

**State of New Hampshire  
Board of Medicine  
Concord, New Hampshire**

In the Matter of:  
**Eric L. Knight, M.D.**  
**License No. 11230**  
(Adjudicatory Proceedings)

Docket No. 17-05

**ORDER OF EMERGENCY LICENSE SUSPENSION**  
**AND NOTICE OF HEARING**

1. RSA 329:18-b; RSA 541-A:30, III, and New Hampshire Board of Medicine Administrative Rule ("Med") 409.01 authorize the New Hampshire Board of Medicine ("Board") to suspend a license to practice medicine for no more than one hundred twenty (120) days pending completion of an adjudicatory proceeding, in cases involving imminent danger to life or health. In such cases, the Board must commence a hearing not later than 10 days after the date of the emergency order. If the Board does not commence the hearing within 10 days, the suspension order shall be automatically vacated. *See*, RSA 541-A:30, III. The Board may not continue such a hearing without the consent of the licensee to the continuation of the emergency suspension. *See*, RSA 329:18-b and Med 409.01. Postponement of the proceeding is prohibited unless the licensee agrees to continue the suspension pending issuance of the Board's final decision. *See*, RSA 329:18-b and Med 409.01.

2. The Board first granted Eric L. Knight, M.D. ("Respondent" or "Dr. Knight") a license to practice medicine in the State of New Hampshire on April 4, 2001. Dr. Knight holds license number 11230. Respondent had been working at Valley Regional Hospital, but was terminated on June 20, 2017.

3. In an email to the Board's Administrator sent on May 22, 2017, Respondent disclosed that he had engaged in a sexual relationship with a patient and that he had recently been admitted into an out of state Professional Enhancement Program for treatment.

4. On July 3, 2017, the New Hampshire Board of Medicine ("Board") received a license renewal application from Respondent. As part of his application, Respondent again disclosed that in 2016, he had a sexual relationship with a patient (herein referred to as "Patient 1"). Respondent subsequently disclosed that he also had a sexual relationship with another patient (herein referred to as "Patient 2") in 2014. Additional information regarding Respondent's conduct was provided by Valley Regional Hospital.

5. Based on the information that Respondent and Valley Regional Hospital provided, on September 11, 2017, the Board issued a *Notice of Hearing to Show Cause*, Docket No. 17-4, in order to determine whether Respondent's license renewal application should be granted. *See Attached*. The hearing had been scheduled to take place on November 1, 2017.

6. Pursuant to RSA 541-A:30, I and RSA 329:16-a, Respondent's current license does not expire and remains in effect until a final action is taken on his application for license renewal.

7. The Board opened an investigation into the issues raised by the information produced by Respondent and Valley Regional Hospital. As part of that investigation, the Board's investigator interviewed Patient 1 and Respondent.

8. The Board has received information indicating that the continued practice of medicine by Respondent poses an imminent threat to life, safety and/or health, which

warrants the temporary suspension of Respondent's license to practice medicine pending a hearing on whether permanent and/or temporary disciplinary sanctions should be imposed.

9. In support of this *Order of Emergency License Suspension and Notice of Hearing*, the Board alleges the following facts:

- A. The information set forth in paragraphs A through J of the *Notice of Hearing to Show Cause* issued by the Board on September 11, 2017, Docket No. 17-04, is incorporated into the factual allegations set forth in this *Order of Emergency License Suspension and Notice of Hearing*. *See Attachment*. Such information included details from Respondent about a sexual relationship he had with Patient 1 and Patient 2.
- B. The Board's Investigator recently interviewed Patient 1 about her alleged sexual relationship with Respondent that he had recently disclosed.
- C. During her interview, Patient 1 alleged the following:
  - 1. Patient 1's patient/doctor relationship with Respondent began towards the end of October / the beginning of November 2016, and that a sexual relationship began between them approximately two (2) months later.
  - 2. The first time Patient 1 had sexual intercourse with Respondent was in his office in Claremont, New Hampshire. Respondent told Patient 1 that it was time and then laid her on her back on the exam table, removed her clothes and had sexual intercourse with her. Respondent

then gave Patient 1 her prescriptions and left the office. Respondent called Patient 1 later that day and criticized her behavior.

3. Patient 1 was raped by Respondent on multiple occasions. On one occasion, Respondent had sexual intercourse with Patient 1 in the men's locker room at Valley Regional Hospital even when Patient 1 told him no, due to severe pain she was experiencing.
4. On another occasion, Respondent had anal sex with Patient 1 against her wishes in the basement of his apartment building in Sunapee, New Hampshire, which caused bleeding and pain.
5. Respondent had sexual intercourse with Patient 1 after she advised him that she was injured and bleeding from him having sexual intercourse with her one to three times per day.
6. Respondent forced Patient 1 to tell him about her childhood sexual abuse and then proceeded to have sexual intercourse with her immediately afterwards.
7. Respondent told Patient 1 that he wanted to have a baby with her and gave her hormone injections. Such injections caused a change to Patient 1's breasts and made her feel nauseous. Patient 1 became pregnant with Respondent's child twice, but lost both pregnancies.
8. Patient 1 experienced multiple kidney infections after having sex with Respondent. She never had kidney infections in the past.

9. Respondent provided prescriptions to Patient 1 after having sexual intercourse with her.
10. Respondent provided prescriptions to Patient 1, but did not utilize the Prescription Drug Monitoring Program (PDMP), pain management contracts, or urine drug screens.
11. Respondent diverted controlled medications, including taking medication from Patient 1.
12. Respondent advised Patient 1 to file a false police report and blame her brother for missing controlled medications, when in fact they went to Respondent.
13. Respondent drugged Patient 1 by crushing up medication and putting it in a drink that he provided to her, causing her to pass out on more than one occasion. Patient 1's children witnessed this take place on at least one occasion.
14. Respondent crushed Valium obtained from Patient 1, and stated that he needed it to sedate his son.
15. Respondent showed up unannounced at Patient 1's home shortly after meeting her in his office for the purpose of providing prescriptions, vitamins, herbal tea and organic food.
16. Respondent took Patient 1's youngest daughter without Patient 1's permission on at least two occasions.

17. On one occasion, when Patient 1 arrived home she found Respondent alone in her oldest daughter's bed, complaining of being ill.
  18. On another occasion, when Patient 1 arrived home she found Respondent sitting with her youngest daughter (13-years-old) on her bed. Respondent advised Patient 1 that he was building trust between himself and her daughter.
  19. The primary care physician for Patient 1's children never received a release indicating that her daughters' care had switched to Respondent.
  20. Respondent wrote a letter to the court concerning one of Patient 1's daughters, without Patient 1's knowledge or permission and without reviewing prior medical records from her daughter's primary care physician.
  21. Respondent lectured Patient 1 about Respondent's religion, to include meditating before sexual intercourse. Respondent controlled Patient 1's relationships with her friends, and cited his religion as his reason for it. Respondent sent individuals from his church to "bless" her on multiple occasions. Respondent created a profile for Patient 1 on a website dating website for people of his religion without her permission.
- D. The Board's Investigator also recently interviewed Respondent about his self-disclosed relationships with Patient 1 and Patient 2.
- E. During his interview, Respondent provided the following information:

1. Respondent had sexual thoughts about Patient 1 while she was his patient.
2. During one of Patient 1's visits to his office, Respondent massaged Patient 1 and did stretching exercises with her. Respondent described this conduct as inappropriate.
3. Following that encounter, there was touching, kissing and rubbing between Respondent and Patient 1.
4. After about two weeks, Respondent and Patient 1 had sexual intercourse at her apartment.
5. Respondent met with Patient 1 up to three (3) times a week and had sexual intercourse with her.
6. While working in Claremont, New Hampshire, Respondent stayed in his rental property in Sunapee, New Hampshire three (3) nights per week.
7. Respondent treated Patient 1 at his office in Claremont, New Hampshire.
8. Respondent maintained that he did not have sexual intercourse with Patient 1 in his office.
9. Respondent sometimes watched movies with Patient 1's youngest daughter and spent time with her, to include taking her to a store to purchase chicken supplies. Respondent felt that Patient 1's youngest daughter was starting to trust him.

10. Respondent also spent time with Patient 1's oldest daughter, to include taking her to a store to buy herbs.
11. Respondent spoke with Patient 1 about his spiritual background and Patient 1 shared her history of sexual abuse with him.
12. Respondent prescribed both controlled and non-controlled medications for Patient 1.
13. Respondent was familiar with the Board's opioid prescribing rules, but did not pay attention to them.
14. Respondent did not have Patient 1 sign a pain contract.
15. Respondent maintained that he always checked the PDMP before prescribing to Patient 1.
16. Respondent did not feel that Patient 1 was misusing her medications.
17. Respondent maintained that Patient 1 told him that her medications were stolen by her neighbor and/or her brother.
18. Respondent maintained that he does not drink alcohol or take opiates and that he did not divert any of Patient 1's medications.
19. Respondent had a sexual relationship with Patient 2 late in the Fall of 2013 into the Spring of 2014.
20. Patient 2 and her daughter were both patients of his. Patient 2 was also his hair stylist.
21. During one office visit, Respondent massaged Patient 2 and "went too far" in that he rubbed under her buttocks area.



22. Shortly thereafter, Respondent and Patient 2 met at her apartment and they engaged in oral sex.

23. After that meeting, Respondent and Patient 2 met regularly for about three (3) months. Such meetings usually involved talking, kissing, touching and oral sex.

24. Eventually Patient 2 met someone else and the sexual relationship with Respondent ended. However, Respondent wanted the relationship to continue. He wanted Patient 2 to continue to cut his hair and to keep the “door open”.

10. Based upon the above information, including the incorporated information from the attached Notice of Hearing to Show Cause, the Board finds that this case involves imminent danger to life and/or health. Further, the Board believes there is a reasonable basis for both immediately suspending Respondent’s license on a temporary basis, and for commencing an expedited disciplinary proceeding against Respondent pursuant to RSA 329:18-b, 541-A:30, III, and Med 409.01.

11. The purpose of this proceeding will be to determine whether Respondent has engaged in professional misconduct contrary to RSA 329:17, VI and RSA 329:18-b, which warrants the continued imposition of a temporary license suspension, the imposition of permanent disciplinary sanctions, or both. The specific issues to be determined in this proceeding are:

- A. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by having a sexual

relationship with Patient 1 in violation Section 8.14 of the American Medical Association Code of Ethics; and/or

- B. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by having a sexual relationship with Patient 2 in violation Section 8.14 of the American Medical Association Code of Ethics; and/or
- C. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by engaging in sexual penetration with Patient 1 in violation of the State's aggravated felonious sexual assault statute, RSA 632-A:2 , I (g)(1); and/or
- D. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by engaging in sexual penetration with Patient 2 in violation of the State's aggravated felonious sexual assault statute, RSA 632-A:2 , I (g)(1); and/or
- E. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by committing sexual acts with Patient 1 against her will; and/or
- F. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by causing bodily injury to Patient 1 from engaging sexual conduct with her; and/or
- G. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by treating Patient 1's

daughters while he was, or had been, in an inappropriate sexual relationship with Patient 1; and/or

- H. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by treating Patient 2's daughter while he was, or had been, in an inappropriate sexual relationship with Patient 2; and/or
- I. Whether Respondent committed professional misconduct in the form of dishonest and/or unprofessional conduct under RSA 329:17, VI (d) by diverting medications from Patient 1; and/or
- J. Whether Respondent committed professional misconduct in the form of dishonest and/or unprofessional conduct under RSA 329:17, VI (d) by advising Patient 1 to falsely report what happened to her missing controlled medications; and/or
- K. Whether Respondent committed professional misconduct in the form of dishonest and/or unprofessional conduct under RSA 329:17, VI (d) by drugging Patient 1 by placing crushed medication in a drink and giving it to her to consume; and/or
- L. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) by prescribing controlled pain medication to Patient 1 at levels that far exceeded the recommended therapeutic doses; and/or

- M. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) and/or willfully or repeatedly violated a substantive rule of the Board under RSA 329:17, VI (i) by failing to (1) have an initial PDMP query indicated in Patient 1's medical record on her first prescription, (2) have Patient 1 sign a written pain treatment agreement, and (3) order any urine toxicology screens for Patient 1, in violation of Med 502.05 and Med 502.06.
- N. Whether Respondent committed professional misconduct in the form of unprofessional conduct under RSA 329:17, VI (d) and/or willfully or repeatedly violated a substantive rule of the Board under RSA 329:17, VI (i) by only using written pain treatment agreements for two (2) out of the eighty-seven (87) patients that he prescribed controlled pain medications to over an approximate one year period from mid-2016 to mid-2017, in violation of Med 502.05 (h); and/or
- O. If any of the above allegations are proven, whether and to what extent, Respondent should be subjected to the continued imposition of a temporary license suspension, the imposition of disciplinary sanctions authorized by RSA 329:17, VII, or both.

12. While RSA 329:18-a requires that the Board furnish Respondent at least 15 days' notice of allegations of professional misconduct and the date, time and place of an adjudicatory hearing, RSA 541-A:30, III and Med 409.01 require the Board to commence an

adjudicatory hearing within ten (10) days after the date of an immediate, temporary license suspension order.

13. The Board intends to complete this adjudicative proceeding within the one hundred twenty (120) day time period provided by RSA 329:18-b and Med 409.01. Accordingly, neither the date of the initial evidentiary hearing nor any date for concluding this proceeding shall be postponed or extended unless Respondent agrees to continue the suspension period pending issuance of the Board's final decision in this matter. *See* RSA 329:18-b, 541-A:30, III, and Med 409.01.

THEREFORE, IT IS ORDERED that Respondent's New Hampshire license to practice medicine is immediately suspended until further order of the Board; and,

IT IS FURTHER ORDERED that an adjudicatory proceeding be commenced for the purpose of resolving the issues articulated above pursuant to RSA 329:17; 329:18-a; 329:18-b; 541-A:30, III; and Med 409.01. To the extent that this order or the Board's rules do not address an issue of procedure, the Board shall apply the New Hampshire Department of Justice Rules, Part 800; and,

IT IS FURTHER ORDERED that Eric L. Knight, M.D. shall appear before the Board on October 4, 2017 at 1:00 p.m., at the Board's office located at 121 South Fruit Street, Concord, N.H., to participate in an adjudicatory hearing and, if deemed appropriate, be subject to disciplinary sanctions pursuant to RSA 329:17, VII; and,

IT IS FURTHER ORDERED that this matter is consolidated with the Notice of Hearing to Show Cause, Docket No. 17-04, issued to Respondent by the Board on September 11, 2017. As such, Respondent shall appear before the Board on October 4, 2017 at 1:00

p.m., at the Board's office located at 121 South Fruit Street, Concord, N.H., at which time the issues raised in the Notice of Hearing to Show Cause, Docket No. 17-04, shall be taken up immediately following the hearing on the issues raised in this Order of Emergency License Suspension and Notice of Hearing; and,

IT IS FURTHER ORDERED that if Respondent elects to be represented by counsel, at Respondent's own expense, said counsel shall file a notice of appearance at the earliest date possible; and,

IT IS FURTHER ORDERED that Respondent's failure to appear at the time and place specified above may result in the hearing being held *in absentia*, or the imposition of disciplinary sanctions without further notice or an opportunity to be heard, or both; and,

IT IS FURTHER ORDERED that Matthew G. Mavrogeorge, 33 Capitol Street, Concord, N.H., 03301 is appointed to act as Hearing Counsel in this matter with all the authority within the scope of RSA Chapter 329 to represent the public interest. Hearing Counsel shall have the status of a party to this proceeding; and,

IT IS FURTHER ORDERED that David Conway, MD, Board Member, or any other person whom the Board may designate, shall act as presiding officer in this proceeding; and,

IT IS FURTHER ORDERED that any proposed exhibits, motions or other documents intended to become part of the record in this proceeding, be filed by the proponent with the Board, in the form of an original and eleven (11) copies, and with an additional copy mailed to any party to the proceeding, and to Lynmarie Cusack, Counsel to the Board, N.H. Department of Justice, 33 Capitol Street, Concord, New Hampshire 03301. All responses or objections to such motions or other documents are to be filed in similar fashion within three

(3) days of receipt of such motion or other document unless otherwise ordered by the Board;  
and,

IT IS FURTHER ORDERED that a witness and exhibit list and any proposed exhibits, pre-marked for identification only, shall be filed with the Board no later than five (5) days before the date of the hearing. Respondent shall pre-mark his exhibits with capital letters, and Hearing Counsel shall pre-mark his exhibits with Arabic numerals; and,

IT IS FURTHER ORDERED that unless good cause exists, all motions, including motions seeking to postpone the hearing, shall be filed at least five (5) days before the date of the hearing, which would be affected by the requested relief. Respondent may be allowed additional time to prepare for the hearing, but, per RSA 329:18-b, any additional time for preparation shall result in an extension of license suspension commensurate with the additional time extended; and,

IT IS FURTHER ORDERED that the identity of any patients referenced in this document and its attachment or discussed during the hearing itself shall remain confidential and that such patients shall be referred to only by initials or a numeric designation (i.e. Patient 1). All identifying information for the patients and their family members shall be redacted from all documents and the patient's medical records shall remain confidential and be exempt from the provisions of RSA 91-A and that they be sealed following the hearing;  
and,

IT IS FURTHER ORDERED that the entirety of all oral proceedings be recorded verbatim by the Board. Upon the request of any party made at least five (5) days prior to the proceeding or conference or upon the Board's own initiative, a shorthand court reporter shall

be provided at the hearing or conference and such record shall be transcribed by the Board if the requesting party or agency shall pay all reasonable costs for such transcription; and,

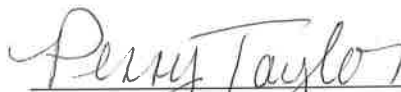
IT IS FURTHER ORDERED that all documents shall be filed with the Board by mailing or delivering them to Penny Taylor, Administrator, N.H. Board of Medicine, 121 South Fruit Street Suite 301, Concord, N.H., 03301-2412; and

IT IS FURTHER ORDERED that routine procedural inquiries may be made by contacting Penny Taylor, Administrator, N.H. Board of Medicine, at (603) 271-1205, but that all other communications with the Board shall be in writing and filed as provided above. *Ex parte* communications are forbidden by statute and the Board's regulations; and,

IT IS FURTHER ORDERED that a copy of this Notice of Hearing shall be served upon Respondent by certified mail addressed to the address he supplied to the Board in his latest renewal application. *See*, RSA 329:18, VI, Med. 409.01 (c) and RSA 329:16 (f). A copy shall also be delivered to Hearing Counsel.

BY ORDER OF THE BOARD/\*

Dated: September 25, 2017

  
Penny Taylor, Administrator  
Authorized Representative of the  
New Hampshire Board of Medicine

/\* Recused Board Members(s):

John Wheeler, D.O. and Gilbert Fanciullo, M.D.



**State of New Hampshire  
Board of Medicine  
Concord, New Hampshire**

In the Matter of:  
**Eric L. Knight, M.D.**  
**License No. 12230**  
(Application for Renewal)

Docket No. 17-04

**NOTICE OF HEARING TO SHOW CAUSE**

On July 3, 2017, the New Hampshire Board of Medicine ("Board") received a license renewal application from Eric L. Knight, M.D. ("Dr. Knight" or "Applicant") pursuant to RSA 329:16-a and Med Part 400. The Board first granted Dr. Knight a license to practice medicine in the State of New Hampshire on April 4, 2001. Dr. Knight holds license number 12230.

The Board is in receipt of the following information, which suggests that Dr. Knight may have committed unethical acts for which discipline could be imposed:<sup>1</sup>

- A. In his license renewal application, Dr. Knight checked Yes to question 5, which asks in the last 24 months, or since you've last reported to the Board, have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine? In a document attached to the license renewal application, Dr. Knight offered the following explanation: "Depression and anxiety, PTSD. Undiagnosed addictive personality discovered 5/2017 after I had spiraled down, engaged in a sexual boundary crossing with a patient."
- B. In his license renewal application, Dr. Knight also checked Yes to question 9, which asks in the last 24 months, or since you've last reported to the Board, have any hospital privileges been suspended, limited or denied other than for medical records

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<sup>1</sup> As outlined in this *Notice of Hearing to Show Cause*, some of such information was disclosed by Dr. Knight as part of his license renewal application. The rest of such information was obtained from Dr. Knight prior to the filing of his application and from Valley Regional Hospital, which was Dr. Knight's most recent employer.

violations, or have you been placed on administrative or medical leave? In a document attached to the license renewal application, Dr. Knight offered the following explanation, which built off of his explanation to his Yes answer to question 5: "This resulted in surrendering privileges at Valley Regional Hospital, which will be reported to the National Practitioner's Data Bank but I don't think that has occurred yet (7). I was advised to renew my license pending results of the investigation that triggered my self-report and seeking help. I am writing this from the treatment program from where I was sent."

C. The self-report that Dr. Knight refers to in the attachment to his license renewal application is an email he sent to Board Administrator Penny Taylor on May 22, 2017. In that email, Dr. Knight self-reported a "boundary violation, having engaged in a sexual relationship with a patient." Dr. Knight noted that he has gone to an out of state Professional Enhancement Program. In a subsequent email sent to Board Investigator Dori Lefebvre on May 24, 2017, Dr. Knight identified the subject patient by name (herein referred to as "Patient 1") and explained that "the issue has been going on for a year or less."

D. In a letter to Investigator Lefebvre dated May 24, 2017, Valley Regional Hospital President and CEO Peter Wright noted that on May 10, 2017, Dr. Knight disclosed to him that he had engaged in an improper relationship with a patient. According to Mr. Wright, Dr. Knight voluntarily agreed not to exercise his clinical privileges at Valley Regional Hospital and is working with the New Hampshire Professional Health Program ("NHPHP").

- E. In a follow up email sent to Investigator Lefebvre on June 1, 2017, Dr. Knight disclosed that he met Patient 1 in October 2016 when she became a new patient. Dr. Knight explained that he and Patient 1 spoke frequently in the office for a few weeks, which evolved into speaking after office hours. Dr. Knight noted that he began a sexual relationship with Patient 1 in November 2016. He further disclosed that he was involved in managing her controlled substance prescriptions while she was his patient and that he became “increasingly involved in trying to help her and her daughters [ ].” Dr. Knight stated in his email that he ended the sexual relationship with Patient 1 in April 2017, but “tried to continue the doctor-patient relationship for another couple of weeks” until his guilt and depression drove him to disclose the relationship.
- F. A review of medical records received as part of an investigation into the matter, indicate that Dr. Knight also treated Patient 1 at his former practice, Elliot Primary Care in Londonderry, New Hampshire. Dr. Knight left Elliot Primary Care in March 2016, approximately seven (7) months before he claims to have met Patient 1. A further review of medical records received indicates that both of Patient 1’s daughters were Dr. Knight’s patients while he was in a sexual relationship with their mother and that he treated them on multiple occasions.
- G. In his June 1<sup>st</sup> email to Investigator Lefebvre, Dr. Knight disclosed additional “prior sexual boundary violations”. Dr. Knight disclosed that in 1999, while he was in his residency in Massachusetts, he was in a three month inappropriate relationship with a patient, which involved sexual stimulation. Dr. Knight further disclosed that in

2013 into 2014, while working at Elliot Primary Care, he began a friendship with a patient (herein referred to as "Patient 2") that became sexual. Dr. Knight noted that the relationship ended after about three months, but that he "did not report it to any authority at that time [ ]."

H. In a letter to Investigator Lefebvre dated June 16, 2017, Mr. Wright noted that an investigation conducted by a hospital committee into the circumstances that led to Dr. Knight's self-disclosure of an inappropriate relationship with a patient, resulted in the discovery of additional issues. Mr. Wright noted that the investigation revealed that Dr. Knight was providing narcotic pain medication to the subject patient (Patient 1) despite their relationship, and he did so without appropriate procedures in place, such as a narcotic pain contract and random drug screening. Mr. Wright further noted that pain medication was prescribed at levels that far exceeded the recommended therapeutic doses. In noting that Dr. Knight's prescribing practices among all of his patients were investigated, Mr. Wright stated that Dr. Knight was prescribing narcotic pain medication to a variety of patients, but that he was not following legal requirements and best practices, such as the consistent use of pain contracts and randomized drug screens.

I. On June 9, 2017, Mr. Wright sent Dr. Knight a letter in which he informed him that the hospital committee investigation found that (1) his relationship with Patient 1 was "inappropriate" under the AMA Principles of Medical Ethics, the state criminal code, the hospital's bylaws and the FSMB guidelines; (2) his prescribing of controlled substances for Patient 1 violated Med 502 and AMA Principles of Medical

Ethics; (3) out of the 87 patients that he prescribed narcotic medication to over the previous year, only 2 had pain contracts in violation of Med 502; and (4) for Patient 1, he did not have an initial PDMP query indicated in her medical record on her first prescription, no pain contract was on record, no urine toxicology was performed, and the narcotic prescription to her was in excess (300+ morphine equivalents) of normal prescribing patterns. Mr. Wright added that the frequency of prescriptions and “double scripts” is “troubling”.

- J. In a letter dated June 20, 2017, Mr. Wright informed Dr. Knight that Valley Regional Hospital is terminating his employment agreement based on his “professional misconduct” and that the hospital has already initiated the process of revoking his privileges.

The Board is commencing this adjudicative proceeding to determine whether Dr. Knight’s license renewal application should be granted. The Board must deny the renewal of a license if there is evidence to establish that “[t]he applicant has committed any unethical act for which discipline could be imposed under RSA 329:17, VI” or for “[r]easons for which an initial application could be denied under RSA 329:14, II. Med 401.05 (a) (3) and (5). Based on the information outlined above in support of this *Notice of Hearing to Show Cause* why licensure should be granted, the Board finds there is a reasonable basis for commencing this proceeding pursuant to RSA 329:18-a and Med 401.05 (a).

THEREFORE, IT IS ORDERED that an adjudicatory proceeding be commenced for the purpose of resolving the issues articulated above pursuant to RSA 329:18-a and Med 401.05 (a).

To the extent that the Board's rules do not address an issue of policy or procedures, the Board shall rely upon RSA 541-A and the N.H. Department of Justice Rules, ("Jus") Part 800; and,

IT IS FURTHER ORDERED that the purpose of the show cause hearing shall be for Dr. Knight to show cause to the Board why his application to renew his license should be approved; and

IT IS FURTHER ORDERED that, pursuant to RSA 541-A:30, I and RSA 329:16-a, Dr. Knight's current license does not expire and remains in effect until a final action is taken on his application for license renewal; and

IT IS FURTHER ORDERED that information gathered during the application process shall remain confidential and exempt from public disclosure unless specifically referred to in, or attached to, this *Notice of Hearing to Show Cause*, or unless and until such time as an adjudicatory hearing commences, at which time such information may become evidence in or the subject of the adjudicatory hearing.

IT IS FURTHER ORDERED that the identity of any patients referenced in this *Notice of Hearing to Show Cause* or discussed during the hearing itself shall remain confidential and that such patients shall be referred to only by initials or a numeric designation (i.e. Patient 1). All identifying information for the patients shall be redacted from all documents and the patient's medical records shall remain confidential and be exempt from the provisions of RSA 91-A and that they be sealed following the hearing; and,

IT IS FURTHER ORDERED that a show cause hearing, at which the burden of proof is on Dr. Knight to demonstrate why his application to renew his medical license should be

granted, is scheduled to take place on Wednesday, November 1, 2017 at 1:00 P.M., at the Board's office located at 121 South Fruit Street, Concord, New Hampshire; and,

IT IS FURTHER ORDERED that if Dr. Knight elects to be represented by counsel, it shall be at his own expense, and counsel shall file a notice of appearance at the earliest date possible; and,

IT IS FURTHER ORDERED that Applicant's failure to appear at the time and place specified above may result in the hearing being held *in absentia*; and,

IT IS FURTHER ORDERED that Attorney Matthew Mavrogeorge and/or his designee from the Administrative Prosecutions Unit of the N.H. Department of Justice, 33 Capitol Street, Concord, N.H., 03301, is appointed to act as Hearing Counsel in this matter with all the authority within the scope of RSA Chapter 329 to represent the public interest. Hearing Counsel shall have the status of a party to this proceeding; and,

IT IS FURTHER ORDERED that David Conway, M.D., Board member, or any other person whom the Board may designate, shall act as presiding officer in this proceeding; and,

IT IS FURTHER ORDERED that any proposed exhibits and motions that the parties intend to become part of the record in this proceeding, be filed by the proponent with the Board, in the form of an original and eleven (11) copies, and with an additional copy mailed to any party to the proceeding, and to Attorney Lynmarie Cusack, Counsel to the Board, N.H. Department of Justice, 33 Capitol Street, Concord, New Hampshire 03301. All responses or objections to such motions are to be filed in similar fashion within ten (10) days of receipt of such motion or other document unless otherwise ordered by the Board; and,

IT IS FURTHER ORDERED that a witness list and any proposed exhibits shall be pre-marked for identification only and filed with the Board no later than twenty-one (21) days before the date of the hearing. Dr. Knight shall pre-mark his exhibits with capital letters, and Hearing Counsel shall pre-mark his exhibits with Arabic numerals; and,

IT IS FURTHER ORDERED that unless good cause exists, all motions shall be filed at least fourteen (14) days before the date of any hearing, conference, event or deadline which would be affected by the requested relief, except any motion seeking to postpone a hearing or conference, which shall be filed at least thirty (30) days before the hearing or conference in question; and,

IT IS FURTHER ORDERED that the entirety of all oral proceedings be recorded verbatim by the Board. Upon the request of any party made at least ten (10) days prior to the proceeding or conference or upon the Board's own initiative, a shorthand court reporter shall be provided at the hearing or conference and such record shall be transcribed by the Board if the requesting party or agency shall pay all reasonable costs for such transcription; and,

IT IS FURTHER ORDERED that all documents shall be filed with the Board by mailing or delivering them to Penny Taylor, Administrator, N.H. Board of Medicine, 121 South Fruit Street, Concord, New Hampshire 03301; and,

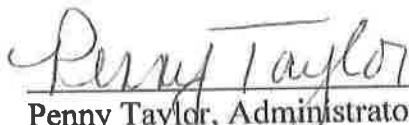
IT IS FURTHER ORDERED that routine procedural inquiries may be made by contacting Penny Taylor, Administrator, N.H. Board of Medicine, 121 South Fruit Street, Concord, New Hampshire 03301, (603) 271-1203, but that all other communications with the Board shall be in writing and filed as provided above. *Ex parte* communications are forbidden by statute and the Board's regulations; and,



IT IS FURTHER ORDERED that a copy of this hearing notice shall be served upon Dr. Knight by certified mail addressed to the home address he supplied to the Board in his latest renewal application. *See*, RSA 329:18, VI, Med. 501.02 (a) and RSA 329:16-f. A copy shall also be delivered to Hearing Counsel.

BY ORDER OF THE BOARD/\*

Dated: September 11, 2017

  
Penny Taylor, Administrator  
Authorized Representative of the  
New Hampshire Board of Medicine

/\*John Wheeler, D.O. and Gilbert Fanciullo, M.D., recused.