

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: DAVID ELLIS HIATT, M.D.
License Number: 0101-045403
Case Number: 230675

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and David Ellis Hiatt, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Hiatt's license to practice medicine in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. David Ellis Hiatt, M.D., was issued License Number 0101-045403 to practice medicine on June 29, 1990, which is scheduled to expire on September 30, 2026.
2. By Consent Order entered December 26, 2013, the Board reprimanded Dr. Hiatt. This action was based on findings that Dr. Hiatt prescribed several medications, including Adderall (amphetamine and dextroamphetamine, a C-II stimulant with high potential for abuse) and Dexedrine (dextroamphetamine, a C-II stimulant with high potential for abuse), to one of his patients from 2009 to April 2013, despite having no face-to-face contact with the patient.
3. Dr. Hiatt violated Virginia Code § 54.1-2915(A)(3), (13), and (16) in his care and treatment of Patient A, a 37-year-old male with a history of opioid dependence. Specifically:
 - a. During his first appointment with Dr. Hiatt by telephone on January 13, 2022, Patient A reported that he was treated for ADHD (attention deficit hyperactivity disorder) for three years when he was 18 years old, that he started with Ritalin (methylphenidate, a C-II stimulant with high potential for abuse), then Adderall XR, which he did not tolerate well, then used Adderall 20mg BID, but after he moved from home, he stopped taking his medication. Patient A also reported that his focus was

poor, that he could not sit still, that he was easily and very distracted, and that he lost work because of disorganization. Dr. Hiatt diagnosed Patient A with ADHD, absent any formal psychological testing, differential diagnoses, or treatment records from prior providers. Dr. Hiatt prescribed #30 Adderall 20mg one tablet daily for 30 days to Patient A, without considering any non-stimulant approaches to treatment.

b. During his second appointment with Dr. Hiatt by video on January 26, 2022, Patient A reported improvement with Adderall but also reported having a panic attack with shortness of breath and that he had previous panic attacks for which he was treated with Prozac (fluoxetine, a C-VI selective serotonin reuptake inhibitor ("SSRI")), Zoloft (sertraline, a C-VI SSRI), and other SSRI's. Patient A also reported previous treatment with Xanax (alprazolam, a C-IV benzodiazepine with some potential for abuse). Patient A further reported that he had a hand injury at age 18 for which he was prescribed Percocet (oxycodone-acetaminophen, a C-II opioid with high potential for abuse) and oxycodone (a C-II opioid with high potential for abuse), that he was later switched to Ultram (tramadol, a C-IV opioid with some potential for abuse) for years but then started buying oxycodone, and that he entered detoxification in 2014 and was put on buprenorphine (C-III opioid with moderate potential for abuse). Despite this new information and absent an adequate, documented justification, Dr. Hiatt increased the dosage of Patient A's Adderall 20mg to 1.5 tablets in the morning and one tablet in the evening (50mg daily) for 30 days.

c. On February 8, 2022, Dr. Hiatt increased Patient A's dosage of Adderall to 90mg daily (60mg in the morning and 30 mg in the evening), exceeding the recommended dosage for adults, because Patient A reported using the 20mg dosage more frequently than prescribed. Dr. Hiatt continued Patient A on this regimen, absent any adequate medical justification, on a monthly basis through August 2022 despite Patient A's continued monthly treatment with buprenorphine for a diagnosis of opioid dependence.

d. On April 8, 2022, Dr. Hiatt prescribed Valium (diazepam, a C-IV benzodiazepine with some potential for abuse) 5mg BID, even though the combination of Valium and buprenorphine could cause respiratory depression. Dr. Hiatt continued Patient A on Valium, increasing the dosage up to 25mg daily absent an adequate medical justification, on a monthly basis through July 2023, without first considering classes of medications like SSRI's, serotonin-norepinephrine reuptake inhibitors, or tricyclic antidepressants.

e. During the time periods when Dr. Hiatt prescribed Adderall and Valium to Patient A, Patient A demonstrated delusional behavior, such as insisting to Dr. Hiatt during appointments or by telephone or email that his house was infested with mice and shrews, for which he would spray peppermint around the corners of the house. Patient A's wife also reported this delusional behavior to Dr. Hiatt, telling Dr. Hiatt that Patient A was "psychotic with mice," that he would stay up every night cleaning (vacuuming, spraying, wiping) before going to sleep between 6:00 and 8:00 a.m., that Patient A burned places on the floor in the house, that Patient A carried a BB gun with the intention of shooting mice, that Patient A ran his motorcycle in his house, that Patient A sprayed bleach all over his house, and Patient A put black pepper inside his clothes while fully dressed to prevent shrews from biting him. Despite discontinuing Adderall in September 2022, Dr. Hiatt continued Patient A on Valium, even though in January 2023, Patient A was hospitalized for psychosis and recommended by his hospital provider to be tapered off Valium in the future due to his history of opioid addiction, Suboxone treatment, and risk of dependency. In June 2023, Patient A was admitted for diagnoses of opioid use disorder, severe, on maintenance therapy; sedative, hypnotic, or anxiolytic use disorder, severe; and other or unspecified stimulant use disorder, severe.

f. Dr. Hiatt prescribed Adderall and Valium to Patient A despite failing to conduct any mental status examinations, labs, or urine drug screens. Prior to May 2023, Dr. Hiatt failed to

recognize Patient A's drug-seeking behavior. For example, Patient A requested an early refill of Adderall in April 2022 because he said that he dropped his Adderall bottle in the toilet, and Patient A requested multiple refills of Adderall after Dr. Hiatt discontinued it. Dr. Hiatt also continued to prescribe Valium to Patient A, despite finally recognizing his drug-seeking behavior in May 2023. Specifically, in a written message to Patient A on May 17, 2023, in response to Patient A's attempt to obtain an early refill of Valium because he took more than what was prescribed, Dr. Hiatt wrote to Patient A that his extra use of Valium was "drug-seeking behavior characteristic of drug abuse." However, Dr. Hiatt continued to prescribe Valium to Patient A through July 2023, despite knowing that Patient A tested positive for amphetamines during his June 2023 buprenorphine treatment appointment when he was not being prescribed that medication at that time.

CONSENT

David Ellis Hiatt, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Joel McCray, Esq., and Angela Boice Axselle, Esq.;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. I waive my right to an informal conference;
5. I neither admit nor deny the Findings of Fact and Conclusions of Law contained herein but waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. David Ellis Hiatt, M.D., is REPRIMANDED.
2. Within three months from the date of entry of this Order, Dr. Hiatt shall provide written proof satisfactory to the Board of successful completion of Board-approved course(s) of at least 8 credit hours in the subject of prescribing practices. The course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received at least 15 business days prior to the course date. All continuing education hours/courses shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.
3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

A TRUE COPY TESTE:


VIRGINIA BOARD OF MEDICINE


Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED:

5/22/2025

SEEN AND AGREED TO:



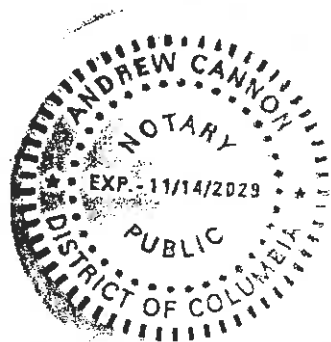
David Ellis Hiatt, M.D.

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF WASHINGTON, D.C. TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on
this 2nd day of MAY, 2025



Notary Public



My commission expires:

11/14/2029

Registration No.:

NO NUMBER