

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Tuesday, April 24, 2018 1:23:43 PM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Tuesday, April 24, 2018 1:14 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS MEDICAL BOARD

First Name: Ricardo

Last Name: Arredondo, III

Title: Law Student/Off this year

Organization you are affiliated with: Private Citizen

Email:

City: Hurst

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Honorable Members of The Sunset Committee, Thank you, for your attention. My subject concerns The Texas Medical Board (TMB) specifically, a case adjudicated by the litigation team at "TMB". I congratulate their steadfast judicial wisdom and dedication to protecting public health. In the matter of The Texas Board of Medical Examiners v. Judson Jeffrey Somerville, MD, "JJSMD" a Board Certified Anesthesiologist, with a background in surgical residency, there are two principal concerns regarding adjudication matters.

1.] No Statute of Limitations exists in prosecuting physicians for civil matters and 2.] No Uniformity in disciplinary actions against physicians.

Traditionally, there are statutes of limitations in civil matters and counsel at this hearing may vouch for this. I wish to address a unique prerequisite as to the registration of "pain clinics" specifically as it pertains to the initial registration of a physician with their medical schooling, biographical data and area of expertise and or board certification (specialists). I believe that in an attempt to assist and deter opioid abuse and diversion, it was with good intent to require physicians who prescribe a majority constituting (50%) or more of controlled substances CII, CIII, CIV, to register as pain clinics. It has had in my opinion a redundant effect as follows, especially with regard to Anesthesiologists. Reason being that all controlled substances are electronically monitored by a State database and can be audited easily by any legal entity. Thus there is no intent for a physician to write inconspicuously or with intent to deceive any legal entity. In addition, it is very reasonably expected that an anesthesiologists will actively engage in daily prescribing of controlled substances, just as a surgeon will engage in prescribing opioids for surgery. In fact, it has been my personal experience that among many medical conditions and diagnosis, it is not uncommon for a surgeon to refer a patient for pain management to a board certified anesthesiologist in order to control the misery of chronic pain. There are several forms attesting to "patients Rights In Pain Management". Unfortunately, these are not well received by general practitioners nor specialists because it is a fact they (physicians) are very guarded to the point of fear and intimidation by the aggressive tactics in auditing and monitoring the prescribing of opiates. I would never imply to dispense with this checks and balances utilized by legal entities who have a well vested interest in avoiding prescription drug abuse. It is however, a fact that often in my experience and family, or

friends they are severely undermedicated and or abruptly discontinued from opiate regimens for chronic pain. The issue of poor note taking or recording by a specialists physician is almost a mute point because of the fact that there is electronic monitoring data bases at State, aFederal and pharmacy levels, which are easily accessible to the appropriate legal authority. Too much prejudice , bias and adverse profiling is occurring to patients and physicians in emergency rooms, and private practice do in fact undermedicate and not take chronic pain seriously because they defend themselves and know that nobody will "force" or require them to prescribe. This is not acceptable either. I have had physicians in emergency rooms, resort to blatant lying as to why they will not or do not want to prescribe pain medications despite medical necessity. Too many physicians in general now also, resort to unfounded phrases such as "drug seeking behaviour" when the physican needs a way out to withhold prescribing an opiate. Please address these matters and how to improve these facts to avoid the tragedy of legititame patient diagnosis with pain issues, which have a brutal negative impact on quality of life issues.

"JJSMD" saw very serious cases of chronic pain and did his best to therapeutically treat his patients. it is beyond the ophysical control of this and other similarly situated physicians with this task to prevent diversion, become addicted and or abuse theor opiates. But it does not necessarily require law enforcement activity to pick up patient charts with the intent to merely have an opposing hired experts contradict another essentially to say "

I would never do that or I would do it differently" so long as it is a norm and another expert can vouch within a reasonable standard of medical expertise that the medical care was reasonable. I have never seen a physician or heard of one winning at the State Office of od Adminsitrative Hearings (SOAH). This insinuates that there is never legal error by the Informal Settlement Confrence "ISC". This is not logical from a legal stand point either. When "JJSMD" was disciplined and utlimately his medical licebnse revoked the "TMB" was negligent in failing to allow him to return to his medical practice and provide at minimum a Thirty day supply of medication to his patients in order for these patientsa to seek to make appropriate and medically necessary chnages in procuring a new physician. This fact caused knowingly a tsunami of opiod withdrawal and very serious complications to his patients. Further, no physiican wants to be associated with a potential patient who requires a schedule II or III opioid when the patient comes from a disciplined physician or one who has had his licensed revoked. No consideration was given these patients. Please ask an expert what would have happened to these patients who were knowingly cutt off abruptly. This was inhumane. It is not an accepted medical standard. This class of patients should be properly protected and have this "TMB" as an advocate to preven such actions by gastroenterologists, ear nose and throat and casdiology physicians who sit in judgment of a board certified anesthesiologist. Please consider addressing how to assist "JJSMD" regain his medical practice and attempt to view why he does what he does and why patients seek this specialty and do so without prejudice. There is plenty written in th Medical Practice Act "MPA" regarding "Pain Treatment" in Chapter 170, 170.1, etc. Try to forgive bad note taking and the fact that a medication was omitted from a patients record. Once again anything omitted is always on electronically recorded on data bases. No ill intent or harm here. The punitive effect on "JJSMD" lacks consideration on his wage and earning capacity and income. His livelihood. This should be considred in the totality of circumstances and the punishment be comensurate with the allegations. "JJSMD" has made chnages to comply further with the "TMB" legal concerns and issues including but not limited to better qualified personnel, Especially in his absence. Please note that when "JJSMD" was out of town and there were prescriptions signed they were in his office, not being diverted nor sold. More importantly "JJSMD" cannot simply phone up a physician and ask him or her to bring their CII prescription pad over and essentially "roboscript" there are no physicians willing to come into a solopractice for this purpose. "JJSMD" deserves a prompt hearing in good faith to be judiciously, diligently and prudently reinstated.

I am a Mason, Scottish Rite Mason and Shriner. This a wonderful opportunity for me to put my faith and trust in this committee in order to resolve and vouch for "JJSMD" on the fact that he has been punished sufficiently as he has been litigating this case and matter for some five years. I recommend high consideration to this cae and matter once again and vouch for "JJSMD".

Thank you, with kidest regards and warm wishes, I am, Respectfully, Ricardo M. Arredondo, III BA JD Track  
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Any Alternative or New Recommendations on This Agency: Sunset Commission shall review the fact that Texas Medical Board has no statute of legal limitations on their cases and no uniformity in their decision making process to the detriment of the judicial rights of its physicians and citizens.

My Comment Will Be Made Public: I agree