



# North Carolina Medical Board

John W. Rusher, MD, JD: President | Michaux R. Kilpatrick, MD, PhD: President-Elect | Christine M. Khandelwal, DO: Secretary/Treasurer

June 17, 2022

Kristine Renee Lewis, PA-C

Dear Ms. Lewis:

The North Carolina Medical Board (“Board”) has concluded its investigation related to your self-prescribing and prescribing to a family member. It is the Board’s decision not to commence formal proceedings against your license at this time. However, the Board voted to issue you this public letter of concern. The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

The Board is concerned that from May 2019 to May 2021, you prescribed numerous medications, including multiple controlled substances, for your own use. Board Rule 21 NCAC 32S .0212(8) prohibits prescribing controlled substances for the physician assistant’s own use.

Further, from August 2019 to January 2021, you prescribed multiple non-controlled substances to an immediate family. You did not prepare any documentation or medical charting for the prescriptions in violation of 21 NCAC 32S .0212(6), which requires a physician assistant to document prescriptions in writing on the patient’s record, including the medication name and dosage, amount prescribed, directions for use, and number of refills.

Your self-prescribing and prescribing to an immediate family was in derogation to the Board rules cited above and the Board’s Position Statements entitled, “Writing of Prescriptions” and “Self-Treatment and Treatment of Family Members,” copies of which are attached.

The Board urges you to take steps to ensure the conduct giving rise to the Board’s concerns does not happen again. Otherwise, the Board may take additional action against your license to practice medicine. If that happens, this letter may be reviewed in determining the appropriate action.

This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards.

Sincerely,

John W. Rusher, M.D., J.D.  
President

JWR/MJ/jhg

Attachments

**21 NCAC 32S .0212      PRESCRIPTIVE AUTHORITY**

A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to the following conditions:

- (1) The physician assistant complies with all State and federal laws regarding prescribing, including G.S. 90-18.1(b);
- (2) Each supervising physician and physician assistant incorporates within his or her written supervisory arrangements, as defined in Rule .0201(9) of this Section, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;
- (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- (4) In order to prescribe controlled substances:
  - (a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;
  - (b) refills shall be issued consistent with Controlled Substance Law and regulations; and
  - (c) the supervising physician shall possess at least the same schedule(s) of controlled substances as the physician assistant's DEA registration;
- (5) Each prescription issued by the physician assistant contains, in addition to other information required by law, the following:
  - (a) the physician assistant's name, practice address, and telephone number; and
  - (b) if applicable, the physician assistant's DEA number for controlled substances prescriptions;
- (6) The physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills;
- (7) A physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable State and federal regulations; and
- (8) A physician assistant shall not prescribe controlled substances, as defined by the State and federal controlled substances acts, for:
  - (a) the physician assistant's own use;
  - (b) the use of the physician assistant's supervising physician;
  - (c) the use of the physician assistant's immediate family;
  - (d) the use of any person living in the same residence as the physician assistant; or
  - (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

As used in this Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

*History Note: Authority G.S. 90-5.1(a)(3); 90-18.1;  
Eff. September 1, 2009;  
Amended Eff. May 1, 2015; August 1, 2012;  
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;  
Amended Eff. February 1, 2021; Amended Eff. May 1, 2018.*

# Resources & Information

## Position Statements

### 4.1.2: Writing of Prescriptions

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 **Categories:** 4: Prescribing  Adopted May 1991 | Amended Jan 2021

The writing of prescriptions should follow these general guidelines.

- No prescription should be issued for a patient in the absence of a documented and established licensee-patient relationship. A licensee-patient relationship should be based on an appropriate history and physical examination in addition to overall care that is consistent with the standards of acceptable and prevailing medical practice. Limited exceptions for prescribing outside an established licensee-patient relationship are specified in the Board's Position Statement titled "Contact with Patients Before Prescribing."
- Prescriptions written by licensees for their personal or family use should comply with the Board's position statement on "Self-Treatment and Treatment of Family Members." As noted in that position statement and contained in the Board's regulations, it is prohibited for licensees to write prescriptions for controlled substances for themselves, their family members, or persons with whom they are living or in a sexual relationship.
- The practice of pre-signing prescriptions, either written or electronic, is unacceptable.
- It is the responsibility of licensees who prescribe controlled substances to be aware of and fully comply with applicable federal and state laws and regulations, including evolving standards and regulations regarding e-prescribing.
- The prescriber should document each medication prescribed in the patient's medical record.
- Physicians who supervise other providers (physician assistants and nurse practitioners) who prescribe controlled substances must possess a valid DEA registration that includes the same schedule(s) of controlled substances as the supervised health professional.
- Licensees should not write prescriptions for professional colleagues or other coworkers in the absence of a documented and established licensee-patient relationship. In addition, advance practice providers are prohibited from writing prescriptions for controlled substances for supervising physicians pursuant to Rules 21 NCAC 32S .0212 and 32M .0109.
- A frequent source of complaints to the Board regarding prescribing involves miscommunication or misunderstandings between pharmacists and prescribers. It should be recognized that the pharmacist has a corresponding responsibility with the prescriber for assuring the medication is dispensed properly. When appropriate, licensees are encouraged to discuss prescribing issues or problems with the pharmacist.

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Contact Us Toll Free: 1-800-253-9653

Physical Address: 3127 Smoketree Ct., Raleigh, NC 27604

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General Fax: (919) 326-0036 | Licensing Dept. Fax: (919) 326-1130

Disclaimer

# Resources & Information

## Position Statements

### 2.2.3: Self-Treatment and Treatment of Family Members

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**Categories:** 2.2: Special Issues in Patient-Licensee Relationships  Adopted May 1991 | Amended Jan 2021

Rules 21 NCAC 32B.1001, 32S.0212, and 32M.0109 prohibit licensees from prescribing controlled substances (including all narcotics) to themselves or immediate family members. In addition, licensees should not treat their own chronic conditions or those of their immediate family members or others with whom the licensee has a significant emotional relationship. In such situations, professional objectivity may be compromised, and the licensee's personal feelings may unduly influence his or her professional judgment, thereby interfering with care.

There are, however, certain limited situations in which it may be appropriate for licensees to treat themselves, their family members, or others with whom the licensee has a significant emotional relationship.

1. **Emergency Conditions.** In an emergency situation, when no other qualified licensee is available, it is acceptable for licensees to treat themselves or their family members until another licensee becomes available.
2. **Urgent Situations.** There may be instances when licensees or family members do not have their prescribed medications or easy licensee access. It may be appropriate for licensees to provide short term prescriptions.
3. **Acute Minor Illnesses Within Clinical Competence.** While licensees should not serve as primary or regular care providers for themselves or their family members, there are certain situations in which care may be acceptable. Examples would be treatment of antibiotic-induced fungal infections or prescribing ear drops for a family member with external otitis. It is the expectation of the Board that licensees will not treat recurrent acute problems.
4. **Over-the-Counter Medication.** This Position Statement is not intended to prevent licensees from suggesting over-the-counter medications or other non-prescriptive modalities for themselves or family members, as a lay person might.

Licensees who act in accord with this Position Statement will be held to the same standard of care applicable to licensees providing treatment for patients who are unrelated to them. Thus, licensees should not treat problems beyond their expertise or training.

The Board expects licensees to maintain an appropriate medical record documenting any care that is given. It is also prudent for the licensee to provide a copy of the medical record to the patient's provider.

Licensees who inappropriately treat themselves, their family members, or others with whom they have a significant emotional relationship should be aware that they may be subject to disciplinary action by the Board.

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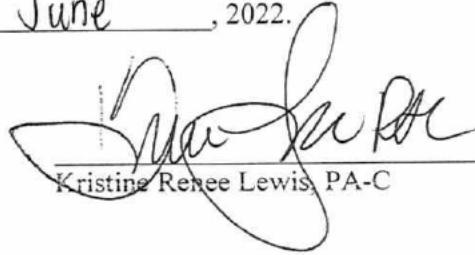
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Disclaimer

Consent and Waiver

I, Kristine Renee Lewis, PA-C, would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this public letter of concern in resolution of the above matter. I hereby waive any requirement under any law or rule that this public letter of concern be served on me.

Consented to this the 15 day of June, 2022.

  
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Kristine Renee Lewis, PA-C

State of NC

County of Duplin

I, Isabel Sarmiento, do hereby certify that Kristine Renee Lewis, PA-C personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 15<sup>th</sup> day of June, 2022.

  
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Notary Public

(Official Seal)

My Commission Expires: 06-01-2025