

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

IN THE MATTER OF THE APPLICATION FOR) 143070 MD
REINSTATEMENT OF)
STRASBURGER, SCOTT) ORDER ON APPLICATION
FOR REINSTATEMENT

THIS MATTER came on for consideration of the Application for Reinstatement filed by Scott Strasburger (Applicant) on May 12, 2016. Being duly advised in the premises, the undersigned finds that the Recommendation for Reinstatement issued by the Board of Medicine and Surgery on September 12, 2016, should be adopted.

IT IS SO ORDERED.

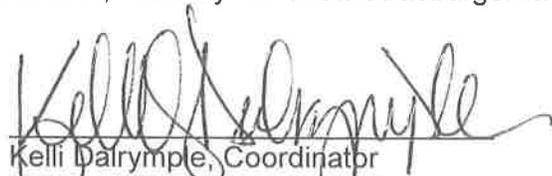
DATED: 10/29/16



Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 31st day of October 2016, a copy of the foregoing was sent by certified United States mail, postage prepaid, return receipt requested, to Melanie Whittamore-Mantzios, attorney for Scott Strasburger MD, 1248 O St., Suite 800, Lincoln NE 68508.



Kelli Dalrymple, Coordinator
Office of Medicine & Specialized Services
Licensure Unit, Division of Public Health
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986



September 12, 2016

Sent by Certified Mail

Scott Edwin Strasburger, MD
7121 Stephanie LN #100
Lincoln NE 68516

Dear Dr. Strasburger:

The Board of reviewed at its meeting on August 26, 2016, the reinstatement application and supporting documents relating to your License to practice as a Physician, License No. 20145.

The Board is recommending a Probationary Reinstated License, to practice as a Physician in the State of Nebraska.

To respond to this recommendation, you must:

- Accept the Probationary License;
- OR**
- Request a Hearing to Appeal the probationary License.

Your response must be made in writing and received by the Department within 30 days of the date of this letter.

The terms and conditions of probation are:

- 1) The probation would be effective for five years, starting on the date the credential would be reinstated
- 2) Comply with all treatment recommendations of your chemical abuse/dependency treatment provider(s), including any recommendations for aftercare, counseling an attendance at support group meetings. If a specific type of support group is recommended, you may substitute and alternative type of support group which has been preapproved in writing by the Department. Please request that your chemical abuse/dependency treatment provider(s) submit a copy of your treatment plan to include your progress and participation in treatment. The report will need to be submitted on a quarterly bases due by the 10th day of January, April, July and October.
- 3) During the probation, you are to submit to Ethyl Glucuronide (EtG)/Ethyl Sulfate (EtS) testing and Drug screenings before any surgical procedure. The testing shall be at your own expense. You shall not perform any surgical procedure until results of the test have been obtained and verified by the Head Nurse Manager of the facility where the procedure is taking place. Said facility/hospital shall collect the sample, conduct the testing and provide proof of each test result to the Compliance Monitor the same day as the specimen was collected. Any positive results shall be immediately reported by the facility/hospital to the Department. It is your responsibility to set up the EtG/EtS testing and Drug screens with any and all facilities/hospitals where you will be performing surgery.
- 4) Abstain from the use of alcohol and you shall not consume products containing alcohol including, but not limited to, mouthwash, food and over-the-counter medications unless prescribed for or administered to you by a licensed physician or other licensed practitioner authorized to prescribe for a diagnosed medical condition.
- 5) Abstain from the personal use of controlled substances, prescription drugs, and all mood altering substances, unless prescribed for or administered to you by a licensed physician or other licensed practitioner authorized to prescribe for a diagnosed medical condition.

To comply with this condition, you are to submit reports on any medications that are prescribed for you, using the enclosed MEDICATION RECORDS REPORT. This Report must be completed and submitted to the Department on a monthly basis by the 5th of each month during the term of probation.

- 6) Submit to random body fluid screens at your own expense and at such time and place as the Department of Health and Human Services, Licensure Unit, may direct.

To comply with this condition you are to submit to random body fluid screens. To fulfill this requirement, you are to check the website <http://nebraskaocchealth.com> or call this toll free number (800-635-1818) each day, seven (7) days a week, between 6:00 a.m. and 2:00 p.m., Central Time, to view or receive a recorded message of the number or numbers that will be subjected to body fluid testing.

If your assigned number is included on the recorded message or on the website on any given day, you are to report to your designated collection site before it closes on that day and provide a specimen of body fluid under the conditions provided at the collection site. Nebraska Occupational Health Center in Lincoln will make a written contact with you to set up your designated collection site. Your daily calls to the 800 number or daily checks on the website must begin the first day following your contact from Nebraska Occupational Health Center. The 800 number that you are to call or the website that are to check on a daily basis is available on a nationwide basis and you will be required to call it or check the website whether or not you are present in Nebraska.

You must pay the expense incurred as a result of the body fluid testing. To assist you in preparing for this expense, the following fee schedule has been established.

\$55.00	Administration fee to be collected annually.
\$80.00	Drug testing and specimen collection (Tests not included in the drug screen panel will be based on the amount billed by the laboratory).
\$83.00	Ethyl Glucuronide (ETG)/Ethyl Sulfate (ETS) testing and specimen collection.
\$30.00	Medical Review Officer's physical Examination or Consultation when test results are positive.
\$10.00	Collection site set-up fee when licensee travels to a location where there is not an established collection site.
\$40.00	Non-compliance fee for unauthorized failure to report for body fluid screen testing.

If you have any questions about collection sites and or testing fees, you may contact Nebraska Occupational Health Center at 402-476-2600.

If you do not report as required, you will be out of compliance with the terms of your probation and may have additional disciplinary action taken against your license. If you experience problems with the system, notify your compliance monitor immediately.

If you travel away from your home, whether in your state or out of your state, you will be required to make arrangements to get collection kits and have specimens collected if needed while you are out of town. You will need to contact Nebraska Occupational Health Center immediately in order to have a kit "on hand". **Except for emergency situations, you will need to contact Nebraska Occupational Health Center at least 48 hours prior to your scheduled trip to make arrangements for an alternate collection site.** Nebraska Occupational Health Center may not be able to make necessary arrangements for an alternate collection site if you do not contact them at least 48 hours in advance.

There may be instances when you will be out of town and unable to call the 800 number or check the website on a daily basis and/or locate a collection site. In these instances you will need to contact your compliance monitor prior to that event. If circumstances prevent you from calling the 800 number or checking the website on a daily basis due to extended illness or hospitalization, you need to notify your compliance monitor. You may be required to submit written verification from your physician.

You are also required to sign a release to authorize the submission of results from body fluid screens and any medical records related to such screens to the Department of Health & Human Services, Division of Public Health

- 7) Advise all personal treating physicians and other treating practitioners, prior to treatment, of your history of chemical dependency/abuse and of all medications you are taking at the time of treatment.
- 8) Refrain from conduct which would constitute a misdemeanor or felony which has a rational connection to your fitness to practice as a physician.
- 9) Assure that semi-annual reports are submitted to the Department from all facilities for where you practice medicine and surgery. These reports need to be submitted through the medical staff and describe your work habits, work-related performances, attendance and evidence of appropriate conduct with your patients and staff. Reports are due by the 10th day of July and January.

I have enclosed an EMPLOYER REPORT FORM for your use.

- 10) Provide notification of your disciplinary action to any facility where you practice medicine and surgery or have credentials to practice medicine and surgery, and to any education program of medicine in which you may enroll. Written confirmation of this notification shall be provided to the Department within 30 days of the reinstatement of license and within 30 days of any new employment, partners, facility privileges or educational program of medicine.

I have enclosed an EMPLOYMENT, FACILITY, HOSPITAL NOTIFICATION VERIFICATION FORM, and an EDUCATION PROGRAM NOTIFICATION VERIFICATION FORM for your use.

- 11) Provide notification of your disciplinary action to the licensing authority in any state where you have or may obtain a license or permit to practice medicine and surgery. Written Confirmation of this notification shall be provided to the Department within 30 days of the reinstatement of license and within 30 days of licensure in another state.

I have enclosed a STATE NOTIFICATION VERIFICATION FORM for your use.

- 12) All reports, notices, and other documentation requested by the Department shall be provided using report forms provided by the Department.
- 13) You are to appear at any meetings of the Board of Medicine and Surgery when requested.
- 14) Provide written notification, within 7 days of its occurrence, of any change in residence, address or phone number and its effective date.
- 15) Promptly respond to all requests and inquiries by the Department concerning compliance with the terms of probation.
- 16) You shall pay any costs associated with insuring compliance with this Probationary status.
- 17) If you notify the Department in writing that you have discontinued practicing in Nebraska for 6 months or longer or hold an inactive credential, the Probationary terms and conditions will not be in effect and the Department will discontinue monitoring your probation from the date you notified the Department. If you return to practice, you must notify the Department and your end date of probation will be adjusted to comply with the original length of probation. If you do not notify the Department that you have resumed practice, such practice will be considered a violation of probation and may be subject to discipline.

The basis for the Board's recommendation is:

Based on disciplinary license history and recent convictions in 2015.

The following provides information relating to Accepting the Probation or Requesting a Hearing:

If you accept the recommendation, complete the enclosed "Request Issuance of License" form and return it to the Licensure Unit to the address shown on the form. Upon receipt of this form, the reinstatement application, supporting documentation, and the Board's recommendation will be forwarded to the Director of the Division of Public Health for a decision. The Director will enter an order setting forth the decision.

The order regarding reinstatement will be sent to you by certified mail. The Director's decision may be appealed to District Court by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

If your license is issued, your compliance with the probationary terms and conditions will be monitored by the person whose name appears below. Therefore, you are to submit all reports and direct all questions to this person.

Anna Harrison, RN, Compliance Monitor
Licensure Unit, PO Box 94986
Division of Public Health
Department of Health & Human Services
Lincoln, NE 68509-4986
402-471-0313 E-Fax: 402-742-2306
Anna.Harrison@nebraska.gov

If you practice or reside in a jurisdiction other than Nebraska, such practice or residency will not serve to reduce or satisfy the probationary terms and conditions unless that jurisdiction adopts the probationary terms and conditions that are on your Nebraska license. If this situation should occur, you may submit documentation that includes the terms and conditions of your licensure in the other jurisdiction. This information will be reviewed to determine equivalency with your Nebraska probationary terms and conditions.

Your failure to comply with the probationary terms and conditions is grounds for further disciplinary action against your license.

If you request a hearing before the Board of Medicine and Surgery, you will be notified of the date, time and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing. Following a hearing before the Board of Medicine and Surgery, the Board may affirm or modify their recommendation.

If you **do not respond** to the Board's recommendation, the reinstatement application, supporting documentation and the Board's recommendation will be forwarded to the Director of the Division of Public Health for a decision.

Please contact Kathie Lueke, Program Manager, Office of Medicine and Specialized Health at (402) 471-2118 or kathie.lueke@nebraska.gov if you have questions regarding the Board's recommendation.

Sincerely,

The Board of Medicine and Surgery



Carl V. Smith, Chairperson

CVS/ksd

Enclosures: Request Reinstatement of License Form
Employer Notification Verification Form
State Notification Verification Form
Medication Records Report
Employer Report Form
Facility/Hospital Notification Verification Form
Educational Program Notification Verification Form

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



STATE OF NEBRASKA ex rel., JON)
BRUNING, Attorney General,)
)
Plaintiff,)
)
vs.)
)
SCOTT E. STRASBURGER, MD,)
)
Defendant.)

143070

ORDER ON
AGREED SETTLEMENT

A proposed Agreed Settlement was filed with the Department on December 22, 2014.

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.

DATED this 23 day of December, 2014.

A handwritten signature in blue ink, appearing to read "Joseph M. Acierno".

Joseph M. Acierno, MD, JD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 23rd day of December, 2014, a copy of the foregoing ORDER ON AGREED SETTLEMENT was sent certified United States Mail, postage prepaid, return receipt requested to the attorney for defendant, Melanie Whitamore-Mantzios, Wells Fargo Center, #800, 1248 O Street, Lincoln, NE 68508-1424 and by e-mail to Suzanna Glover-Ettrich, Special Assistant Attorney General, at the e-mail address: suzanna.gloverettrich@nebraska.gov.

A handwritten signature in blue ink, appearing to read "Beth Davidson".

DHHS Hearing Office
P.O. Box 98914
Lincoln, Nebraska 68509-8914
P. (402) 471-7237 F. (402) 742-2376

7013 2250 0000 5081 2240

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

**STATE OF NEBRASKA ex rel.
JON BRUNING, Attorney General,**

Plaintiff,

v.

SCOTT E. STRASBURGER, M.D.,

Defendant.

AGREED SETTLEMENT

The Plaintiff and the Defendant, Scott E. Strasburger, M.D., in consideration of the mutual covenants and agreements contained herein, agree as follows:

1. The Defendant, Scott E. Strasburger, M.D., was issued a license (#20145) to practice as a physician by the Nebraska Department of Health and Human Services Division of Public Health ("Department").
2. 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 waives any right to judicial review of an order by the Department's Chief Medical Officer which approves the terms of this Agreed Settlement.
3. No coercion, threats, or promises, other than those stated herein, were made to the Defendant to induce him to enter into this Agreed Settlement.
4. The Defendant acknowledges that he has read the Petition for Disciplinary Action filed by the Nebraska Attorney General's Office. The Defendant admits the allegations of the Petition for Disciplinary Action.

5. The Plaintiff and the Defendant consent to the Chief Medical Officer entering a final disciplinary order which finds the allegations of the Petition for Disciplinary Action are true and which suspends the Defendant's license to practice medicine and surgery for a period of not less than six (6) months, beginning on November 26, 2014. The Defendant shall not engage in any conduct which constitutes the practice of medicine and surgery during the suspension of his license.
6. The Defendant acknowledges that reinstatement of his license to practice medicine and surgery at the end of the six (6) month suspension is at the discretion of the Director of Public Health upon recommendation by the Board of Medicine and Surgery, pursuant to Neb. Rev. Stat. §§ 38-148 and 38-149. Upon application for reinstatement, the Defendant must provide proof to the Department of successful completion of a chemical dependency treatment program, as well as with compliance with all aftercare treatment recommendations of Defendant's chemical dependency evaluation, including any recommendations for relapse counseling, support group meetings and sponsorship, during the time of suspension. If the Defendant fails to provide the required information to the Department, the suspension shall continue until such time that the Defendant provides the required information. The Defendant may apply for reinstatement prior to the conclusion of the six (6) month suspension.

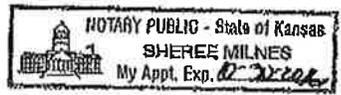
- 7. The Attorney General's Office has given notice of this Agreed Settlement to the Board of Medicine and Surgery and has received their input in accordance with Neb. Rev. Stat. § 38-190 (Reissue 2008).
- 8. If this Agreed Settlement is not approved by the Chief Medical Officer, this Agreed Settlement shall become null and void and will not be admissible for any purpose at any hearing that may be held on this matter.

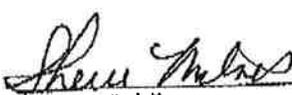
AGREED TO:

BY: 
 Scott E. Strasburger, MD
 Defendant

State of Kansas)
) ss.
 County of Norton)

Acknowledged before me by Scott Strasburger, MD, on this 16th day of December, 2014.




 Notary Public
 My Commission Expires: 12-30-2014

THE STATE OF NEBRASKA, ex rel.
JON BRUNING, Attorney General,
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: *Suzanna Glover-Ettrich*
Suzanna Glover-Ettrich, #20888
Special Assistant Attorney General
2115 State Capitol
Lincoln, NE 68509-5026
(402) 471-4126

Attorneys for the Plaintiff.

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



STATE OF NEBRASKA ex rel.)
JON BRUNING, Attorney General,)
)
Plaintiff,)
)
v.)
)
SCOTT E. STRASBURGER, M.D.,)
)
Defendant.)

PETITION FOR
DISCIPLINARY ACTION

The Plaintiff alleges as follows:

1. Jurisdiction is based on Neb. Rev. Stat. §38-176 (Reissue 2008) and §38-186 (2012 Cum. Supp.).
2. At all times relevant herein, the Defendant, Scott E. Strasburger, M.D., has been the holder of a license (#20145) to practice as a physician issued by the Nebraska Department of Health and Human Services Division of Public Health ("Department").
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 a disciplinary recommendation to the Attorney General, which recommendation has been considered. Such matters are privileged pursuant to Neb. Rev. Stat. §§ 38-1,105 and 38-1,106 (Reissue 2008).
5. In approximately 1997, the Defendant began working at NOASM.
6. In October 2013, NOASM requested that the Defendant submit to a body fluid screen test.

7. On October 17, 2013, the Defendant provided a body fluid screen requested by NOASM. The results indicated the presence of a controlled substance.
8. In October 2013, the Defendant completed an Alcohol/Drug Assessment with the Nebraska Licensee Assistance Program (NE LAP). Recommendations included residential alcohol/drug treatment program for healthcare professionals and a minimum of one year of professional aftercare.
9. Between November 7, 2013 and December 4, 2013, the Defendant completed residential treatment at H. Recommendations at discharge included an Intensive Outpatient Program.
10. On December 9, 2013, the Defendant entered into a Monitoring Agreement with the NE LAP.
11. Between December 2013 and January 2014, the Defendant completed six weeks of Intensive Outpatient treatment. The Defendant was diagnosed with Other or Unspecified Stimulant Substance Use Disorder-Moderate.
12. On July 8, 2014, Defendant took a drug test at PMHC that resulted in a non-negative drug screen for a controlled substance. Defendant's surgery and clinic appointments were cancelled. Defendant submitted his written resignation to PCMH.
13. On November 26, 2014, the Defendant arrived at the LSC in an impaired state and was prevented from performing any surgeries that day. The Defendant was asked to submit to a drug screen, which he refused.

FIRST CAUSE OF ACTION

14. Paragraphs 1 through 23 are incorporated herein by reference.
15. Neb. Rev. Stat. § 38-178(3) (2012 Cum. Supp.) provides that a professional license may be disciplined for the abuse of, dependence on, or active

addiction to alcohol, any controlled substance, or any mind-altering substance.

16. The Defendant's diagnosis is grounds for discipline.

SECOND CAUSE OF ACTION

17. Paragraphs 1 through 23 are incorporated herein by reference.
18. Neb. Rev. Stat. § 38-178(7) (2012 Cum. Supp.) provides that a professional license may be disciplined for practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability.
19. The Defendant's conduct on or about November 26, 2014, involving the practice of medicine and surgery while impaired is grounds for discipline.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff prays that the Chief Medical Officer set this Petition for Disciplinary Action for hearing and enter an order for appropriate disciplinary action concerning the Defendant's license to practice as a physician in the State of Nebraska pursuant to Neb. Rev. Stat. §§ 38-188, 38-195 and 38-196 (Reissue 2008), and tax the costs of this action to the Defendant.

STATE OF NEBRASKA ex rel. JON
BRUNING, Attorney General,
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: *Suzanna Glover-Ettrich*
Suzanna Glover-Ettrich, #20888
Special Assistant Attorney General
301 Centennial Mall South, 3rd floor
Lincoln, NE 68509-4126

Attorneys for the Plaintiff.