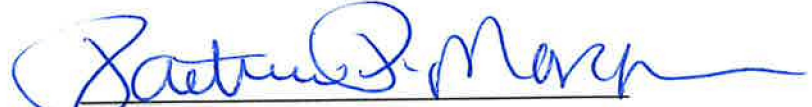
5/16/23

DATE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon Respondent, John W. Draud, M.D., through counsel, Charles Grant, Esq. 1600 West End Avenue, Suite 2000, Nashville, Tennessee 37203 by delivering same in the United States Mail, Certified Number 7022 2410 0001 1540 0809, return receipt requested, and United States First Class Mail, with sufficient postage thereon to reach its destination and via email at cgrant@bakerdonelson.com.

This 17th day of May, 2023.


Paetria P. Morgan
Senior Associate General Counsel