

IN THE MATTER  
OF  
VINSON DISANTO, D.O.

COMMISSIONER'S  
ORDER OF  
SUMMARY  
ACTION

TO: VINSON DISANTO, D.O.

The undersigned, Sally Dreslin, M.S., R.N., Executive Deputy Commissioner, pursuant to N.Y. Public Health Law §230, upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, has determined that the duly authorized professional disciplinary agency of another jurisdiction, the State of Kentucky, has made a finding substantially equivalent to a finding that the practice of medicine by Vinson DiSanto, D.O. (the Respondent), New York license number 253755, in that jurisdiction constitutes an imminent danger to the health of its people, as is more fully set forth in the Final Order Affirming Emergency Order of Restriction (henceforth: "predicate action") dated June 5, 2019, attached hereto as Appendix "A" and made a part hereof.

It is therefore:

ORDERED, pursuant to N.Y. Public Health Law §230(12)(b), that effective immediately, Respondent shall not practice medicine in the State of New York, or practice in any setting under the authority of Respondent's New York license.

Any practice of medicine in violation of this Order shall constitute Professional Misconduct within the meaning of N.Y. Educ. Law §6530(29) and may constitute unauthorized medical practice, a Felony defined by N.Y. Educ. Law §6512.

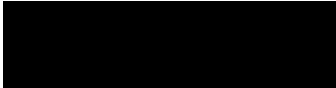
This Order shall remain in effect until the final conclusion of a hearing which shall commence within thirty days after the final conclusion of the disciplinary proceeding in the predicate action. The hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230, and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing

will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on a date and at a location to be set forth in a written Notice of Hearing or Notice of Referral Proceeding to be provided to the Respondent after the final conclusion of the proceeding in the predicate action. Said written Notice may be provided in person, by mail, or by other means. If Respondent wishes to be provided said written notice at an address other than that set forth above, Respondent shall so notify, in writing, both the attorney whose name is set forth in this Order, and the Director of the Office of Professional Medical Conduct, at the addresses set forth below.

Respondent shall notify the Director of the Office of Professional Medical Conduct, New York State Department of Health, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719 via Certified Mail, Return Receipt Requested, of the final conclusion of the proceeding in the predicate action, immediately upon such conclusion.

THE NEW YORK PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York  
August 11, 2019

  
Sally Dreslin, M.S., R.N.  
Executive Deputy Commissioner  
New York State Department of Health

Inquiries should be directed to:

Ian H. Silverman  
Associate Counsel  
Bureau of Professional Medical Conduct  
Corning Tower – Room 2512  
Empire State Plaza  
Albany, New York 12237  
(518) 473-4282

# Appendix A

COMMONWEALTH OF KENTUCKY  
KENTUCKY BOARD OF MEDICAL LICENSURE  
AGENCY CASE NO. 1900  
ADMINISTRATIVE ACTION NO. 19-KBML-0048

FILED OF RECORD  
JUN -6 2019  
K.B.M.L.

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF  
KENTUCKY HELD BY VINSON M. DISANTO, D.O., LICENSE NO. 03250,  
[REDACTED]

\* \* \* \* \*

FINAL ORDER AFFIRMING EMERGENCY ORDER OF RESTRICTION

NOTICE OF APPEAL RIGHTS

\* \* \* \* \*

I. INTRODUCTION / PROCEDURAL ISSUES

THIS MATTER pertains to an emergency hearing held on May 29, 2019, at the Board Offices in the General Counsel's Conference Room, Board of Medical Licensure, Louisville, Ky. The Hon. Fox DeMoisey appeared on the behalf of the licensee, Vinson M. DiSanto, D.O. (Dr. DiSanto), who was also present. The Hon. Sarah Farmer appeared on the behalf of the Kentucky Medical Licensure Board (the Board). At issue in this proceeding is Dr. DiSanto's Demand for Hearing filed with the Board on April 12, 2019, regarding the issuance of an Emergency Order of Restriction (the Emergency Order) on March 19, 2019. In its Emergency Order, issued pursuant to KRS 311.592(1) and KRS 13B.125(2), the Board made the following findings of fact:

1. At all relevant times, Vinson M. DiSanto, D.O., was licensed by the Board to practice osteopathy within the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In or around 2010, the licensee was issued a license to practice osteopathy in the Commonwealth of Kentucky contingent upon him entering into an Agreed Order of Fine based upon his non-disclosure of his dismissal from osteopathic school for academic reasons.
4. On or about June 2, 2017, the licensee entered into a Stipulation and Order

with the Idaho State Board of Medicine, pursuant to which he was reprimanded and fined, based upon his prescribing of testosterone, a controlled substance, to Idaho patients via email and telephone, without having obtained required registrations through the Idaho Board of Pharmacy and the Drug Enforcement Administration (DEA) to issue prescriptions to patients located in Idaho.

5. An investigation into the licensee's practices in the Commonwealth of Kentucky via telemedicine and a KASPER review disclosed four (4) patients having received controlled substance prescriptions from the licensee in Kentucky.

6. The licensee produced three (3) patient charts in response to a Board subpoena for the four (4) patient charts. The licensee denied that he treated the fourth patient ("Patient BA") or had a chart on Patient BA.

7. A copy of the prescription to Patient BA was obtained and showed that it was written under the licensee's name, with a New Jersey address. Patient BA's address was listed as being in Utah, but the prescription was delivered to a UPS store in Murray, Kentucky.

8. A Board consultant reviewed the three (3) patient charts produced by the licensee and opined that the licensee failed to conform to acceptable and prevailing medical practices in the Commonwealth of Kentucky and, in one instance, demonstrated gross negligence by prescribing controlled substances without medical necessity.

9. On or about February 11 2018, the licensee responded that he had made a number of changes in his practice, including that he decreased overprescribed medications to one patient and made personnel changes. The licensee stated, in part, that "when compliance issues became apparent to me, I discontinued care to the patients and have since made personnel changes which has repaired this flaw. Kentucky was never planned as an area of focus for Anti-Aging Medicine, and this activity has been discontinued since 2016."

10. Upon this information, the Board consultant opined that until his current practices can be evaluated, his prescribing be monitored if he maintains an active Kentucky medical license.

11. In or around November 2018, under agreement with the Board, the licensee submitted to a clinical skills assessment at Center for Personalized Education for Professionals ("CPEP") in the specialty of family medicine, with a focus on adult hormone deficiency.

12. CPEP found that the licensee's overall knowledge and judgment in the broad scope of general family medicine was outdated and in need of updating and review and opined that these needs would best be addressed through remediation in a formal educational setting such as residency, fellowship or residency-like setting. According to CPEP, this level of recommendation indicates that it would not be safe for this physician to practice independently while attempting to remediate the noted deficiencies.

13. In addition, CPEP found the licensee's knowledge and judgment in his focus area of male hypogonadism (adult hormone deficiency) to be inadequate; that the level of educational needs in this area would require oversight and supervision; and

recommended that remediation in his focus area of adult hormone deficiency be addressed after remediation of foundational knowledge in his primary specialty, family medicine.

14. In regard to the licensee's medical knowledge, CPEP found that the licensee demonstrated "significant educational needs," stating in part: ...although he was able to describe the common symptoms of asthma and appropriate treatment for a mild case, he was not able to correctly describe the recommended management of increasingly severe asthma. He was unaware of the current recommendations for administration of Prevnar and Pneumovax in adults. In discussing various urology topics he described screening for prostate cancer with a digital rectal exam and prostate-specific antigen (PSA) test, both of which are no longer recommended. He recalled only one of the medications used for management of prostatic hypertrophy symptoms. When presented with a young male with flank pain and meaturia, he correctly identified the possibility of a ureteral stone but was unable to describe the various crystalline forms of stones or their specific treatment. In discussing care of the elderly, he indicated that he would use a tricyclic antidepressant (amitriptyline) or trazadone for insomnia, both of which are relatively contraindicated in this age group. Similarly, he recommended use of anticholinergic medications to manage urinary incontinence in the elderly, but was unaware of the significant risk of side effects. He described few measures used to decrease the risk of falls in the elderly.

... In treating a hypothetical male patient with hypogonadism (symptoms of fatigue, decreased libido and erectile dysfunction), but a normal testosterone level, Dr. DiSanto recommended treatment with testosterone with added HCG and occasionally Oxandrolone, which is not the current standard of care in allopathic or functional medicine. ... Additionally, when asked about hormonal replacement in women, he was not able to clearly describe the diagnostic criteria for female menopause, and incorrectly stated that the USPSTF guidelines currently recommend estrogen supplementation in the post-menopausal period for osteoporosis, vaginal dryness, and climacteric issues. He was not aware of the risk of endometrial/uterine cancer with unopposed estrogen therapy, and would not use progesterone supplementation because of its androgenic side effects, which is contrary to current recommendations.

15. CPEP found that the licensee demonstrated "inadequate" clinical judgment and reasoning, stating in part...he did not demonstrate the ability to gather information in a logical, organized, and complete fashion; his overall approach to many of the hypothetical clinical cases appeared to be somewhat superficial and focused only on the most commonly known symptoms and findings. For example, when presented with a hypothetical case of a 45-year old female with increasing fatigue and a history of apparent viral pharyngitis one year prior, he inquired about the metabolic profile and thyroid level (which were normal) and immediately diagnosed the problem as chronic fatigue syndrome. He did not investigate other causes such as occult infection, lifestyle issues, chronic anxiety, depression, drug or alcohol abuse or possible toxins. All consultants that reviewed his charts noted a lack of adequate information in the history, physical examination and laboratory investigation of many patients.

Dr. DiSanto demonstrated some difficulty recognizing acuity of illness, and suggested less-than-appropriate plans, often ignoring known clinical evidence of best practices. For example, in the hypothetical case of a 60-year old male with polydipsia, polyuria, weight loss, and a blood glucose of 300, he initially recommended lifestyle changes and a diet, without investigating other possible comorbidities. When pressed, he suggested that he might add Lisinopril and metformin, without recognizing that most probably a more aggressive anti-glycemic regimen would be necessary. He rarely proposed a differential diagnosis for a patient's complex symptoms, such as in a hypothetical young male starting a job in a new building and complaining of intermittent headache and nausea, which he diagnosed as either stress or environmental toxins, without considering other possible gastrointestinal, neurologic or functional possibilities.

In the review of charts submitted, Dr. DiSanto was noted to show several judgment errors in his management of men with presumed hormonal issues; most commonly diagnosed as hypogonadism. For example, although he was able to describe a relatively complete history, examination, and laboratory investigation, the consultants noted that his actual patient charts often demonstrated lapses in this protocol, such as failure to consistently check a DHEA, estradiol, or PSHLH level. He did not check for secondary hypogonadism when both testosterone and LH were noted to be low. He did not alter the dose of testosterone when polycythemia was noted in one chart. In another chart where the testosterone was abnormally high, he added HCG instead of decreasing the dose of testosterone. With another patient complaining of weakness and lethargy who was on alprazolam, bupropion, and fluoxetine, he did not investigate the role of the underlying illness or medications in these symptoms or the possibility of suicidal or homicidal ideation, but started him on testosterone, HCG, and Oxandrolone despite normal testosterone level five months prior (while off all hormones).

16. CPEP reviewed patient charts from Dr. DiSanto's actual practice, as well as notes written by him at CPEP during simulated patient encounters, and found that his actual patient care documentation was poor and his simulated patient encounter documentation to be inadequate, stating in part, "...Dr. DiSanto's patient care documentation was poor. His documentation contained the basic elements of a medical record, but the notes were incomplete, lacked sufficient detail in the Subjective and Objective components, and failed to provide any justification for the subsequent assessment and plan. There was little internal consistency between the various components such as lab results and the objective or assessment notes. One consultant specifically stated that he could not assume effective care of any of the patients based on these medical records.

Overall, Dr. DiSanto's SP [simulated patient] documentation was inadequate. He demonstrated that he understood some of the components of acceptable single-encounter patient documentation, but did not provide adequate information about the overall medical context in which the SP presented. In addition, he did not provide sufficient information in the HPI and review of systems to effectively support a diagnosis or narrow a differential diagnosis. His assessments were generally



appropriate for the information obtained, but his plans were non-specific in the use of medications or any counseling regarding such medications.

Based on its findings the Board concluded "that there was probable cause to believe that the licensee has violated the provisions of KRS 311.595(9)<sup>a</sup> as illustrated by 311.597(3) and (4)."<sup>b</sup> Emergency Order, at 7. The Board further concluded that "there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients."

Accordingly, the Board entered the Emergency Order of Restriction prohibiting Dr. DiSanto "from prescribing, dispensing, or professionally utilizing controlled substances until the Board's Hearing Panel has finally resolved the Complaint or until such further Order of the Board." *Id.* at 8.

Following the issuance of its Emergency Order, the Board served on March 21, 2019, an Administrative Complaint and Notice of Administrative Hearing setting forth the same charges and allegations as set out in the Emergency Order Findings of Fact.

At the Emergency Hearing, Board counsel introduced Exhibit No. 1 as its only exhibit. This exhibit consisted of the following documents as certified by C. Jill Lun, Acting

---

<sup>a</sup> Pursuant to KRS 311.595(9) the Board may restrict a licensee's license if it determines the licensee has Engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof...

<sup>b</sup> KRS 311.597 (3) and (4) respectively provide:

(3) A serious act, or a pattern of acts committed during the course of his medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence, or malpractice.

(4) Conduct which is calculated or has the effect of bringing the medical profession into disrepute, including but not limited to any departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky, and any departure from, or failure to conform to the principles of medical ethics of the American Medical Association or the code of ethics of the American Osteopathic Association. For the purposes of this subsection, actual injury to a patient need not be established.

Records Custodian, and pursuant to 201 KAR 9:240, § 6(a), was accepted by the Hearing Officer as the "record of the proceedings relating to the issuance of the emergency order under consideration."

Tab A. – Panel Memorandum.<sup>o</sup>

Exhibit No. 1. Memorandum prepared by Jon Marshall, Medical Investigator  
pp 28-68

Exhibit No. 2. Interim Agreed Order of Diversion, pp 69-72

Exhibit No. 3. CPEP (Center for Personalized Education for Physicians)  
Assessment Report for Vinson Michael DiSanto, D.O. pp.  
73-97

Exhibit No. 4. Neuropsychological Evaluation of Vinson DiSanto, D.O. –  
Prepared by Raskin & Associates, Louisville, Ky. pp. 98-104

Tab B. – Panel A Minutes, dated, April 19, 2018

Tab C – DVD of Panel A Mtg. – Vinson M. DiSanto

Tab D – Panel A Minutes, February 21, 2019 (marked draft)

Tab E – Copy of Emergency Order of Restriction, dated March 19, 2019

Tab F – Complaint Filed of Record March 19, 2019

The Board called Vinson M. DiSanto as its only witness. Dr. DiSanto was also examined by his attorney and did not offer any additional direct evidence. No other witnesses were called.

Dr. DiSanto had admitted into the record one (1) exhibit which is a copy of his Demand for Hearing and Statement of Commitment.

After a consideration of the totality of the evidence presented in the record, the Hearing Officer for the reasons to be set forth below AFFIRMS the Issuance of the Emergency Order of Restriction

## II. ISSUES PRESENTED

In accordance with the standard prescribed under KRS 13B. 125(3), the issue presented in this case is whether there is "substantial evidence of a violation of law that constitutes an

---

<sup>o</sup> The exhibit consists of multiple exhibits but has a consistent pagination starting at page 25 and ending at page 103.

immediate danger to the public health, safety or welfare. Under KRS 13B.090(7) and 201 KAR 9:240, Sec 5(7) the burden of proof is on the Board to prove that there is substantial evidence of (a) a violation of law and (b) the violation constitutes an immediate danger to the public health, safety or welfare.

### III. APPLICABLE REGULATORY AND STATUTORY STANDARDS

The Emergency Hearing was conducted in accordance with KRS 13B.125, KRS 311.592 and 201 KAR 9:240. With respect to the Board's burden of proof at this proceeding, the Hearing Officer takes notice of the statutory presumption set out in KRS 311.592(2) which provides as follows:

(2) For the purposes of a hearing conducted under KRS 13B.125 on an emergency order issued under subsection (1) of this section, the findings of fact in the emergency order shall constitute a rebuttable presumption of substantial evidence of a violation of law that constitutes immediate danger to the health, welfare, or safety of patients or the general public. For the purposes of this hearing only, hearsay shall be admissible and may serve as a basis of the board's findings.

The Hearing Officer also takes administrative notice of the Board's regulation governing an emergency hearing as set out at 201 KAR 9:240, § 5(3) which provides that:

(3) Given the ten (10) working day requirement of KRS 13B.125(3) and the unique nature of the hearing, it shall not be practicable pursuant to KRS 13B.125(3) to conduct the emergency hearing in conformity with the provisions of KRS 13B.050; 13B.060; 13B.070; 13B.080(2); 13B.080(3){as it relates to discovery orders} or (4){to the extent it conflicts with this administrative regulation}; or KRS 13B.090(1){to the extent it prohibits consideration of hearsay evidence}, (2) {other than the requirement that all testimony shall be made under oath or affirmation}, (3) or (7); KRS 13B.110 or 13B.120.

The Hearing Officer is cognizant of the applicability of 201 KAR 9:240, § 6 which sets

out in detail the procedure for the admission of evidence at the Emergency Hearing. This regulation states as follows:

(6) The emergency hearing shall be conducted as required by KRS Chapter 13B and this subsection.

(a) The board shall produce and the hearing officer shall accept the record of the proceedings relating to the issuance of an emergency order under consideration.

(b)1. The board shall not be required to produce any further evidence to support the emergency order.

2. The board may call the affected physician to testify, as if under cross-examination, regarding the factual accuracy of evidence or information cited in the record of proceedings relating to the issuance of the emergency order.

(c) The affected physician may testify, produce factual evidence, produce hearsay evidence through documents, or call lay witnesses to the extent that the evidence specifically tends to demonstrate that a factual statement relied upon by the board's contractual reviewer or by the inquiry panel or panel chair, acting on behalf of the inquiry panel, is factually incorrect or false....

As noted in subsection 7(a)1. of the regulation, the Hearing Officer is to:

"affirm the emergency order if there is substantial evidence of a violation of law and the inquiry panel has determined that a violation constitutes an immediate danger to the public health, safety or welfare. If there is substantial evidence of a violation of law, the Hearing Officer shall not substitute his or her judgment as to the level of public protection necessary for the emergency order"

As provided in subsection 7(a)2., and 3., the Hearing Officer may revoke the emergency order or modify the emergency order only if he determines that "there is a complete absence of factual basis for the findings...." And finally, the Hearing Officer shall not "include additional findings of fact or conclusions of law in any written decision affirming the emergency order under consideration.

As can be seen, the evidentiary review to be conducted by the Hearing Officer is extremely limited. The pole star in these proceedings is whether the Board's Emergency Order is

supported by "substantial evidence." Although not addressed by the Board in its Emergency Order, "substantial evidence" is defined as "evidence of substance and relevant consequence, having the fitness to induce conviction in the minds of reasonable men." *Kentucky State Racing Commission v. Fuller*, 481 S.W.2d. 298, 308 (Ky. 1972). As also noted by the Supreme Court in *Fuller, supra*, "the test of substantiality of evidence is whether taken alone or in light of all the evidence it has sufficient probative value to induce conviction in the minds of reasonable men. As observed by the Supreme Court in *Urella v. Kentucky Medical Licensure Board*, 939 S.W.2d 869, (Ky. 1997):

We have long held that where an administrative agency's findings of fact are supported by substantial evidence, those findings are binding on the reviewing court. *Kosmos Cement Company, Inc. v. Haney*, Ky., 698 S.W.2d 819, 820 (1985); *Kentucky State Racing Commission v. Fuller* (citation omitted) This is true even though there may be conflicting evidence in the record. *Kentucky Commission on Human Rights v. Fraser*, Ky., 625 S.W.2d 852 (1981).

#### IV. PETITIONER'S OBJECTIONS

At the beginning of the Hearing, counsel for Dr. DiSanto voiced his objections to both KRS 311.592 and 201 KAR 9:240, Section 3 and argued these provisions were unconstitutional because they deny his right to due process in that they severely restrict his ability to present evidence or to cross examine the consultants' medical conclusions. These objections were overruled by the Hearing Officer on the grounds that he does not have the requisite authority to strike down a statute or regulation as being unconstitutional. See *NREPC v. DLX*, 42 S.W.3d 624 (Ky. 2001); *Com. Rev. Cab. v. AT&T*, 462 S.W.3d 399 (Ky. 2015). The Petitioner also objected to the admission of portions of Exhibit I on the grounds that it contained inadmissible hearsay. These objections were also overruled on the grounds that 201 KAR 9:240, § 5, and KRS

311.592 expressly allow the admission of hearsay evidence for the limited purpose of facilitating the emergency proceedings. Although the Hearing Officer is mindful of the fact that the

promulgation of this regulation may be in violation of KRS 13B.020,<sup>d</sup> as well as KRS 13A.120(2),<sup>e</sup> the Hearing Officer is of the opinion that he does not have the authority to invalidate a lawfully promulgated regulation or statute. That decision is reserved for appellate review.

#### IV. REVIEW OF DR DISANTO'S TESTIMONY

As noted, Dr. DiSanto was the only witness to testify at the Emergency Hearing. During his testimony, he explained that he is now engaged in a very limited practice of approximately 40 patients. With respect to these patients, he had been prescribing controlled substances. He is currently employed as a physician advisor for Concentra and his role is limited to evaluating for insurance purposes the appropriateness of pain-management treatment being provided by medical personnel. If need be, he has the authority to override or modify that treatment and has on occasion modified or directed the modification of controlled substances prescriptions.

Although DiSanto disputed the Boards Findings, the only evidence he offered in support

---

<sup>d</sup> KRS 13B.020 states:

The provisions of this chapter shall apply to all administrative hearings conducted by an agency, with the exception of those specifically exempted under this section. The provisions of this chapter shall supersede any other provisions of the Kentucky Revised Statutes and administrative regulations, unless exempted under this section, to the extent these other provisions are duplicative or in conflict. This chapter creates only procedural rights and shall not be construed to confer upon any person a right to hearing not expressly provided by law.

<sup>e</sup> KRS 13A.120(2) states:

An administrative body shall not promulgate administrative regulations: ....  
(e) When a statute proscribes the same or similar procedure for the matter regulated;...

of this disagreement was his testimony that at the time he was evaluated by Center for Personalized Education for Physicians (CPEP) in Denver, CO., he was suffering from altitude sickness. Because his cognitive scores were so low, he had himself retested in Kentucky and had a normal result. See Exhibit 1 – TAB A, Exhibit 4. He was particularly concerned that the personnel at CPEP did not make a notation of his complaints while being tested.

Due to a phase out of his work with a former employer, he is no longer prescribing controlled substances to patients in Kentucky.

V. REVIEW OF THE EVIDENCE

As a starting point the Hearing Officer will observe that under KRS 311.592, the Board's findings constitute a rebuttal presumption of substantial evidence of a violation of law that constitutes a danger to the health, welfare, safety of his patients or the general public. In accordance with 201 KAR 9:240, § 6 the Hearing Officer is to determine whether there is substantial evidence supporting the Board's Findings and Conclusions. The Hearing Officer, therefore does not weigh the evidence as to its sufficiency. Instead, the Hearing Officer's role is limited to resolving solitary issue of whether the evidence considered by the Board does in fact support its decision the physician's license should be restricted because his performance is in violation of the statutory or regulatory provisions and that in light of the violation the doctor's license should be restricted because the substantial evidence as to his performance constitutes an immediate harm to the public health, safety and welfare of his or her patients or the general public. In considering the Boards Findings, the Hearing Officer shall take into consideration, the standards of acceptable and prevailing practices within Kentucky. 201 KAR 9:240, §5(5)(a).

After having reviewed Exhibit 1, and the testimony presented at the Emergency Hearing the Hearing Officer concludes there is substantial evidence supporting the Board's Findings of

Fact and Conclusions of Law and that the Board properly determined based upon the findings presented by the CPEP personnel that DiSanto's performance constitutes an immediate danger to the public health, safety or welfare of his patients or the general public. No evidence was introduced that would indicate that with respect to the violations set out in the Findings that there is a complete absence of factual basis for the findings. 201 KAR 9:240, § 7(2). There is consequently no basis for recommending that the Emergency Order be revoked. On the contrary, there is substantial evidence in the record supporting the Board's determination that Dr. DiSanto's license should be restricted and he should be prohibited from prescribing controlled substances pending the convening of the administrative hearing.

**VI. FINAL ORDER**

Based upon the foregoing, the Hearing Officer AFFIRMS the Board's Emergency Order of Restriction filed against the license of Vinson M. DiSanto, D.O. on March 19, 2019. There is substantial evidence in the record that Dr. DiSanto engaged in conduct in violation of KRS 311.595, as illustrated by KRS 311.597(3) and (4). In addition this conduct constitutes an immediate danger to the public health, safety or welfare of his patients or the general public. Dr. DiSanto is therefore prohibited from prescribing, dispensing or professionally utilizing controlled substances until the Board's Hearing Panel has finally resolved the Complaint or until further Order by the Board.




**NOTICE OF APPEAL RIGHTS**

Pursuant to KRS 13B.125(4), and 201 KAR 9:240, § 6, this Final Order may be appealed pursuant to KRS 13B.140(1). That subsection of the statute states:

All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling statutes, within 30 days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the Final Order.

SO ORDERED this 5<sup>th</sup> day of June, 2019.

  
JAMES L. DICKINSON  
HEARING OFFICER  
ADMINISTRATIVE HEARINGS BRANCH  
OFFICE OF THE ATTORNEY GENERAL 1024  
CAPITAL CENTER DRIVE, SUITE 200  
FRANKFORT, KY 40601-8204  
(502) 696-5442

CERTIFICATE OF SERVICE

I hereby certify that the original of this ORDER was mailed this 5<sup>th</sup> day of June, 2019, by certified mail, postage prepaid, and EMAIL to:

JILL LUN  
KY BOARD OF MEDICAL LICENSURE  
HURSTBOURNE OFFICE PARK, STE 1B  
310 WHITTINGTON PKWY  
LOUISVILLE KY 40222

SARA FARMER  
KY BOARD OF MEDICAL LICENSURE  
HURSTBOURNE OFFICE PARK, STE 1B  
310 WHITTINGTON PKWY  
LOUISVILLE KY 40222  
Sarah.farmer@ky.gov

J FOX DEMOISEY  
DEMOISEY LAW OFFICE PLLC  
4360 BROWNSBORO RD STE 315  
LOUISVILLE KY 40207  
[fox@demoiseylaw.com](mailto:fox@demoiseylaw.com)

and by certified mail to:

VINSON M DISANTO DO

[REDACTED]

[REDACTED]

DOCKET COORDINATOR