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**BEFORE THE ARIZONA REGULATORY BOARD
OF PHYSICIAN ASSISTANTS**

In the Matter of:

VINCENT J. TAPIA, PA-C

Holder of License No. 2400
For the Performance of Healthcare Tasks
In the State of Arizona

Case No. PA-22-0083A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR PROBATION; AND CONSENT TO SAME

The Arizona Regulatory Board of Physician Assistants ("Board") considered this matter at its public meeting on November 29, 2023. Vincent J. Tapia, P.A. ("Respondent"), appeared before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-2551(G). The Board voted to issue Findings of Fact, Conclusions of Law and Order for Probation after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of physician assistants in the State of Arizona.

2. Respondent is the holder of license number 2400 for the performance of health care tasks in the State of Arizona.

3. The Board initiated case number PA-22-0083A after receiving a report from the Arizona State Board of Pharmacy ("Pharmacy Board") that Respondent had been non-compliant with the State's Controlled Substance Prescription Monitoring Program ("CSPMP") mandatory use requirements. Based on the complaint, Board staff opened an investigation, including a request for Medical Consultant ("MC") review of Respondent's care and treatment of five patients (DS, HS, JS, MS, and PL).

4. From June 1, 2022, through August 31, 2022, Respondent issued 247 opioid prescriptions and 45 benzodiazepine prescriptions, but did not query the CSPMP

database. Seven of Respondent's patients received opioid prescriptions of at least 90 morphine milligram equivalents ("MME").

5. In his written response to the Board, Respondent's Supervising Physician reported that the Clinic was in the process of incorporating CSPMP review into their practice.

6. Patient HS was an established patient of the Clinic with a complex medical history including anxiety, thoracic/lumbosacral radiculitis and cardiovascular disease. Respondent prescribed HS medications including carisoprodol, alprazolam, oxycodone HCL, Oxycontin, and Belsomra. Respondent queried the CSPMP in August of 2018; and no further queries were performed until October 2022.

7. Patient DS was also an established patient of the Clinic with complex medical history including hypertension, depression, hypothyroidism and obesity. DS was also opioid dependent and was being concurrently seen by a pain management specialist since 2018. Respondent prescribed DS medications including oxycodone HCL, with an MME daily dose of 540. Respondent began CSPMP queries for DS in October 2022.

8. Patient MS was an established patient of the Clinic with medical history including chronic back pain and osteoporosis. Respondent prescribed MS medications including Percocet, Soma and diazepam. Respondent began CPSMP queries for MS in October 2022.

9. Patient JS was an established patient of the Clinic with medical history including a liver transplant, disseminated pulmonary coccidiomycosis, hypertension joint pain and pancreatitis. Respondent prescribed JS medications including hydrocodone and alprazolam. Respondent queried the CSPMP for JS in September 2019, and then again in October 2022.

10. Patient PL was an established patient of the Clinic with a medical history including COPD, hypertension, regional enteritis, migraine, and irritable bowel syndrome. Respondent prescribed PL medications including carisoprodol, hydrocodone-acetaminophen, diazepam, and temazepam. Respondent began CSPMP queries for PL in October 2022.

11. The standard of care prohibits a physician assistant from prescribing high dose opioids without justification. Respondent deviated from the standard of care for Patients DS and HS by prescribing high dose opioids without justification.

12. The standard of care requires a physician assistant to monitor a patient by obtaining urinary drug screens prior to prescribing controlled substances. Respondent deviated from the standard of care for Patients DS, HS, JS, MS and PL by failing to obtain urinary drug screens prior to prescribing controlled substances.

13. The standard of care requires a physician assistant to refer a patient with chronic pain to a pain specialist. Respondent deviated from the standard of care for Patients DS and HS by failing to refer patients with chronic pain to a pain specialist.

14. The standard of care prohibits a physician assistant from prescribing a combination of opioids, benzodiazepines, and Soma without justification. Respondent deviated from the standard of care for Patient HS by prescribing a combination of opioids, benzodiazepines, and Soma without justification.

15. The standard of care prohibits a physician assistant from prescribing a combination of opioids and benzodiazepines without justification. Respondent deviated from the standard of care for Patient JS by prescribing a combination of opioids and benzodiazepines without justification.

16. The standard of care prohibits a physician assistant from prescribing a combination of opioids, zolpidem, Soma without justification. Respondent deviated from

the standard of care for Patients MS and PL by prescribing a combination of opioids, zolpidem, and Soma without justification.

17. There was potential for patient harm in that all patients were at risk of respiratory depression, addiction, dependency, overdose, and death.

18. During a Formal Interview, Board staff reported that a review of Respondent's recent CSPMP usage confirmed that Respondent appears to be consistently utilizing the CSPMP in his practice.

19. Also during the Formal Interview, Respondent testified regarding his CSPMP usage and current practice in internal medicine. Respondent estimated that approximately thirty percent of the practice's patients require prescription narcotics. Respondent stated that the practice includes multiple providers and that patients are seen based on schedule availability. Respondent testified that the practice does not have protocols for urine screening. Respondent confirmed that since the investigation was initiated, he now uses the CSPMP for almost all his patients.

20. During deliberations, Board members discussed the appropriate outcome for the case. The Board unanimously agreed that the matter rose to the level of discipline, and recommended probation to complete continuing medical education and undergo chart reviews to ensure that Respondent incorporates the education into his practice.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(18)(a)[1] ("Violating any federal or state law or rule that applies to the performance of health care tasks as a physician assistant. Conviction in

any court of competent jurisdiction is conclusive evidence of a violation.”). Specifically, Respondent’s conduct violated A.R.S. § 36-2606(F) (“. . . a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment . . .”).

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(18)(j)[2] (“Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.”).

4. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(18)(p)[3] (“Failing or refusing to maintain adequate records on a patient.”).

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is placed on Probation for a period of two years with the following terms and conditions:

a. **Continuing Medical Education**

Respondent shall within 6 months of the effective date of this Order obtain no less than 10 hours of Board staff pre-approved Category I Continuing Medical Education (“CME”) in an intensive, in-person course regarding medical recordkeeping, and no less than the 15 hour of Board staff pre-approved Category I CME in an intensive, in-person

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[1] Renumbered as A.R.S. § 32-2501(20)(a).
[2] Renumbered as A.R.S. § 32-2501(20)(j).
[3] Renumbered as A.R.S. § 32-2501(20)(p).

course regarding controlled substance prescribing. Respondent shall, within thirty days of the effective date of this Order, submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of licensure.

b. <u>Chart Reviews</u>

Within 30 days of completion of the CME, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date Respondent returned to practice as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

c. <u>Obey All Laws</u>

Respondent shall obey all state, federal and local laws, and all rules governing the performance of healthcare tasks in Arizona.

d. <u>Tolling</u>

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop performing healthcare tasks in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the performance of healthcare tasks. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

e. Probation Termination

After two consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order.

Prior to any Board consideration for termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order.

The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board.

The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-2501(20)(ee).

1
RIGHT TO PETITION FOR REHEARING OR REVIEW

2 Respondent is hereby notified that he/she has the right to petition for a rehearing or 3 review. The petition for rehearing or review must be filed with the board's executive 4 director within thirty (30) days after service of this order. A.R.S. § 41-1092.09(B). The 5 petition for rehearing or review must set forth legally sufficient reasons for granting a 6 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after 7 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, 8 the board's order becomes effective thirty-five (35) days after it is mailed to respondent.

9 Respondent is further notified that the filing of a motion for rehearing or review is 10 required to preserve any rights of appeal to the superior court.

11 DATED AND EFFECTIVE this 29th day of February, 2024.

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13 ARIZONA REGULATORY BOARD
OF PHYSICIAN ASSISTANTS

14 By Patricia E. McSorley
15 Patricia E. McSorley
Executive Director

16
17 EXECUTED COPY of the foregoing
mailed this 29th day of February, 2024 to:

18 Vincent J. Tapia, PA-C
19 Address of Record

20 ORIGINAL of the foregoing filed
this 29th day of February, 2024 with:

21 Arizona Regulatory Board
22 of Physician Assistants
1740 West Adams, Suite 4000
23 Phoenix, Arizona 85007

24 Michelle Robles
Board staff

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