

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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**STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD**

IN THE MATTER OF THE LICENSE OF

**SCOTT D. ISAACSON, R.Ph.,
RESPONDENT.**

**ORDER DENYING
MODIFICATION
LS0610191PHM**

TO: Scott D. Isaacson
3324 Alf Ct.
Eau Claire, WI 54701

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

The Pharmacy Examining Board considered this matter at its meeting on June 2, 2010.

BACKGROUND

On April 9, 2008, the Board issued a Final Decision and Order wherein the Board approved a stipulation entered into between the Respondent and the Department of Regulation & Licensing regarding an open investigation into misconduct by the Respondent, accepting the surrender by the Respondent of his license to practice pharmacy in the state of Wisconsin, Pharmacist license #10181-40, and accessing costs.

On or about March 15, 2010, Mr. Isaacson petitioned the Board to reinstate his Wisconsin pharmacy license. Mr. Isaacson appeared before the board on June 2, 2010.

Based upon all the information of record, the Board orders the following:

ORDER

NOW, THEREFORE, IT IS ORDERED that Mr. Isaacson's petition to have his license to practice pharmacy in Wisconsin is Denied. Respondent may petition the Board for reinstatement to be considered at its December, 2010 meeting if the conditions delineated below are met.

IT IS FURTHER HEREBY ORDERED, THAT IN ORDER TO BE CONSIDERED FOR REINSTATEMENT AT THE BOARD'S DECEMBER, 2010 MEETING, RESPONDENT SHALL COMPLY WITH ALL OF THE FOLLOWING CONDITIONS.

A. Treatment

1. Respondent shall enter into, at Respondent's expense, and shall continue for a minimum of six months, mental health counseling with a Treater acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
2. Respondent shall immediately provide Treater with a copy of this Order and all other subsequent orders.
3. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater, but not less than two times per month.
4. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the treatment program. The second such report shall be filed on or before December 1, 2010 in order for the Board to consider a petition for reinstatement by the Respondent at its December, 2010 meeting. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.
5. Treater shall provide an opinion to a reasonable degree of professional certainty as to whether the Respondent is able to practice with reasonable skill and safety with regard to patients and the public and does not suffer from any condition which prevents him from practicing in that manner.

B. Drug and Alcohol Screens

1. Respondent shall enroll and begin participation in, at Respondent's expense, a drug and alcohol monitoring program which is approved by the Department pursuant to Wis. Adm. Code § RL 7.11 ("Approved Program"). A list of Approved Programs is available from the Department Monitor.
2. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program – including any positive test for any controlled substance or alcohol – will be considered a failure to comply with the Board's recommendations. These requirements shall include:
 - (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
 - (b.) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
3. The Approved Program shall require the testing of urine specimens at a frequency of not less than 96 times per year.
4. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.

5. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.
6. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.
7. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Adm. Code § RL 7.11.

C. AODA Assessment

1. Respondent shall, at Respondent's expense, undergo an alcohol and drug assessment by an experienced mental health care and substance abuse practitioner meeting the below criteria.
 - i. The assessor must not have treated Respondent at any time and shall have been approved by the Board or its designee, with an opportunity for the Department to make a recommendation, prior to the evaluation being performed.
 - ii. Respondent shall authorize the assessor to provide the Board, or its designee, and the Department with the assessment report and all materials used in performing the assessment and shall provide the Board, or its designee, and the Department with the opportunity to discuss the assessment and findings with the assessor.
 - iii. The assessor shall have provided an opinion to a reasonable degree of professional certainty as to whether the Respondent is able to practice with reasonable skill and safety with regard to patients and the public and does not suffer from any condition which prevents him from practicing in that manner.

D. Department Monitor

1. Any requests, reports and other information to be provided pursuant to this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

Dated this 21 day of June, 2010.

Pharmacy Examining Board

By: Jeanne Severson Ch.
Jeanne Severson, R.Ph., Chairperson