

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO.: 2002 MLB 0045

STATE OF INDIANA,

Petitioner,

v.

DAVID LYNN SKIDMORE, M.D.,
License Number: 01036067A,

Respondent.

FILED

SEP 13 2004

HEALTH PROFESSIONS
BUREAU

COMPLAINT

The State of Indiana, by counsel, Deputy Attorney General, Sara R. Matticks, on behalf of the Office of the Attorney General ("Petitioner"), and pursuant to Indiana Code § 25-1-7-7 et seq., Ind. Code §25-1-5-3, Ind. Code §25-22.5 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9 et seq. files its Complaint against the Medical license of David Lynn Skidmore, M.D.

("Respondent"), and in support alleges and states:

FACTS

1. Respondent's address is 161 Brook Drive, Batesville, Indiana 47006 and he is a duly licensed medical doctor holding Indiana license number 01036067A.
2. Respondent's license was summarily suspended in November 2002 due to Respondent's abuse of narcotics, including Sufentanil, while employed as an anesthesiologist.
3. A formal Complaint was filed in December 2002.

4. Respondent entered into a probationary agreement with the State, which was approved by the Board December 5, 2002. The Findings of Fact and Order were issued March 11, 2003 (Attached Hereto as Exhibit "A").

5. Respondent was ordered to report any relapse into substance abuse to the Board within 24 hours.

6. Respondent signed a five-year recovery/monitoring agreement with the Indiana State Medical Association (ISMA) in November 2002. (Attached Hereto as Exhibit "B").

7. Respondent's ISMA agreement required that Respondent abstain from the use of unauthorized mood-altering chemicals.

8. On or about May 24, 2004, Respondent's employer, Margaret Mary Hospital in Batesville, Indiana, reported to the Office of the Attorney General Respondent had diverted Demerol from the hospital.

9. On or about May 25, 2004, Respondent Reported to the Board he had relapsed and entered in-patient treatment at Rush in Chicago, Illinois.

10. Respondent admitted to Drug Enforcement Agent Madeline Kauzma he had begun abusing Demerol in early May 2004 and had taken ampules from the narcotics box at Margaret Mary Hospital.

11. A Petition for Summary Suspension was filed May 26, 2004, and Respondent agreed to the suspension.

12. Respondent completed in-patient treatment on or about June 29, 2004.

13. Respondent's license remains on suspension.

14. Respondent failed to maintain compliance with his ISMA monitoring/recovery agreement in May 2004, pursuant to the Board's Order issued March 11, 2003.

15. Respondent failed to report his relapse of narcotics abuse within 24 hours pursuant to the Board's Order issued March 11, 2003.

COUNT I

Respondent's conduct constitutes a violation of Indiana Code § 25-1-9-4(a)(4) in that Respondent has continued to practice although unfit due to an addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing Respondent's ability to practice safely.

COUNT II

Respondent's conduct constitutes a violation of Indiana Code § 25-1-9-4(a)(10) in that Respondent failed to comply with Board's order issued March 11, 2003, by abusing Demerol in violation of the ISMA contract.

COUNT III

Respondent's conduct constitutes a violation of Indiana Code § 25-1-9-4(a)(10) in that Respondent failed to comply with Board's order issued March 11, 2003, by failing to report his relapse of drug abuse to the Board within 24 hours.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;
2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;
3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

STEVE CARTER
Attorney General of Indiana


By: 

Sara R. Matticks
Deputy Attorney General
Attorney Number: 16964-49

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States Mail, first class postage prepaid, on this 13th day of September, 2004

David Lynn Skidmore, M.D.
161 Brook Drive
Batesville, IN 47006


Sara R. Matticks
Deputy Attorney General

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 232-6284

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NUMBER: 2002 MB 0045

STATE OF INDIANA,)
)
Petitioner,)
)
v.)
)
DAVID LYNN SKIDMORE, M.D.,)
License No.: 01036067,)
)
Respondent.)

FILED

MAR 11 2003

HEALTH PROFESSIONS
BUREAU

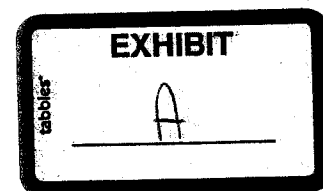
FINDINGS OF FACT AND ORDER

The Medical Licensing Board ("Board") held an administrative hearing on January 23, 2003, in the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning a disciplinary complaint filed against David Lynn Skidmore, M.D. ("Respondent") on December 5, 2002.

The State of Indiana was represented by Deputy Attorney General Sara R. Matticks. Respondent appeared in person and was represented by Terrence Coriden. The Board, after considering the evidence and proposed agreement of the parties and taking official notice of its file in this case, by a vote of 6-0-0 issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. Respondent was employed by Southeastern Indiana Anesthesia Associates as an anesthesiologist and was assigned to the Columbus Regional Hospital in Columbus, Indiana.
2. On or about September 20, 2002, when Respondent appeared in the operating room for surgery, staff reported that he was staggering and incoherent.
3. Respondent was removed from the operating room due to his impairment.



4. Respondent subsequently admitted he had a substance abuse problem and had been abusing Hydrocodone and Sufentanil without having a valid prescription.
5. Respondent contacted the Indiana State Medical Association (ISMA) and entered inpatient treatment for addiction at Rush Medical Center in Chicago and signed a five year contract with ISMA.

ULTIMATE FINDINGS OF FACT

Respondent's conduct constitutes a violation of Indiana Code § 25-1-9-4(a)(4) in that Respondent has continued to practice although unfit due to an addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing Respondent's ability to practice safely.

ORDER

Based upon the above Findings of Fact, and the agreement of the parties, the Board issues the following Order:

Respondent's medical license is **SUSPENDED** for six months. The suspension is stayed and Respondent is credited for the 48 days already served. Respondent's license shall be placed upon **INDEFINITE PROBATION**. Respondent may not seek a withdrawal of the probationary status of his license for a period of five (5) years from the date of this order. During the period of probation, the following **TERMS** and **CONDITIONS** shall govern his license:

(a) Respondent shall keep the Board informed of his residential address and telephone number at all times.

(b) Respondent signed a contract with the Indiana State Medical Association's Physician Assistance Program (ISMA), and shall be compliant with the terms and conditions of that contract at all times.

(c) Respondent shall submit evidence of compliance with his ISMA contract quarterly, by written documentation from ISMA to the Board.

(d) Respondent shall keep the Board informed of his medical employer's name, address and telephone number.

(e) Respondent may only practice medicine under the supervision of a physician supervisor, satisfactory to the Medical Licensing Board, to monitor attendance, work habits, competency and quality of patient care. The supervisor shall be present with Respondent at the next scheduled Medical Licensing Board meeting to present a plan of monitoring and supervision for the Board's approval including the handling and monitoring of controlled substances.

(f) The supervisor will submit monthly reports addressing, but not necessarily limited to, Respondent's attendance, work habits, quality of patient care, competency, and any adverse patient care offense. The reports shall be submitted for at least six months and then extended to a quarterly report, if and when the Board decides it is appropriate.

(g) The CEO, chief of surgery, chief of anesthesia, and director of surgical nursing or their equivalent will be provided a copy of all Board orders within seven days of issuance of such orders. Respondent's employer shall provide written acknowledgement of such receipt to the Board.

(h) Respondent shall work no more than 60 hours per week and Respondent may not petition for any modification of this probationary term for at least 12 months from the date of this order.

(i) Respondent shall perform 75 hours of Board approved community service per year.

(j) Respondent shall report any relapse to the Board within 24 hours of the relapse.

(k) Respondent shall make personal appearances before the Board monthly for the first 6 months and quarterly thereafter.

1. Respondent understands that:

- a. A violation or non-compliance with any state or federal statute or regulation regarding the competence to practice medicine;
- b. A violation or any non-compliance with his ISMA contract;
- c. A positive urine drug screen result; or
- d. A violation of the Final Order,

may result in the State requesting an emergency suspension of Respondent's license pending a reinstatement of the initial action giving rise to this resolution, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Indiana Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

2. The parties agree to the continuing jurisdiction of the Board.

3. The Respondent will reimburse the Board for costs associated with this proceeding in the amount of \$150.00 under Indiana Code § 25-1-9-15.

SO ORDERED this 11 day of March, 2003.

MEDICAL LICENSING BOARD OF INDIANA

By: Lisa R. Hayes
Lisa R. Hayes
Executive Director
Health Professions Bureau

copies to:

Mr. Terrence Coriden
Coriden Law Office
415 Washington Street
P.O. Box 1510
Columbus, IN 47202-1510

SENT CERTIFIED MAIL NO. _____
RETURN RECEIPT REQUESTED.

Deputy Attorney General Sara R. Matticks
Office of the Attorney General
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204-2770
(317) 232-6284

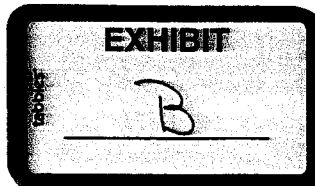
DAVID LYNN SKIDMORE, M.D.
234 California Street
Columbus, Indiana 47201

SENT CERTIFIED MAIL NO. 7001 2510 0002 5179 0198
return receipt requested

CONTINUING CARE CONTRACT

NAME: Dave Skidmore, M.D. DATE: 11-26-02

1. I, Dave Skidmore, M.D., ("Participant") a physician duly licensed to practice medicine in the State of Indiana voluntarily admit that I am a chemically dependent individual.
2. The Indiana State Medical Association Physician Assistance Commission, hereafter referred to as "Commission" and D. Kete Cockrell, M.D., Medical Consultant of the Indiana State Medical Association Physician Assistance Commission, hereafter referred to as "Consultant" agree to assume an advocacy role with the DEA, Medical Licensing Board, hospital board, and other appropriate agencies provided that Dave Skidmore, M.D. abides by the terms of this contract. This primary advocacy role applies to the transition period immediately following discharge from treatment, up to a maximum of five years, unless extended by agreement of both parties.
3. Participant agrees to the terms of this contract for a period of five years from the date of this contract. \$50 per month.
4. Participant is responsible for all expenses connected with treatment, including the aftercare phase.
5. Participant will practice his/her profession/specialty at:
South Eastern Indiana Anesthesia Associates
6. Participant understands that at times during the treatment program, it may be necessary to coordinate treatment with Participant's primary care physician and consents to same.
Participant's Primary Care Physician is: Michael Young, M.D.
Address: 411 Plaza Dr Columbus 47201
Telephone: 812-372-8426
7. Participant agrees to offer and obtain appropriate supervised urine/blood samples for drug screens at the discretion of the Commission or Consultant or his/her primary physician, and that a report of this screen be made available to the Commission or Consultant.
8. Participant consents to appropriate personnel of the Commission contacting spouse, children, or other persons deemed necessary in order to properly evaluate and monitor Participant.



Program(s) in which family will be involved:

- a) _____ Co-dependency treatment
- b) _____ Al-Anon or other 12-step support group
- c) _____ Other therapeutic measures (specify)

19. Participant agrees to the following special terms concerning his/her disease:

- 1) Agree to take Naltrexone for 6 months
- 2) Agree to not obtain, administer ~~or~~ waste narcotics for one year.
- 3) Agree to not work more than 60 hours per week

20. Participant understands that if Participant does not adhere to the conditions of this contract, the Commission or Consultant may elect to remove itself from any advocacy role and may notify the referring body, the DEA, the Medical Licensing Board, the Hospital Governing Board and/or the Attorney General's Consumer Protection Division, that Participant has not complied with the contract.

21. Participant agrees that, if the Commission or Consultant determines Participant to be in non-compliance with this Contract or with the Physician's Assistance Program, the Commission has the authority to disclose any and all medical records and/or other information relating to any drug and/or alcohol abuse or mental illness to any organization deemed necessary by the commission.

22. Participant understands that in its advocacy role, the Commission or Consultant may be required to report to a referring body, or voluntarily choose to report to a referring body, such as the DEA, Medical Licensing Board, Hospital Governing Board, and/or the Attorney General's Consumer Protection Division on the status of Participant's rehabilitation and compliance or lack of compliance, with the prescribed program of treatment. As part of its report, Participant authorizes the Commission and Consultant to utilize and provide copies of appropriate medical records in its possession pertaining to health, or drug or alcohol addiction, and hereby waives any privilege pertaining to these records. Participant understands that this waiver of confidentiality and consent specifically includes any, alcohol, drug abuse and psychiatric records protected by federal or state law.

23. I agree to notify the Commission or Consultant of any change in address. My current address is:

735 Lusc Dr. Col 47201

Telephone number at home: 812-342-8539

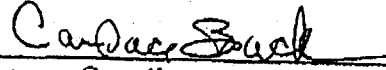
Telephone number at work: cell 812-350-4670

24. Any future changes to this contract must be approved by both parties in writing and attached to the original contract.

INDIANA STATE MEDICAL
ASSOCIATION PHYSICIAN
ASSISTANCE COMMISSION



Health Care Participant under Contract



Aftercare Coordinator

9. In the event that Participant is unavailable for telephone contact, Participant agrees to carry a paging device.
10. The following member of the Commission will assume supervisory responsibility for participant's aftercare program:

Cardace Baker

11. Participant will contact the individual referenced in #10 above personally or by telephone at least once per week/month/quarter.
12. Participant agrees to abstain from any mood-changing chemicals, except those as prescribed by his/her primary care physician or a psychiatric consultant. Before taking these prescribed drugs, Participant agrees to discuss their effects with his/her aftercare coordinator who in turn will consult with the prescribing physician about the medical necessity of these drugs. Participant further agrees to notify the technician supervising his/her urine collections of what prescription and/or nonprescription drugs Participant is currently taking.
13. In the event of relapse, Participant agrees to notify the Commission or Consultant.
14. Participant agrees to appear before the Commission or meet with the Consultant if requested.
15. Participant agrees to attend the following support group or groups:

Caduceus

16. The Commission encourages Participant to become a member of Participant's local professional organization.
17. Participant agrees to attend the following 12-Step group:

AA/NA

at a frequency of 3 times per week.

18. Participant agrees to request involvement of his/her family in Participant's recovery program.

Name of Spouse/Significant Other: Carla Bowers

Contact phone number: _____