

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

June 3, 2020

CERTIFIED MAIL

Reginald Arthur Burton  
9525 West Center Road  
Omaha, NE 68124

Dear Dr. Burton:

On May 29, 2020, the Board of Medicine and Surgery reviewed at its regularly scheduled meeting your Application for reinstatement after suspension of your Physician License, No. 22202, to practice in the State of Nebraska. The Board considered your Application for reinstatement after suspension and supporting documentation.

The Board of Medicine and Surgery denies your Application for reinstatement after suspension because of insufficient evidence to prove that you can practice medicine and surgery safely for the public. However, you may request a hearing before the board to provide information on why the board should recommend the reinstatement after suspension to practice as a Physician.

This denial shall become final thirty (30) days from the date of this notice unless you request a hearing, in writing. If the written request for a hearing is not received within thirty (30) days of the date of this notice, your Application for reinstatement after suspension will be denied.

To request a hearing, your request must be made in writing and sent to DHHS-Licensure Unit, Attn: Jan Gadeken-Harris, PO Box 94986, Lincoln, NE 68509.

If a formal hearing is requested, you will be notified and given an opportunity for a hearing in accordance with Title 184 NAC 1, the Nebraska Administrative Procedures Act.

Please contact Jesse Cushman, Program Manager, Office of Medical and Specialized Health, Licensure Unit, at 402-471-4915, if you have any questions.

For The Board of Medicine and Surgery



John R. Massey, MD, Chairperson

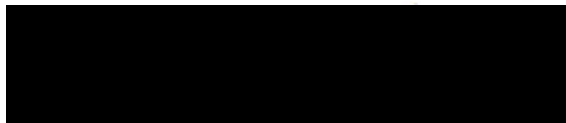
---

## CERTIFICATE OF SERVICE

The undersigned certifies that copies of the foregoing were sent on the date below by United States certified mail, postage prepaid, and/or electronically, to:

Reginald Arthur Burton  
9525 West Center Road  
Omaha, NE 68124

Dated: June 3, 2020



Jan Gadeken-Harris, Health Licensing Coordinator  
Office of Medical and Specialized Health  
Licensure Unit, Division of Public Health

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 20, 2018

CERTIFIED MAIL

Reginald Arthur Burton  
2606 S 98<sup>th</sup> Avenue  
Omaha, NE 68124

Dear Dr. Burton:

On December 07, 2018, the Board of Medicine and Surgery reviewed at its regularly scheduled meeting your Application for reinstatement after suspension of your Physician License, No. 22202, to practice in the State of Nebraska. The Board considered your Application for reinstatement after suspension and supporting documentation.

The Board of Medicine and Surgery denies your Application for reinstatement after suspension because of insufficient evidence to prove that you can practice medicine and surgery safely for the public. However, you may request a hearing before the board to provide information on why the board should recommend the reinstatement after suspension to practice as a Physician.

This denial shall become final thirty (30) days from the date of this notice unless you request a hearing, in writing. If the written request for a hearing is not received within thirty (30) days of the date of this notice, your Application for reinstatement after suspension will be denied.

To request a hearing, your request must be made in writing and sent to DHHS-Licensure Unit, Attn: Jan Gadeken-Harris, PO Box 94986, Lincoln, NE 68509.

If a formal hearing is requested, you will be notified and given an opportunity for a hearing in accordance with Title 184 NAC 1, the Nebraska Administrative Procedures Act.

Please contact Jesse Cushman, Program Manager, Office of Medical and Specialized Health, Licensure Unit, at 402-471-4915, if you have any questions.

For The Board of Medicine and Surgery



Mark Goodman, MD, Chairperson

---

## CERTIFICATE OF SERVICE

The undersigned certifies that copies of the foregoing were sent on the date below by United States certified mail, postage prepaid, and/or electronically, to:

Reginald Arthur Burton  
2606 S. 98<sup>th</sup> Avenue  
Omaha, NE 68124

Wayne Waite  
Attorney at Law  
4407 Walnut Street, Suite 210  
Dayton, OH 45440

Dated: December 20, 2018



Jan Gadeken-Harris, Health Licensing Coordinator  
Office of Medical and Specialized Health  
Licensure Unit, Division of Public Health

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES




STATE OF NEBRASKA ex rel. DOUGLAS	)	
J. PETERSON, Attorney General,	)	171444 MD
	)	
Plaintiff,	)	NUNC PRO TUNC
	)	
vs.	)	
	)	
BURTON, REGINALD,	)	
	)	
Defendant.	)	

The October 4, 2017, Order on Agreed Settlement in the above matter incorrectly states, "The facts as set out in the Petition are taken as true and adopted herein." The Order should read: The facts as set out in the Amended Petition are taken as true and adopted herein.

IT IS THEREFORE ORDERED that the October 4, 2017, Order on Agreed Settlement is amended to read Amended Petition, rather than Petition.

DATED: October 6, 2017

  
 \_\_\_\_\_  
 Thomas L. Williams, MD  
 Chief Medical Officer  
 Director, Division of Public Health  
 Department of Health and Human Services

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing was sent on the date below by first class United States mail, postage prepaid, to the following:

MARK FAHLESON ATTORNEY AT LAW 3 LANDMARK CENTER 1128 LINCOLN MALL STE 300 LINCOLN NE 68508
WAYNE WAITE ATTORNEY AT LAW 4407 WALNUT ST STE 210 DAYTON OH 45440
MINDY LESTER ATTORNEY FOR DHHS AGO.HEALTH@NEBRASKA.GOV

7017 1070 0000 9481 8852

7017 1070 0000 9481 8845

Date: October 6, 2017.

*Beth Davidson*

---

DHHS Hearing Office

P.O. Box 95026

Lincoln, NE 68509-5026

P. (402) 471-4731 F. (402) 742-2374

[dhhs.hearingoffice@nebraska.gov](mailto:dhhs.hearingoffice@nebraska.gov)

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES



STATE OF NEBRASKA ex rel. DOUGLAS )  
J. PETERSON, Attorney General, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
BURTON, REGINALD, )  
 )  
Defendant. )

171444 MD  
ORDER ON  
AGREED SETTLEMENT

A proposed Agreed Settlement was filed with the Department on September 29, 2017.

ORDER

1. The Agreed Settlement is adopted, attached hereto and incorporated by reference.
2. The facts as set out in the Petition are taken as true and adopted herein.
3. The parties shall comply with all of the terms of the Agreed Settlement.

Date: October 4, 2017

Thomas L. Williams  
Thomas L. Williams, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

*Civil penalty, if imposed, should be mailed to: DHHS, Division of Public Health, Licensure Unit, ATTN: Diane Pearson, P.O. Box 94986, Lincoln, NE 68509.*

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing was sent on the date below by certified United States Mail, postage prepaid, return receipt requested, and/or electronically to the following:

MARK FAHLESON ATTORNEY AT LAW 3 LANDMARK CENTER 1128 LINCOLN MALL STE 300 LINCOLN NE 68508
WAYNE WAITE ATTORNEY AT LAW 4407 WALNUT ST STE 210 DAYTON OH 45440
MINDY LESTER ASSISTANT ATTORNEY GENERAL AGO.HEALTH@NEBRASKA.GOV

7017 1070 0000 9481 8777  
7017 1070 0000 9481 8760

Date: October 5, 2017

Beth Davidson  
DHHS Hearing Office  
P.O. Box 95026  
Lincoln, NE 68509-5026  
P. (402) 471-4731 F. (402) 742-2374  
dhhs.hearingoffice@nebraska.gov

**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH**

<b>STATE OF NEBRASKA ex rel. DOUGLAS</b>	)	
<b>J. PETERSON, Attorney General,</b>	)	
	)	<b>171444 MD</b>
<b>Plaintiff,</b>	)	
	)	<b>AGREED SETTLEMENT</b>
<b>v.</b>	)	
	)	
<b>REGINALD A. BURTON, M.D.,</b>	)	
	)	
<b>Defendant.</b>	)	

The Plaintiff and the Defendant, Reginald A. Burton, in consideration of the mutual covenants and agreements contained herein, agree as follows:

1. The Defendant, Reginald A. Burton, is the holder of a physician license (#22202) by the Nebraska Department of Health and Human Services Division of Public Health ("Department").
2. The Defendant acknowledges receipt of a copy of the Amended Petition for: Disciplinary Action and Temporary License Suspension ("Petition") and waives the need for further service of the Petition upon him.
3. Before disciplinary measures may be taken against the Defendant's license, the Defendant is entitled to a hearing as provided by law. The Defendant waives the right to a hearing. The Defendant also waives any right to judicial review of a disciplinary order which approves the terms of this Agreed Settlement.
4. No coercion, threats, or promises, other than those stated herein, were made to the Defendant to induce him to enter into this Agreed Settlement.
5. The Defendant acknowledges that he is not licensed to practice as a physician in any state other than Nebraska.

6. The Defendant acknowledges that he has read the Petition filed by the Attorney General's Office and denies the allegations in the Petition, but in the interests of settling the above captioned matter, does not contest the allegations in the Petition.

7. The Plaintiff and the Defendant consent to the entry of a final disciplinary order by the Chief Medical Officer which finds the allegations of the Petition are true and suspends the Defendant's license to practice medicine and surgery in the State of Nebraska for a period of twenty (20) months effective January 19, 2017. The Defendant shall not engage in any conduct which constitutes the practice of medicine and surgery in Nebraska during the period of suspension.

8. The Defendant acknowledges that reinstatement of his license to practice medicine and surgery after the twenty (20) month period of suspension is complete is, in accordance with Nebraska law and regulations, at the discretion of the Department and upon approval of the Nebraska Board of Medicine and Surgery. The Defendant further acknowledges that at a minimum, he will be required to demonstrate satisfactory participation and compliance with all recommendations of his treatment providers at the time of his application for reinstatement.

9. Each party shall be responsible for their own costs.

10. The Attorney General's Office has given notice of this Agreed Settlement to the Board of Medicine and Surgery and has received their input in accordance with Neb. Rev. Stat. § 38-190 (Reissue 2016).

11. If this Agreed Settlement is not approved by the Chief Medical Officer, this Agreed Settlement shall become null and void and will not be admissible for any purpose at any hearing that may be held on this matter.



AGREED TO:

BY:   
Reginald A. Burton, M.D.  
Defendant

STATE OF Nebraska )  
COUNTY OF Lancaster ) ss.

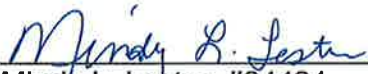
This Agreed Settlement is acknowledged before me by Reginald A. Burton, M.D.,  
on this 25<sup>th</sup> day of September, 2017.



  
Notary Public  
My Commission Expires:

THE STATE OF NEBRASKA, ex rel.  
DOUGLAS J. PETERSON, Attorney  
General,  
Plaintiff,

BY: DOUGLAS J. PETERSON,  
#18146  
Attorney General

BY:   
Mindy L. Lester, #24421  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509  
(402) 471-1815

Attorneys for the Plaintiff.



**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH**

<b>STATE OF NEBRASKA ex rel. DOUGLAS</b>	)	
<b>J. PETERSON, Attorney General,</b>	)	<b>171444 MD</b>
	)	
<b>Plaintiff,</b>	)	<b>AMENDED PETITION FOR:</b>
	)	<b>DISCIPLINARY ACTION AND</b>
<b>vs.</b>	)	<b>TEMPORARY LICENSE</b>
	)	<b>SUSPENSION</b>
<b>REGINALD A. BURTON, MD,</b>	)	
	)	
<b>Defendant.</b>	)	

The Plaintiff alleges as follows:

**ALLEGATIONS COMMON TO ALL CAUSES OF ACTION**

1. Jurisdiction is based on Neb. Rev. Stat. §§ 38-176 and 38-183 and 38-186 (Reissue 2016).
2. At all times relevant herein, the Defendant, Reginald A. Burton, MD, has been the holder of a license (#22202) issued by the Department of Health and Human Services Division of Public Health (“Department”) to practice as a physician.
3. The Department is the agency of the State of Nebraska authorized to enforce the provisions of the Uniform Credentialing Act regulating the practice of medicine and surgery.
4. The Nebraska Board of Medicine and Surgery considered the investigation of this matter and made recommendations to the Attorney General to file disciplinary proceedings against the Defendant’s license to practice as a physician in Nebraska.
5. At all times relevant herein, Defendant provided medical services as a physician specializing in trauma and orthopedics. All of the Defendant’s medical services were all provided at B.M.C., Lincoln, Nebraska.

6. In December, 2011, the Defendant completed a three day continuing education course at T.C.P.H., Nashville, Tennessee, entitled "Maintaining Proper Boundaries".

7. In December, 2012, the Defendant submitted to a fitness to practice evaluation through A.A., Lawrence, Kansas. The evaluator opined that the Defendant was fit to practice so long as he agreed to actively participate in the recommendations provided which included entering into an intensive, longitudinal group and individual professional coaching process to address the issues in the report.

8. On January 6, 2014, the Defendant entered into an Assurance of Compliance with the Nebraska Attorney General, wherein he agreed to maintain professional boundaries with patients, as well as follow any recommendations/requirements/restrictions of his employment and any treatment providers.

9. B.M.C. placed the Defendant's privileges on "precautionary suspension" on October 5, 2016, due the Defendant's alleged failure to adhere to a requirement that he have another health care provider be present in the room during patient examinations, failure to maintain appropriate professional boundaries, and possible narcotic prescription issues.

10. From October 8, 2016, through October 11, 2016, the Defendant submitted to an evaluation at P.R.C., Lawrence, Kansas. At the conclusion of the evaluation, the Defendant was not cleared to return to the practice of medicine. P.R.C. recommended an intensive residential-based professional's program.

11. The Defendant was admitted for the recommended intensive residential-based professionals program at P.R.C., Lawrence, Kansas, from October 15, 2016, through January 19, 2017. The Defendant's records include the following information:

- a. He admitted to having "fuzzy boundaries" and "dual relationships" in which he was both the patients' doctor and personal friend;
- b. The Defendant recognized that young, helpless persons, particularly males, were "triggers" for him that resulted in dual relationships as both the patients' doctor and personal friend;
- c. The Defendant is vulnerable to falling back into old patterns of behavior during times of emotional distress; and
- d. The Defendant agreed to participate in regular individual therapy with a psychotherapist knowledgeable in sexual boundary issues.

12. The Defendant's coworkers at B.M.C., who were all healthcare professionals, reported the following:

- a. The Defendant had numerous young adult males visit him at his B.M.C. office and shadow him at the facility; some of these visitors were former patients;
- b. The Defendant assigns himself to the medical care of young adult male patients between the ages of 18 and 25 before clinic begins in the morning;
- c. The Defendant performs genital exams when there is no injury to the area and performs more lower abdomen/pelvic exams than medically necessary;
- d. The Defendant "flicked" a patient's penis to check the patient's neuro status while the patient was unconscious and intubated; this is not a standard method utilized by trauma physicians to check a patient's neuro status;
- e. The Defendant frequently and repeatedly insisted on personally inserting a Foley catheter in young adult male patients, regardless of a medical need for a catheter;
- f. The Defendant assisted young adult male patients with urination; the Defendant often requested all other staff to leave the room during this time;
- g. The Defendant performed a digital rectal exam on a conscious head injury patient which was not medically indicated; the Defendant asked staff to

- leave the room prior to performing the exam; one health care professional returned and witnessed the exam;
- h. The Defendant provides his personal cellular phone number to young adult male trauma patients;
  - i. The Defendant continues to see young adult male trauma patients in his B.M.C. office and/or clinic for a much longer period of time than other trauma and orthopedic providers at B.M.C.;
  - j. The Defendant frequently reports to B.M.C. during on-call hours when he is not the physician on call following notification that a young adult male is at or enroute to B.M.C. for emergency care;
  - k. The Defendant at times instructed nursing staff to administer Versed to young adult male patients before inserting a catheter; the Defendant then requested all staff to leave the room; other physicians do not use Versed prior to inserting a catheter;
  - l. The Defendant intentionally caused contact between his ungloved hand/hands and a patient's penis in approximately September, 2016, while removing a blood clot from the patient's leg; this patient was unconscious;
  - m. The Defendant asks young adult male patients questions of a sexual nature, including "how often do you have sexual intercourse with your girlfriend" and "do you get an erection when you're angry" which are not medically relevant;
  - n. When treating patients with spinal cord injuries (quadriplegic or paraplegic) the Defendant purchases and provides "sex toys" to assist those patients resume sexual intercourse;
  - o. The Defendant entered the surgical suite during a patient surgery wherein the patient was undergoing a hip or pelvis fracture repair performed by another surgeon; the Defendant announced he was "stamping out STD's" and proceeded to cauterize suspected condylomas on the patient's penis;
  - p. The Defendant frequently took photographs of the genitalia of young adult males without consent using his personal cell phone;
  - q. The Defendant had photographs saved on his B.M.C. computer network of young adult males without shirts on that appear to have no medical purpose; some of these photographs were taken in his home and others were taken in his B.M.C. office with the door closed; and
  - r. The Defendant had numerous pictures of male genitalia and at least one picture of a male performing a sexual act on himself saved on the B.M.C. computer network; some of the photographs have no medical purpose.

13. The Defendant informed a Department Investigator that he had medical records for Patients A, O, L, Q, who were not treated at B.M.C. The Defendant agreed to provide these records to the Investigator. The Defendant did not provide the requested records to the Department.

14. The Defendant failed to meet the standard of care in prescribing medications to patients which were not documented in and/or not supported by the B.M.C. patient records, to wit:

a. A, a male born in 1995, filled the following prescriptions written by the Defendant:

i. Amphetamine/Dextro Combo 20 mg, #30; a Schedule II controlled Substance, filled on:

1. December 9, 2014; April 26, 2015; October 22, 2015; January 17, 2016; March 21, 2016; May 15, 2016; September 25, 2016, and October 8, 2016;

ii. Salicylic AC 28.5% Sol., #10, filled on:

1. 1/9/16

iii. Vyvanse 30 mg, #30, a Schedule II controlled substance, filled on:

1. December 9, 2014; April 1, 2016; May 15, 2016; June 20, 2016; June 25, 2016; June 30, 2016; September 25, 2016, and October 8, 2016.

b. The Defendant provided care for Patient B, a male born in 1984, in September, 2012, at which time the Defendant diagnosed Patient B with "Gynecomastia" and noted a "breast lump" in the patient record. There were no medical records indicating the Defendant performed a patient exam or continued treatment after October, 2012. Patient B filled the following prescriptions written by the Defendant which are not documented in the B.M.C. patient medical record:

i. Dextro-Amphetamine/Amphetamine 30 mg, #60, a Schedule II controlled substance, filled on:

1. November 20, 2014; December 18, 2014; January 19, 2015; February 18, 2015; March 17, 2015; April 16, 2015; May 13,

2015; June 13, 2015; July 10, 2015; August 10, 2015; September 10, 2015; October 9, 2015; November 4, 2015; December 4, 2015; December 30, 2015; January 30, 2016; February 29, 2016; March 29, 2016; April 26, 2016; May 26, 2016; June 22, 2016; July 23, 2016; August 21, 2016, and September 20, 2016.

c. The Defendant provided trauma care to Patient C, a male, born in 1990, in October, 2010. There is no documentation in Patient C's B.M.C. medical records indicating the Defendant provided additional care after October, 2010. Patient C subsequently filled the following prescriptions written by the Defendant:

i. Cyclobenzaprine 10 mg, #30;

1. February 25, 2016, and April 11, 2016;

ii. D-Amphetamine Salt Combo 10 mg, #60, A Schedule II controlled substance on:

1. April 11, 2016; June 14, 2016, and August 16, 2016.

d. The Defendant provided trauma care for Patient D, a male born in 1991, beginning in June, 2010. The Defendant last saw Patient D in the trauma clinic for follow-up care in October, 2010. Patient D's prescription profiles indicate he filled the following prescriptions written by the Defendant which are not documented in or supported by the B.M.C. patient record:

i. Vyvanse 50 mg, #30, a Schedule II controlled substance, filled on:

1. November 10, 2014; December 30, 2014; February 15, 2015; March 13, 2015; April 30, 2015; June 22, 2015; July 24, 2015; August 14, 2015; October 16, 2015; November 25, 2015, and March 9, 2016;

ii. Tamoxifen 10 mg, #30 filled on:

1. October 20, 2015; and

iii. Doxycycline Hyclate 100 mg, #28, filled on:

1. November 10, 2014.

e. The Defendant provided care for Patient E related to Patient E's knee on April 5, 2013. Patient E's B.M.C. medical records do not indicate the Defendant provided care for Patient E at any time after April 5, 2013, or for any other medical reason. Patient E's prescription profiles indicate Patient

E filled prescriptions written by the Defendant, which are not documented in the B.M.C. patient record, for Tamoxifen, 20 mg, #30, on January 18, 2016, and September 1, 2016.

- f. The Defendant provided trauma care to Patient F, a male born in 1991, in July, 2014. The B.M.C. medical records do not indicate the Defendant provided medical care for Patient F at any time after July, 2014. Patient F's prescription profile demonstrates he filled the following prescriptions written by the Defendant, which are not documented in or supported by the B.M.C. patient record:
  - i. D-Amphetamine Salt Combo, 20 mg, #60, A Schedule II controlled substance:
    1. November 12, 2014; January 26, 2015; and February 17, 2015;
  - ii. D-Amphetamine Salt Combo, 30 mg, #60, A Schedule II controlled substance:
    1. June 11, 2015; August 20, 2015; and November 22, 2015;
  - iii. Sertraline, 50 mg, #30:
    1. November 12, 2014; December 9, 2014; and January 7, 2015;
  - iv. Sertraline, 100 mg, #60 on the following dates:
    1. June 11, 2015; July 18, 2015; August 14, 2015; September 27, 2015; October 27, 2015; November 28, 2015; January 4, 2016; February 3, 2016; March 7, 2016; April 11, 2016; May 11, 2016; July 2, 2016; August 19, 2016; November 17, 2016; and February 6, 2017;
  - v. Tamoxifen, 20 mg, #30:
    1. June 11, 2015; July 18, 2015; August 14, 2015; and September 13, 2015; and
  - vi. Doxycycline Hyclate 100 mg, #15
    1. November 22, 2015.
- g. The Defendant provided care for Patient G, a male born in 1989, on December 11, 2012, for "chest wall pain". The B.M.C. medical records do not indicate any additional care provided for Patient G after December, 2012. Patient G's prescription profiles indicate he filled prescriptions for Valacyclovir 1 gm, written by the Defendant, for the following quantities on



the following dates which are undocumented and unsupported by the patient record:

- i. #45: December 2, 2014; January 13, 2015;
  - ii. #21: March 16, 2015; April 17, 2015; May 18, 2015; June 4, 2015; July 13, 2015; August 9, 2015; September 9, 2015; October 7, 2015; November 5, 2015; December 7, 2015; December 17, 2015, and December 31, 2015; and
  - iii. #30: February 8, 2016; March 16, 2016; April 21, 2016; May 15, 2016; June 15, 2016; July 19, 2016; August 21, 2016; September 20, 2016; November 23, 2016, and December 27, 2016.
- h. The Defendant provided trauma care for Patient H, a male born in 1982, in 2003. The Defendant provided care for Patient H again in February, 2013, for a fractured hand in February, 2013. The Defendant did not provide care for Patient H again after February, 2013. Patient H's prescription profiles indicate he filled the following prescriptions written by the Defendant while Patient H resided in California which are not supported by or documented in the B.M.C. patient record:
- i. Cyclobenzaprine 10 mg, #50, on January 13, 2016; and
  - ii. Methylprednisolone 4 mg, #21, on April 26, 2016.
- i. The Defendant provided trauma care for Patient J, a male born in 1987, beginning in February, 2009, continuing through July, 2010. The Defendant again provided care for Patient J in August, 2011, after Patient J had a seizure, at which time he prescribed Keppra, (generic name "Levetiracetam") 500 mgs. Patient J's prescription profile indicates he filled the following prescriptions while living in Arizona, written by the Defendant, which are not supported by or documented in the B.M.C. medical record:
- i. Levetiracetam 500 mg, #60 filled on:
    1. December 13, 2014; January 17, 2015; February 21, 2015; March 21, 2015; April 18, 2015; May 23, 2015; June 20, 2015; July 18, 2015; August 15, 2015; September 11, 2015, October 18, 2015; and
    2. November 15, 2015;
  - ii. Levitiracetam 500 mg, #180 filled on:

1. December 21, 2015; March 17, 2016; June 14, 2016; September 10, 2016, and November 28, 2016.
- j. The Defendant provided no medical records for Patient L, a male born in 1986. Patient L filled the following prescriptions written by the Defendant while residing in California:
  - i. Tramadol, 50 mg, a Schedule IV controlled substance:
    1. #50, filled on January 5, 2016; and #100, filled on February 9, 2016;
  - ii. Carisoprodol 350 mg, a Schedule IV controlled substance:
    1. #50, filled on January 6, 2016;
  - iii. Modafinil, 200 mg, a Schedule IV controlled substance:
    1. #30, filled on May 23, 2016; #30, filled on August 2, 2016, and #30, filled on November 4, 2016.
- k. The Defendant provided trauma care to Patient M, a male patient born in 1995, in November and early December, 2014. Patient M filled the prescriptions written by the Defendant, which are not documented in nor supported by the B.M.C. patients' record, for Tamoxifen, 10 mg's, #30, on December 29, 2015; and Tamoxifen, 20 mg's, #30, on March 26, 2015, May 26, 2015, January 20, 2016, and March 1, 2016.
- l. The Defendant provided trauma care to Patient N, a male born in 1990, from September to November, 2008. The Defendant again provided care for Patient N in February, 2012, for a shoulder injury. The Defendant provided care in May, 2013, for a sports related injury; there are no additional medical records indicating the Defendant provided care for Patient N after May, 2013. Patient N's prescription profiles indicate he filled the following prescriptions written by the Defendant, which are not supported by nor documented in the B.M.C. patient record:
  - i. Vyvanse (also called "amphetamine"), 50 mg, #30, filled on:
    1. February 19, 2015; March 16, 2015; May 27, 2015; November 2, 2015; September 12, 2015; February 14, 2016, and January 10, 2016.
- m. The Defendant did not provide a medical record for Patient O, a male born in 1995. Patient O filled the following prescriptions written by the Defendant:

- i. Tamoxifen, 20 mg: #60 filled on June 5, 2015; # 6 filled on July 5, 2015; #54 filled on July 8, 2015; and #60 filled on August 10, 2015.
  - n. The Defendant provided trauma care for Patient P, a male born in 1983, in April, 2008, and again in October, 2009. On October 12, 2015, Patient P filled the following prescriptions written by the Defendant which are not supported by nor documented in the patients' medical record:
    - i. Lidocaine 5% patch, #30, on October 12, 2015; and
    - ii. Valacyclovir 1 gm, #20, on January 14, 2016.
  - o. The Defendant did not provide a medical record for Patient Q, a female patient. Patient Q filled prescriptions written by the Defendant for Citalopram 20 mg, #30, on the following dates: February 23, 2015; June 28, 2015; August 5, 2015; September 29, 2015; November 18, 2015; January 26, 2016; February 26, 2016; April 13, 2016; and June 28, 2016. Patient Q filled prescriptions for Citalopram 20 mg, #90, written by the Defendant, on August 2, 2016, and November 23, 2016.
- 15. During an interview with a Department investigator on April 7, 2017, the Defendant admitted to using a hyfrecator, found in his office, to remove genital warts from two B.M.C. trauma patients. The Defendant admitted that he made no documentation in the patients' B.M.C. medical records for these. The Defendant further stated:
  - a. He saw past patients in his office with the door closed without a chaperone;
  - b. His "fuzzy" prescribing practices were due to wanting to help these patients; and
  - c. The Defendant has been trained in diagnosing post-traumatic stress disorder and attention deficit/attention deficit hyperactivity disorder.

#### **FIRST CAUSE OF ACTION**

- 16. Paragraphs 1 through 15 are incorporated herein by reference.
- 17. Neb. Rev. Stat. § 38-178(6)(d) (Reissue 2016) provides that a professional license may be disciplined for practice of the profession in a pattern of negligent conduct.

18. The Defendant's conduct above in Paragraphs 12 through 15 set forth above constitutes the practice of the profession in a pattern of negligent conduct which is grounds for discipline.

### **SECOND CAUSE OF ACTION**

19. Paragraphs 1 through 18 are incorporated herein by reference.

20. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides that a professional license may be disciplined for unprofessional conduct as defined in section 38-179 (Reissue 2016).

21. Neb. Rev. Stat. § 38-179 (Reissue 2016) defines unprofessional conduct as "any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession...(15) such other acts as may be defined in rules and regulations."

22. The Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery, 172 NAC 88-010.02 (2013), define unprofessional conduct as "any departure from or failure to conform to the standards of acceptable and prevailing practice of medicine and surgery or the ethics of the profession, regardless of whether a person, patient, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to: ... (32) Conduct or practice outside the normal standard of care in the State of Nebraska which is or might be harmful or dangerous to the health of the patient or the public, not to include a single act of ordinary negligence".

23. The Defendant's conduct set forth above in paragraphs 12 through 15 constitutes unprofessional conduct which is grounds for discipline.

### **THIRD CAUSE OF ACTION**

24. Paragraphs 1 through 23 are incorporated herein by this reference.

25. Neb. Rev. Stat. § 38-178(2) (Reissue 2016) provides that a professional license may be disciplined for immoral or dishonorable conduct evidencing unfitness to practice the profession in this state.

26. The Defendant's conduct as set forth above constitutes immoral or dishonorable conduct and is grounds for discipline.

### **FOURTH CAUSE OF ACTION**

27. Paragraphs 1 through 26 are incorporated herein by this reference.

28. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides that a professional license may be disciplined for unprofessional conduct as defined in section 38-179.

29. Neb. Rev. Stat. § 38-179 (Reissue 2016) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, or conduct that is likely to deceive or defraud the public or is detrimental to the public interest, including but not limited to... (10) failure to keep and maintain adequate records of treatment or service.

30. 172 NAC 88-010.02(10) of the Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery (2013) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of medicine and surgery or the ethics of the profession, regardless of whether a person, patient, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to

deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to... (10) failure to keep and maintain adequate records of treatment of service. Adequate records means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment, and, when investigative or unproven therapies are utilized, the records must include written informed patient consent.

31. The Defendant's failure to keep and maintain an adequate record for all Patients set forth above sufficient to support a diagnosis and justify treatment, indicate advice and cautionary warnings provided to the patient and to provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment constitutes unprofessional conduct and is grounds for discipline.

#### **FIFTH CAUSE OF ACTION**

32. Paragraphs 1 through 31 are incorporated herein by reference.

33. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides a professional license may be disciplined for unprofessional conduct as set forth 38-179.

34. Neb. Rev. Stat. § 38-1179 (Reissue 2016) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession,... including but not limited to, ... (23) such other acts as may be defined in rules and regulations.

35. 172 NAC 88.010.02(19) of the Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery (2013) defines unprofessional conduct as “refusal to cooperate or failure to furnish requested information during a licensing or discipline investigation by the Department”.

36. The Defendant’s failure to provide medical records of Patient’s A, L, O, and Q constitutes a refusal to cooperate during a licensing or discipline investigation and is grounds for discipline.

**PRAYER FOR RELIEF**

**WHEREFORE**, the Plaintiff prays that the Chief Medical Officer temporarily suspend the Defendant’s license to practice as a physician pursuant to Neb. Rev. Stat. § 38-183 (Reissue 2016), set this matter for hearing, enter an order for appropriate disciplinary action pursuant to Neb. Rev. Stat. § 38-196 (Reissue 2016), and tax the costs of this action to the Defendant.

STATE OF NEBRASKA, ex rel.  
DOUGLAS J. PETERSON,  
Attorney General,  
Plaintiff,

BY: DOUGLAS J. PETERSON,  
#18146  
Attorney General

By: Mindy L. Lester  
Mindy L. Lester, #24421  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509-8920  
(402) 471-1815

Attorneys for the Plaintiff.

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES



STATE OF NEBRASKA ex rel. DOUGLAS )  
J. PETERSON, Attorney General, )  
 ) 171444 MD  
Plaintiff, )  
 )  
v. )  
 ) ORDER  
BURTON, REGINALD, )  
 )  
Defendant. )

THIS MATTER came on for consideration of Defendant's Motion to Limit Hearing, filed on August 14, 2017. The Motion came on for hearing before Susan Strohn, Department of Health and Human Services (DHHS) Hearing Officer, on August 14, 2017, in Lincoln, Nebraska. Appearing were Mindy Lester, Assistant Attorney General, and Lisa Anderson, Assistant Attorney General, on behalf of the State of Nebraska; and Mark Fahleson, Defendant's attorney. Argument was heard.

In support of the motion, Defendant argues that he does not pose an imminent danger to public health and safety, and that Neb. Rev. Stat. §38-183 (Reissue 2016) contemplates that a hearing on the temporary suspension or limitation will be conducted within the statutory timeframe and that the issue of license permanent discipline will be decided at a later date. The State argued that §38-183 provides for one hearing on the substantive issue of whether discipline should be imposed against the credential.

Neb. Rev. Stat. §38-183 (Reissue 2016) provides:

The department may temporarily suspend or temporarily limit any credential issued by the department without notice or a hearing if the director determines that there is reasonable cause to believe that grounds exist under section 38-178 or 38-182 for the revocation, suspension, or limitation of the credential and that the credential holder's continuation in practice or operation would constitute an imminent danger to the public health and safety. *Simultaneously with any such action, the department shall institute proceedings for a hearing on the grounds for revocation, suspension, or limitation of the credential.* Such hearing shall be held no later than fifteen days from the date of such temporary suspension or temporary limitation of the credential.



(2) A continuance of the hearing shall be granted by the department upon the written request of the credential holder, and such a continuance shall not exceed thirty days unless waived by the credential holder. A temporary suspension or temporary limitation order by the director shall take effect when served upon the credential holder.

(3) *In no case shall a temporary suspension or temporary limitation of a credential under this section be in effect for a period of time in excess of ninety days unless waived by the credential holder.* If a decision is not reached within ninety days, the credential shall be reinstated unless and until the department reaches a decision to revoke, suspend, or limit the credential or otherwise discipline the credential holder.

(Emphasis supplied.)

The initial determination per §38-183 is whether grounds exist for the temporary suspension or limitation of the credential, and that the credential holder's continued practice would constitute an imminent danger to public health and safety, which decision must be reached within 90 days or the credential will be reinstated until such time as a decision whether discipline will be imposed against the credential is made. Defendant waived the initial 15 day time period for a hearing to be scheduled, but has not waived the 90 day time period requiring a decision on the grounds for temporary suspension or limitation of the credential.

The Hearing Officer being fully advised finds that based upon Neb. Rev. Stat. §38-183 (Reissue 2016), the scope of the hearing currently scheduled to commence on October 10, 2017, shall be limited to whether grounds exist for the temporary suspension or limitation of the credential, and whether Defendant's continued practice would constitute an imminent danger to public health and safety.

Accordingly, Defendant's Motion to Limit is hereby GRANTED.

IT IS SO ORDERED.

Date: September 1, 2017

  
\_\_\_\_\_  
Susan Strohn  
Hearing Officer

CERTIFICATE OF SERVICE

The undersigned certifies that copies of the foregoing were sent on the date below by United States mail, postage prepaid, and/or electronically, to the following:

MARK FAHLESON ATTORNEY AT LAW 3 LANDMARK CENTRE 1228 LINCOLN MALL STE 300 LINCOLN NE 68508
MINDY LESTER ASSISTANT ATTORNEY GENERAL AGO.HEALTH@NEBRASKA.GOV

Date: September 1, 2017

Beth Davidson

DHHS Hearing Office  
P.O. Box 98914  
Lincoln, NE 68509-8914  
(402) 471-7237 Fax (402) 742-2376  
dhhs.hearingoffice@nebraska.gov



STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA ex rel. DOUGLAS )	
J. PETERSON, Attorney General, )	
	171444 MD
Plaintiff, )	
v. )	
	ORDER
BURTON, REGINALD, )	
Defendant. )	

The Defendant's Motion to Vacate, filed on August 14, 2017, came on for hearing before Susan Strohn, Department of Health and Human Services DHHS Hearing Officer, on August 14, 2017, in Lincoln, Nebraska. Appearing were Mindy Lester, Assistant Attorney General, and Lisa Anderson, Assistant Attorney General, on behalf of the State of Nebraska; and Mark Fahleson, Defendant's attorney. Argument was heard.

Defendant argued that the Order for Temporary Suspension dated August 4, 2017, should be vacated because he does not pose an imminent danger to public health and safety. In support of this argument Defendant notes that 49 days elapsed between the Board of Medicine and Surgery's recommendation for temporary suspension and the State's filing of the Petition for Disciplinary Action and Temporary Suspension. Defendant also noted that he ceased practicing medicine several months prior to his suspension.

Ms. Lester explained that a delay is common and necessary because once a Board recommendation is received, the Attorney General's office conducts a thorough review of the investigative file and conducts any necessary additional investigation before initiating a disciplinary action.

Nebraska Revised Statute §38-183 (Reissue 2016) provides:

The department may temporarily suspend or temporarily limit any credential issued by the department without notice or a hearing if the director determines that there is reasonable cause to believe that grounds exist under section 38-178 or 38-182 for the revocation, suspension, or limitation of the credential and that the credential holder's continuation in practice or operation would constitute an imminent danger to the public health and safety.

Defendant's arguments are not supported. The decision to suspend a license is made by the Chief Medical Officer, not the Attorney General. The Petition for Disciplinary

Action and Temporary License Suspension was filed with the Department on August 3, 2017, and the Order for Temporary Suspension was entered on the following day. Whether or not Dr. Burton was practicing at the time of the suspension is immaterial, since he had, and would again have if the suspension were lifted, the ability to begin practicing immediately.

Accordingly, Defendant's Motion to Vacate is hereby DENIED.

IT IS SO ORDERED.

Date: AUGUST 25, 2017



Thomas L. Williams, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

#### CERTIFICATE OF SERVICE

The undersigned certifies that copies of the foregoing were sent on the date below by United States mail, postage prepaid, and/or electronically, to the following:

MARK FAHLESON ATTORNEY AT LAW 3 LANDMARK CENTRE 1228 LINCOLN MALL STE 300 LINCOLN NE 68508
--

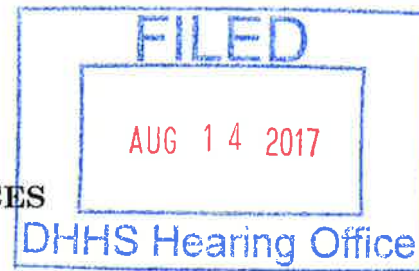
MINDY LESTER ASSISTANT ATTORNEY GENERAL AGO.HEALTH@NEBRASKA.GOV
---

Date: August 28, 2017



DHHS Hearing Office  
P.O. Box 98914  
Lincoln, NE 68509-8914  
(402) 471-7237 Fax (402) 742-2376  
dhhs.hearingoffice@nebraska.gov

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH



STATE OF NEBRASKA ex rel. DOUGLAS )  
J. PETERSON, Attorney General, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
REGINALD A. BURTON, M.D., )  
 )  
Defendant. )  
 )

Case No. 17144MD

**MOTION TO VACATE**

COMES NOW, Defendant, Reginald A. Burton, M.D., and hereby requests an Order setting aside the Order for Temporary Suspension of License to Practice Medicine and Surgery issued by the Chief Medical Office on August 4, 2017. A memorandum in support is submitted herewith.

DATED: August 14, 2017

REGINALD A. BURTON, M.D.,  
Defendant

By: **REMBOLT LUDTKE, LLP**  
3 Landmark Centre  
1128 Lincoln Mall, Ste. 300  
Lincoln, NE 68508  
(402) 475-5100  
[mfahleson@remboltlawfirm.com](mailto:mfahleson@remboltlawfirm.com)

A handwritten signature in blue ink, appearing to read "mfahleson", written over a horizontal line.

Mark A. Fahleson (#19807)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on August 14, 2017, he caused the above and foregoing to be delivered via electronic mail to the following:

Mindy Lester  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509-8920  
[Mindy.lester@nebraska.gov](mailto:Mindy.lester@nebraska.gov)



Mark A. Fahleson

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH



STATE OF NEBRASKA ex rel. DOUGLAS )  
J. PETERSON, Attorney General, )

Plaintiff, )

vs. )

REGINALD A. BURTON, M.D., )

Defendant. )

ORDER FOR TEMPORARY  
SUSPENSION OF LICENSE TO  
PRACTICE MEDICINE AND  
SURGERY

**THIS MATTER** came on for consideration before the Nebraska Department of Health and Human Services Public Health Division's Chief Medical Officer on Plaintiff's Petition: Disciplinary Action and Temporary License Suspension ("Petition") and upon the affidavit in support of the request for temporary suspension. The Chief Medical Officer finds that there is reasonable cause to believe that grounds exist under Neb. Rev. Stat. §§ 38-183 and 38-178 (Reissue 2016) for the suspension of the license of the Defendant to practice as a physician on the basis that the Defendant's continued practice at this time would constitute an imminent danger to public health and safety.

**IT IS THEREFORE ORDERED:**

1. The license of the Defendant, Reginald A. Burton (#22202), to practice as a physician is suspended effective upon service of this Order upon the Defendant in accordance with Neb. Rev. Stat. § 38-183 (Reissue 2016).
2. Pursuant to Neb. Rev. Stat. § 38-183, the hearing on the merits of the allegations of the Petition shall be held. A separate Notice of Hearing shall be issued by the HHS Division of Public Health to be served upon the Defendant along with the Order

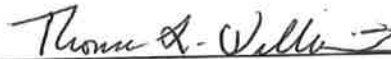
and the Petition. The Defendant shall have the opportunity to appear and defend against the Petition at such time and place. The Defendant is further notified that he may present such witnesses and such evidence at said time and place as he may care to present in answer to the allegations of the Petition, and he may be represented by legal counsel at said hearing.

3. The investigative report and supporting documents attached to the affidavit of Carla Cue are hereby sealed and shall remain a non-public record pursuant to Neb. Rev. Stat. § 38-1,106 (Reissue 2016).

4. The Douglas County, Nebraska, Sheriff is appointed, pursuant to 184 NAC 006.01E, to personally serve the Defendant with copies of this Order and the Petition.

DATED this 4 day of August, 2017.

BY:



Thomas L. Williams, MD  
Chief Medical Officer/Director  
Division of Public Health  
Department of Health and Human Services





STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA ex rel. DOUGLAS )	
J. PETERSON, Attorney General, )	171444 MD
)	
Plaintiff, )	NOTICE OF HEARING
)	
vs. )	
)	
BURTON, REGINALD, )	
)	
Defendant. )	

A Petition for Disciplinary Action and Temporary License Suspension was filed with the Director on August 3, 2017, in the above captioned matter.

The Director has set this matter presented by said Petition for hearing on – Tuesday, August 15, 2017 at 1:00 PM Central Time. Report to the DHHS Division of Public Health hearing room located in the Gold’s Building, 1033 O Street, Suite 113, Lincoln, Nebraska.

You shall have the opportunity to appear and defend against said Petition at said time and place. You are further notified that you may present such witnesses and such evidence at said time and place as you may care to present in answer to the charge of said Petition and that you may be represented by legal counsel at said hearing. Hearings are conducted according to Neb. Rev. Stat. §§ 38-186, 38-196 and 84-901 et seq., and the Rules of Practice and Procedure to the Department, 184 NAC 1, (a copy of which can be obtained from <http://www.dhhs.ne.gov>). If auxiliary aides or reasonable accommodations are needed for participation in the hearing please call the Hearing Office, (402) 471-7237, or for persons with hearing impairments (402) 471-9570 TDD, or the Nebraska Relay System, 711 TDD, prior to the hearing date.

DATED this 4th day of August, 2017.

  
Susan Strohn  
Hearing Officer



STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

STATE OF NEBRASKA ex rel. DOUGLAS )
J. PETERSON, Attorney General, )
Plaintiff, )
vs. )
REGINALD A. BURTON, MD, )
Defendant. )

PETITION FOR: DISCIPLINARY
ACTION AND TEMPORARY
LICENSE SUSPENSION

The Plaintiff alleges as follows:

ALLEGATIONS COMMON TO ALL CAUSES OF ACTION

- 1. Jurisdiction is based on Neb. Rev. Stat. §§ 38-176 and 38-183 and 38-186 (Reissue 2016).
2. At all times relevant herein, the Defendant, Reginald A. Burton, MD, has been the holder of a license (#22202) issued by the Department of Health and Human Services Division of Public Health ("Department") to practice as a physician.
3. The Department is the agency of the State of Nebraska authorized to enforce the provisions of the Uniform Credentialing Act regulating the practice of medicine and surgery.
4. The Nebraska Board of Medicine and Surgery considered the investigation of this matter and made recommendations to the Attorney General to file disciplinary proceedings against the Defendant's license to practice as a physician in Nebraska.
5. At all times relevant herein, Defendant provided medical services as a physician specializing in trauma and orthopedics. All of the Defendant's medical services were all provided at B.M.C., Lincoln, Nebraska.

6. In December, 2011, the Defendant completed a three day continuing education course at T.C.P.H., Nashville, Tennessee, entitled "Maintaining Proper Boundaries".

7. In December, 2012, the Defendant submitted to a fitness to practice evaluation through A.A., Lawrence, Kansas. The evaluator opined that the Defendant was fit to practice so long as he agreed to actively participate in the recommendations provided which included entering into an intensive, longitudinal group and individual professional coaching process to address the issues in the report.

8. On January 6, 2014, the Defendant entered into an Assurance of Compliance with the Nebraska Attorney General, wherein he agreed to maintain professional boundaries with patients, as well as follow any recommendations/requirements/restrictions of his employment and any treatment providers.

9. B.M.C. placed the Defendant's privileges on "precautionary suspension" on October 5, 2016, due the Defendant's alleged failure to adhere to a requirement that he have another health care provider be present in the room during patient examinations, failure to maintain appropriate professional boundaries, and possible narcotic prescription issues.

10. From October 8, 2016, through October 11, 2016, the Defendant submitted to an evaluation at P.R.C., Lawrence, Kansas. At the conclusion of the evaluation, the Defendant was not cleared to return to the practice of medicine. P.R.C. recommended an intensive residential-based professional's program.

11. The Defendant was admitted for the recommended intensive residential-based professionals program at P.R.C., Lawrence, Kansas, from October 15, 2016, through January 19, 2017. The Defendant's records include the following information:

- a. He admitted to having "fuzzy boundaries" and "dual relationships" with patients;
- b. The Defendant recognized that young, helpless persons, particularly males, were "triggers" for him;
- c. The Defendant is vulnerable to falling back into old patterns of behavior during times of emotional distress; and
- d. The Defendant agreed to participate in regular individual therapy with a psychotherapist knowledgeable in sexual boundary issues.

12. The Defendant's coworkers at B.M.C., who were all healthcare professionals, reported the following:

- a. The Defendant had numerous young adult males visit him at his B.M.C. office and shadow him at the facility; some of these visitors were former patients;
- b. The Defendant assigns himself to the medical care of young adult male patients between the ages of 18 and 25 before clinic begins in the morning;
- c. The Defendant performs genital exams when there is no injury to the area and performs more lower abdomen/pelvic exams than medically necessary;
- d. The Defendant "flicked" a patient's penis to check the patient's neuro status while the patient was unconscious and intubated; this is not a standard method utilized by trauma physicians to check a patient's neuro status;
- e. The Defendant frequently and repeatedly insisted on personally inserting a Foley catheter in young adult male patients, regardless of a medical need for a catheter;
- f. The Defendant assisted young adult male patients with urination; the Defendant often requested all other staff to leave the room during this time;
- g. The Defendant performed a digital rectal exam on an unconscious head injury patient which was not medically indicated; the Defendant asked staff to leave the room prior to performing the exam; one health care professional returned and witnessed the exam;

- h. The Defendant assisted a young adult male patient in the shower;
- i. The Defendant provides his personal cellular phone number to young adult male trauma patients;
- j. The Defendant prescribes more narcotics for young adult male patients than other trauma physicians with patients with similar injuries;
- k. The Defendant continues to see young adult male trauma patients in his B.M.C. office and/or clinic for a much longer period of time than other trauma and orthopedic providers at B.M.C.;
- l. The Defendant frequently reports to B.M.C. during on-call hours when he is not the physician on call following notification that a young adult male is at or enroute to B.M.C. for emergency care;
- m. The Defendant at times instructed nursing staff to administer Versed to young adult male patients before inserting a catheter; the Defendant then requested all staff to leave the room; other physicians do not use Versed prior to inserting a catheter;
- n. The Defendant intentionally caused contact between his ungloved hand/hands and a patient's penis in approximately September, 2016, while removing a blood clot from the patient's leg; this patient was unconscious;
- o. The Defendant asks young adult male patients questions of a sexual nature, including "how often do you have sexual intercourse with your girlfriend" and "do you get an erection when you're angry" which are not medically relevant;
- p. When treating patients with spinal cord injuries (quadriplegic or paraplegic) the Defendant purchases and provides "sex toys" to assist those patients resume sexual intercourse;
- q. The Defendant entered the surgical suite during a patient surgery wherein the patient was undergoing a hip or pelvis fracture repair performed by another surgeon; the Defendant announced he was "stamping out STD's" and proceeded to cauterize suspected condylomas on the patient's penis;
- r. The Defendant frequently took photographs of the genitalia of young adult males without consent using his personal cell phone;
- s. The Defendant had photographs saved on his B.M.C. computer network of young adult males without shirts on that appear to have no medical purpose; some of these photographs were taken in his home and others were taken in his B.M.C. office with the door closed; and

- t. The Defendant had numerous pictures of male genitalia and at least one picture of a male performing a sexual act on himself saved on the B.M.C. computer network; some of the photographs have no medical purpose.

13. The Defendant informed a Department Investigator that he had medical records for Patients A, O, L, Q, who were not treated at B.M.C. The Defendant agreed to provide these records to the Investigator. The Defendant did not provide the requested records to the Department.

14. The Defendant failed to meet the standard of care in prescribing medications to patients which were not documented in and/or not supported by the B.M.C. patient records, to wit:

- a. A, a male born in 1995, filled the following prescriptions written by the Defendant:

- i. Amphetamine/Dextro Combo 20 mg, #30; a Schedule II controlled Substance, filled on:

- 1. December 9, 2014; April 26, 2015; October 22, 2015; January 17, 2016; March 21, 2016; May 15, 2016; September 25, 2016, and October 8, 2016;

- ii. Salicylic AC 28.5% Sol., #10, filled on:

- 1. 1/9/16

- iii. Vyvanse 30 mg, #30, a Schedule II controlled substance, filled on:

- 1. December 9, 2014; April 1, 2016; May 15, 2016; June 20, 2016; June 25, 2016; June 30, 2016; September 25, 2016, and October 8, 2016.

- b. The Defendant provided care for Patient B, a male born in 1984, in September, 2012, at which time the Defendant diagnosed Patient B with "Gynecomastia" and noted a "breast lump" in the patient record. There were no medical records indicating the Defendant performed a patient exam or continued treatment after October, 2012. Patient B filled the following prescriptions written by the Defendant which are not documented in the B.M.C. patient medical record:

- i. Dextro-Amphetamine/Amphetamine 30 mg, #60, a Schedule II controlled substance, filled on:
  1. November 20, 2014; December 18, 2014; January 19, 2015; February 18, 2015; March 17, 2015; April 16, 2015; May 13, 2015; June 13, 2015; July 10, 2015; August 10, 2015; September 10, 2015; October 9, 2015; November 4, 2015; December 4, 2015; December 30, 2015; January 30, 2016; February 29, 2016; March 29, 2016; April 26, 2016; May 26, 2016; June 22, 2016; July 23, 2016; August 21, 2016, and September 20, 2016.
  
- c. The Defendant provided trauma care to Patient C, a male, born in 1990, in October, 2010. There is no documentation in Patient C's B.M.C. medical records indicating the Defendant provided additional care after October, 2010. Patient C subsequently filled the following prescriptions written by the Defendant:
  - i. Cyclobenzaprine 10 mg, #30;
    1. February 25, 2016, and April 11, 2016;
  - ii. D-Amphetamine Salt Combo 10 mg, #60, A Schedule II controlled substance on:
    1. April 11, 2016; June 14, 2016, and August 16, 2016.
  
- d. The Defendant provided trauma care for Patient D, a male born in 1991, beginning in June, 2010. The Defendant last saw Patient D in the trauma clinic for follow-up care in October, 2010. Patient D's prescription profiles indicate he filled the following prescriptions written by the Defendant which are not documented in or supported by the B.M.C. patient record:
  - i. Vyvanse 50 mg, #30, a Schedule II controlled substance, filled on:
    1. November 10, 2014; December 30, 2014; February 15, 2015; March 13, 2015; April 30, 2015; June 22, 2015; July 24, 2015; August 14, 2015; October 16, 2015; November 25, 2015, and March 9, 2016;
  - ii. Tamoxifen 10 mg, #30 filled on:
    1. October 20, 2015; and
  - iii. Doxycycline Hyclate 100 mg, #28, filled on:
    1. November 10, 2014.

- e. The Defendant provided care for Patient E related to Patient E's knee on April 5, 2013. Patient E's B.M.C. medical records do not indicate the Defendant provided care for Patient E at any time after April 5, 2013, or for any other medical reason. Patient E's prescription profiles indicate Patient E filled prescriptions written by the Defendant, which are not documented in the B.M.C. patient record, for Tamoxifen, 20 mg, #30, on January 18, 2016, and September 1, 2016.
  
- f. The Defendant provided trauma care to Patient F, a male born in 1991, in July, 2014. The B.M.C. medical records do not indicate the Defendant provided medical care for Patient F at any time after July, 2014. Patient F's prescription profile demonstrates he filled the following prescriptions written by the Defendant, which are not documented in or supported by the B.M.C. patient record:
  - i. D-Amphetamine Salt Combo, 20 mg, #60, A Schedule II controlled substance:
    - 1. November 12, 2014; January 26, 2015; and February 17, 2015;
  
  - ii. D-Amphetamine Salt Combo, 30 mg, #60, A Schedule II controlled substance:
    - 1. June 11, 2015; August 20, 2015; and November 22, 2015;
  
  - iii. Sertraline, 50 mg, #30:
    - 1. November 12, 2014; December 9, 2014; and January 7, 2015;
  
  - iv. Sertraline, 100 mg, #60 on the following dates:
    - 1. June 11, 2015; July 18, 2015; August 14, 2015; September 27, 2015; October 27, 2015; November 28, 2015; January 4, 2016; February 3, 2016; March 7, 2016; April 11, 2016; May 11, 2016; July 2, 2016; August 19, 2016; November 17, 2016; and February 6, 2017;
  
  - v. Tamoxifen, 20 mg, #30:
    - 1. June 11, 2015; July 18, 2015; August 14, 2015; and September 13, 2015; and
  
  - vi. Doxycycline Hyclate 100 mg, #15
    - 1. November 22, 2015.



- g. The Defendant provided care for Patient G, a male born in 1989, on December 11, 2012, for “chest wall pain”. The B.M.C. medical records do not indicate any additional care provided for Patient G after December, 2012. Patient G’s prescription profiles indicate he filled prescriptions for Valacyclovir 1 gm, written by the Defendant, for the following quantities on the following dates which are undocumented and unsupported by the patient record:
- i. #45: December 2, 2014; January 13, 2015;
  - ii. #21: March 16, 2015; April 17, 2015; May 18, 2015; June 4, 2015; July 13, 2015; August 9, 2015; September 9, 2015; October 7, 2015; November 5, 2015; December 7, 2015; December 17, 2015, and December 31, 2015; and
  - iii. #30: February 8, 2016; March 16, 2016; April 21, 2016; May 15, 2016; June 15, 2016; July 19, 2016; August 21, 2016; September 20, 2016; November 23, 2016, and December 27, 2016.
- h. The Defendant provided trauma care for Patient H, a male born in 1982, in 2003. The Defendant provided care for Patient H again in February, 2013, for a fractured hand in February, 2013. The Defendant did not provide care for Patient H again after February, 2013. Patient H’s prescription profiles indicate he filled the following prescriptions written by the Defendant while Patient H resided in California which are not supported by or documented in the B.M.C. patient record:
- i. Cyclobenzaprine 10 mg, #50, on January 13, 2016; and
  - ii. Methylprednisolone 4 mg, #21, on April 26, 2016.
- i. The Defendant provided follow-up trauma care for Patient I, a male born in 1994, in August and September, 2016. In a September, 2016, the Defendant’s progress note states that Patient I would continue with his original trauma physician for future care. The Defendant wrote the following prescriptions for Patient I:
- i. On August 16, 2016, the Defendant provided Patient I a prescription for Percocet 5/325, #100, a Schedule II controlled substance; Patient I’s prescription profile indicates he filled this prescription on August 16, 2016;
  - ii. On August 23, 2016, the Defendant instructed an APRN to prescribe Patient I Norco 5/325, #100, a Schedule II controlled substance;

- iii. On August 30, 2016; the Defendant instructed a physician's assistant to prescribe Patient I Norco, 5/325, #60, a Schedule II controlled substance;
  - iv. On September 6, 2016, Patient I was issued a prescription for Norco 5/325, #50, a Schedule II controlled substance, at the Defendant's instruction;
  - v. On September 13, 2016, the Defendant noted in Patient I's chart that he provided a prescription of Norco 5/325, #30, a Schedule II controlled substance, and that "no further narcotics" would be provided by "our office"; the Defendant instructed a physician's assistant to write this prescription; and
  - vi. On September 20, 2016, the Defendant noted in Patient I's chart that Patient I was "given a prescription for Norco 5/325 number 15" and "the patient was told this will be the last narcotics that he will be receiving"; The Defendant instructed an APRN to write this prescription.
- j. The Defendant provided trauma care for Patient J, a male born in 1987, beginning in February, 2009, continuing through July, 2010. The Defendant again provided care for Patient J in August, 2011, after Patient J had a seizure, at which time he prescribed Keppra, (generic name "Levetiracetam") 500 mgs. Patient J's prescription profile indicates he filled the following prescriptions while living in Arizona, written by the Defendant, which are not supported by or documented in the B.M.C. medical record:
- i. Levetiracetam 500 mg, #60 filled on:
    - 1. December 13, 2014; January 17, 2015; February 21, 2015; March 21, 2105; April 18, 2015; May 23, 2015; June 20, 2015; July 18, 2015; August 15, 2015; September 11, 2015, October 18, 2015; and
    - 2. November 15, 2015;
  - ii. Levitiracetam 500 mg, #180 filled on:
    - 1. December 21, 2015; March 17, 2016; June 14, 2016; September 10, 2016, and November 28, 2016.
- k. The Defendant provided no medical records for Patient L, a male born in 1986. Patient L filled the following prescriptions written by the Defendant while residing in California:
- i. Tramadol, 50 mg, a Schedule IV controlled substance:

1. #50, filled on January 5, 2016; and #100, filled on February 9, 2016;
- ii. Carisoprodol 350 mg, a Schedule IV controlled substance:
  1. #50, filled on January 6, 2016;
- iii. Modafinil, 200 mg, a Schedule IV controlled substance:
  1. #30, filled on May 23, 2016; #30, filled on August 2, 2016, and #30, filled on November 4, 2016.
- l. The Defendant provided trauma care to Patient M, a male patient born in 1995, in November and early December, 2014. Patient M filled the prescriptions written by the Defendant, which are not documented in nor supported by the B.M.C. patients' record, for Tamoxifen, 10 mg's, #30, on December 29, 2015; and Tamoxifen, 20 mg's, #30, on March 26, 2015, May 26, 2015, January 20, 2016, and March 1, 2016.
- m. The Defendant provided trauma care to Patient N, a male born in 1990, from September to November, 2008. The Defendant again provided care for Patient N in February, 2012, for a shoulder injury. The Defendant provided care in May, 2013, for a sports related injury; there are no additional medical records indicating the Defendant provided care for Patient N after May, 2013. Patient N's prescription profiles indicate he filled the following prescriptions written by the Defendant, which are not supported by nor documented in the B.M.C. patient record:
  - i. Vyvanse (also called "amphetamine"), 50 mg, #30, filled on:
    1. February 19, 2015; March 16, 2015; May 27, 2015; November 2, 2015; September 12, 2015; February 14, 2016, and January 10, 2016.
- n. The Defendant did not provide a medical record for Patient O, a male born in 1995. Patient O filled the following prescriptions written by the Defendant:
  - i. Tamoxifen, 20 mg: #60 filled on June 5, 2015; # 6 filled on July 5, 2015; #54 filled on July 8, 2015; and #60 filled on August 10, 2015.
- o. The Defendant provided trauma care for Patient P, a male born in 1983, in April, 2008, and again in October, 2009. On October 12, 2015, Patient P filled the following prescriptions written by the Defendant which are not supported by nor documented in the patients' medical record:
  - i. Lidocaine 5% patch, #30, on October 12, 2015; and

ii. Valacyclovir 1 gm, #20, on January 14, 2016.

p. The Defendant did not provide a medical record for Patient Q, a female patient. Patient Q filled prescriptions written by the Defendant for Citalopram 20 mg, #30, on the following dates: February 23, 2015; June 28, 2015; August 5, 2015; September 29, 2015; November 18, 2015; January 26, 2016; February 26, 2016; April 13, 2016; and June 28, 2016. Patient Q filled prescriptions for Citalopram 20 mg, #90, written by the Defendant, on August 2, 2016, and November 23, 2016.

15. During an interview with a Department investigator on April 7, 2017, the Defendant admitted to using a hyfrecator, found in his office, to remove genital warts from two B.M.C. trauma patients. The Defendant admitted that he made no documentation in the patients' B.M.C. medical records for these. The Defendant further stated:

- a. He saw past patients in his office with the door closed without a chaperone;
- b. His "fuzzy" prescribing practices were due to wanting to help these patients;  
and
- c. The Defendant has been trained in diagnosing post-traumatic stress disorder and attention deficit/attention deficit hyperactivity disorder.

#### **FIRST CAUSE OF ACTION**

16. Paragraphs 1 through 15 are incorporated herein by reference.

17. Neb. Rev. Stat. § 38-178(6)(d) (Reissue 2016) provides that a professional license may be disciplined for practice of the profession in a pattern of negligent conduct.

18. The Defendant's conduct above in Paragraphs 12 through 15 set forth above constitutes the practice of the profession in a pattern of negligent conduct which is grounds for discipline.

#### **SECOND CAUSE OF ACTION**

19. Paragraphs 1 through 18 are incorporated herein by reference.

20. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides that a professional license may be disciplined for unprofessional conduct as defined in section 38-179 (Reissue 2016).

21. Neb. Rev. Stat. § 38-179 (Reissue 2016) defines unprofessional conduct as “any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession... (15) such other acts as may be defined in rules and regulations.”

22. The Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery, 172 NAC 88-010.02 (2013), define unprofessional conduct as “any departure from or failure to conform to the standards of acceptable and prevailing practice of medicine and surgery or the ethics of the profession, regardless of whether a person, patient, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to: ... (32) Conduct or practice outside the normal standard of care in the State of Nebraska which is or might be harmful or dangerous to the health of the patient or the public, not to include a single act of ordinary negligence”.

23. The Defendant’s conduct set forth above in paragraphs 12 through 15 constitutes unprofessional conduct which is grounds for discipline.

### **THIRD CAUSE OF ACTION**

24. Paragraphs 1 through 23 are incorporated herein by this reference.

25. Neb. Rev. Stat. § 38-178(2) (Reissue 2016) provides that a professional license may be disciplined for immoral or dishonorable conduct evidencing unfitness to practice the profession in this state.

26. The Defendant's conduct as set forth above constitutes immoral or dishonorable conduct and is grounds for discipline.

#### **FOURTH CAUSE OF ACTION**

27. Paragraphs 1 through 26 are incorporated herein by this reference.

28. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides that a professional license may be disciplined for unprofessional conduct as defined in section 38-179.

29. Neb. Rev. Stat. § 38-179 (Reissue 2016) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, or conduct that is likely to deceive or defraud the public or is detrimental to the public interest, including but not limited to... (10) failure to keep and maintain adequate records of treatment or service.

30. 172 NAC 88-010.02(10) of the Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery (2013) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of medicine and surgery or the ethics of the profession, regardless of whether a person, patient, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to... (10) failure to keep and maintain adequate records of treatment of service. Adequate records means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings

provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment, and, when investigative or unproven therapies are utilized, the records must include written informed patient consent.

31. The Defendant's failure to keep and maintain an adequate record for all Patients set forth above sufficient to support a diagnosis and justify treatment, indicate advice and cautionary warnings provided to the patient and to provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment constitutes unprofessional conduct and is grounds for discipline.

#### **FIFTH CAUSE OF ACTION**

32. Paragraphs 1 through 31 are incorporated herein by reference.

33. Neb. Rev. Stat. § 38-178(23) (Reissue 2016) provides a professional license may be disciplined for unprofessional conduct as set forth 38-179.

34. Neb. Rev. Stat. § 38-1179 (Reissue 2016) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession,... including but not limited to, ... (23) such other acts as may be defined in rules and regulations.

35. 172 NAC 88.010.02(19) of the Regulations Governing the Licensure of Medicine and Surgery and Osteopathic Medicine and Surgery (2013) defines unprofessional conduct as "refusal to cooperate or failure to furnish requested information during a licensing or discipline investigation by the Department".


36. The Defendant's failure to provide medical records of Patient's A, L, O, and Q constitutes a refusal to cooperate during a licensing or discipline investigation and is grounds for discipline.

**PRAYER FOR RELIEF**

**WHEREFORE**, the Plaintiff prays that the Chief Medical Officer temporarily suspend the Defendant's license to practice as a physician pursuant to Neb. Rev. Stat. § 38-183 (Reissue 2016), set this matter for hearing, enter an order for appropriate disciplinary action pursuant to Neb. Rev. Stat. § 38-196 (Reissue 2016), and tax the costs of this action to the Defendant.

STATE OF NEBRASKA, ex rel.  
DOUGLAS J. PETERSON,  
Attorney General,  
Plaintiff,

BY: DOUGLAS J. PETERSON,  
#18146  
Attorney General

By:   
Mindy L. Lester, #24421  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509-8920  
(402) 471-1815

Attorneys for the Plaintiff.





STATE OF NEBRASKA  
**Office of the Attorney General**

2115 STATE CAPITOL BUILDING  
LINCOLN, NE 68509-8920  
(402) 471-2682  
TDD (402) 471-2682  
FAX (402) 471-3297 or (402) 471-4725

LICENSURE UNIT

FEB 05 2014

RECEIVED

**JON BRUNING**  
ATTORNEY GENERAL

**JULIE L. AGENA**  
ASSISTANT ATTORNEY GENERAL

January 23, 2014

**VIA INTERAGENCY MAIL**

Helen L. Meeks  
Licensure Unit Administrator  
NDHHS Division of Public Health  
301 Centennial Mall North, 3<sup>rd</sup> Floor  
Lincoln, NE 68509

**RE: *In the Matter of the License of Reginald Burton, M.D.  
Assurance of Compliance***

Dear Ms. Meeks:

Enclosed are the following documents:

1. original, fully executed, Assurance of Compliance; and
2. copy of the transmittal letter to Defendant's attorney Mr. Fahleson, dated January 23, 2014.

The above-referenced documents may be filed with the public record of Dr. Burton's Physician License.

Sincerely,

**JON BRUNING**  
Attorney General

Julie L. Agena  
Assistant Attorney General

Enclosure  
cc: Ruth Schuldt (w/encl.)  
44-294-14

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
STATE OF NEBRASKA

FEB 05 2014

RECEIVED

IN THE MATTER OF )  
 )  
THE LICENSE OF ) ASSURANCE OF COMPLIANCE  
 )  
REGINALD BURTON, M.D., )

Reginald Burton, MD, ("Dr. Burton") and the Attorney General's Office for the State of Nebraska enter into this Assurance of Compliance by agreeing as follows:

1. Dr. Burton is the holder of a license to practice as a Physician (#22202) issued by the Nebraska Department of Health and Human Services Division of Public Health ("Department").
2. It is alleged that Dr. Burton demonstrated poor professional boundaries with patients.
3. Neb. Rev. Stat. § 38-178(23) (2012 Cum. Supp.) provides that a professional license may be disciplined, revoked, or suspended for unprofessional conduct.
4. Neb. Rev. Stat. § 38-179 (Reissue 2008) defines unprofessional conduct as any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or occupation or the ethics of the profession or occupation regardless of whether a person, patient or entity is injured, or conduct that is likely to deceive or defraud the public or is detrimental to the public interest.
5. Though Dr. Burton makes no admissions, he agrees to maintain professional boundaries with patients, as well as follow any

recommendations/requirements/restrictions of his employer and any treatment providers.


6. Under the provisions of Neb. Rev. Stat. § 38-178(21) (Reissue 2008), any violation of this Assurance of Compliance is grounds for discipline.
7. This Assurance of Compliance is not a disciplinary action against Dr. Burton's Nebraska license to practice as a physician.
8. This Assurance of Compliance is entered pursuant to Neb. Rev. Stat. § 38-1,108 (Reissue 2008) and shall become effective ten (10) days from the date it is signed by the Attorney General's Office.

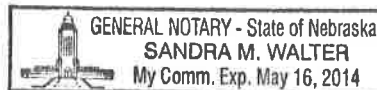
Dated this 6<sup>th</sup> day of January, 2014.

  
\_\_\_\_\_  
Reginald Burton, MD

State of Nebraska )  
  ) ss.  
County of Lancaster )

This Assurance of Compliance was acknowledged before me by Reginald Burton, MD, on this 6<sup>th</sup> day of January, 2014.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires:



Dated this 15<sup>th</sup> day of January, 2014.

By: JON BRUNING, #20351  
Attorney General

By: Julie L. Agena  
Julie L. Agena, #23137  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509

44-2874.1-3



STATE OF NEBRASKA  
**Office of the Attorney General**

2115 STATE CAPITOL BUILDING  
LINCOLN, NE 68509-8920  
(402) 471-2682  
TDD (402) 471-2682  
FAX (402) 471-3297 or (402) 471-4725

**JON BRUNING**  
ATTORNEY GENERAL

**JULIE L. AGENA**  
ASSISTANT ATTORNEY GENERAL

January 23, 2014

Mark A. Fahleson  
Rembolt Ludke, LLP  
1201 Lincoln Mall, #102  
Lincoln, Nebraska 68508

**Re: *In the Matter of the License of Reginald Burton, M.D.***

Dear Mr. Fahleson:

Enclosed is an executed copy of the Assurance of Compliance with respect to the above-captioned matter. Please encourage Dr. Burton to please maintain conformity with the Assurance of Compliance, as a violation can be the basis to take action which would adversely affect his ability to continue practicing as a Physician in the State of Nebraska. Please call if you have any questions.

Sincerely,

**JON BRUNING**  
Attorney General

A handwritten signature in cursive script, appearing to read "Julie L. Agena".

Julie L. Agena  
Assistant Attorney General

Enclosure  
pc: Helen Meeks (w/encl.)  
Ruth Schuldt (w/encl.)  
44-294a-14