

COPY


STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

IN THE MATTER OF THE APPLICATION FOR)	
REINSTATEMENT OF)	152561 MD
)	
)	ORDER ON APPLICATION
DAMMANN, GREGORY)	FOR REINSTATEMENT

THIS MATTER came on for consideration of the Application for Reinstatement filed by Gregory Dammann, MD (Applicant) on June 19, 2015, requesting early termination of his Temporary Education Permit License (TEP) No. 7104 probation. Based on the Recommendation entered by the Board of Medicine and Surgery on September 29, 2015, and being further advised in the premises, the undersigned finds that the Applicant's request for early termination of his TEP License probation should be and hereby is APPROVED.

IT IS SO ORDERED.

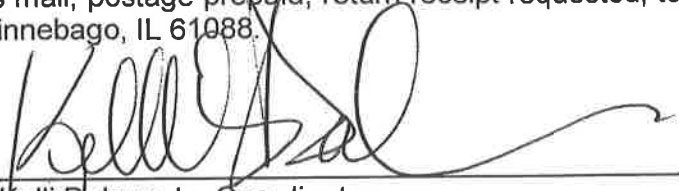
DATED: 11/5 15



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

CERTIFICATE OF SERVICE

The undersigned certifies that on the 9th day of November, 2015, a copy of the foregoing was sent by certified United States mail, postage prepaid, return receipt requested, to Greg Dammann, MD, 12803 Lake Pointe, Winnebago, IL 61088.



 Kelli Dalrymple, Coordinator
 Office of Medicine & Specialized Services
 DHHS Licensure Unit, Division of Public Health
 PO Box 94986
 Lincoln, NE 65809-4986

Please reply to: Licensure Unit
PO F 14986, Lincoln, NE 68509-4986
Phon. (402) 471-2118
FAX (402) 471-8614

Department of Health & Human Services



Division of Public Health

State of Nebraska
Dave Heineman, Governor

July 1, 2013

Gregory Gordon Dammann, MD
UNMC - Orthopedic Surgery/Rehab
981080 Nebraska Medical Center
Omaha NE 68198-1080

Dear Dr. Dammann:

Your Temporary Educational Permit to Practice Medicine and Surgery in the State of Nebraska has been approved. Your permit number is 7104 and the effective date is 07/01/2013. Please find your Temporary Educational Permit enclosed.

This permit will expire on 07/01/2014, and is renewable. The annual renewal fee is \$25.00. You will receive a renewal notice at least thirty days prior to the expiration date of your permit.

Your Temporary Educational Permit may be used **only** for your present program as indicated on the permit. If you should leave your educational program, educational institution **OR** if you transfer educational programs within the same educational institution, you must notify this office.

Please contact your Graduate Medical Education Office for a copy of the Nebraska Statutes and Regulations relating to the practice of your profession for your reference.

If at a future date you apply for a permanent medical license, please note that when your permanent license is issued your Temporary Educational Permit will be made null and void.

May we extend our congratulations and best wishes for the successful practice of your profession in Nebraska.

Sincerely,

A handwritten signature in cursive script that reads 'Helen L. Meeks'.

Helen L. Meeks, Administrator
Licensure Unit

HLM/vb
Enclosure

June 25, 2013

Gregory Gordon Dammann, MD
19603 Mason ST
Elkhorn, NE 68022

CERTIFIED MAIL

Dear Dr. Dammann:

This letter provides notification that the Department of Health and Human Services, Division of Public Health (Department), based upon the recommendation of the Nebraska Board of Medicine and Surgery (Board), is offering to issue you a Temporary Educational Permit to practice medicine and surgery in the University of Nebraska Medical Center Orthopedic Surgery and Rehabilitation Residency Program **on Probation**.

To respond to this offer, you will need to exercise one of the following options:

- Accept the offered permit; or
- Request a hearing to appeal the decision of an offered permit.

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

If you accept the offered permit, please complete the enclosed "Request Issuance of a Temporary Educational Permit" form and return it to the Licensure Unit to the address shown on the form. Following receipt of this form, the permit will be issued and you would be authorized to begin practicing under the following **Probationary terms and conditions**.

1. The Probation shall commence on the date the permit is issued and remain in effect for five years.
2. Abstain from the consumption of alcohol and other products or medications containing alcohol to include but not be limited to mouthwash and over the counter medications, such as cough syrups, unless prescribed by a physician or authorized licensed practitioner for a current diagnosed medical condition.
3. Abstain from the personal use or possession of controlled substances, prescription drugs, and all other mood altering substances, unless prescribed or administered by a licensed physician or authorized licensed practitioner for a current diagnosed medical condition.

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

4. Submit to random body fluid alcohol and/or drug testing at your own expense and at such time and place as the Department may direct.

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

You are hereby assigned number
829

If your assigned number is included in the recorded message 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 must begin the first day following your contact from Nebraska Occupational Health Center. The 800 number that you are to call on a daily basis is available on a nationwide basis and you will be required to call it 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 Kris Kusik, RN, or Cathy Jones of 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 permit. 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 Kris Kusik, RN, or Cathy Jones of 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 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 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.

5. Advise all personal treating physicians and other treating practitioners, prior to treatment, of your diagnosis of Opioid Dependence and of all medications you are taking at the time of treatment. You shall authorize all treating physicians and other treating practitioners to inform the Department of all conditions for which you are being treated, including any drugs or medications, prescribed or over-the-counter, included in any treatment.

6. Assure that quarterly reports are submitted to the Department from your Program Director. These reports need to describe your work habits, work-related performances, attendance, and evidence of continued abstinence from alcohol and unauthorized drugs. These reports will be due by the 10th of January, April, July, and October each year of your Probation. The final report will be due not less than 30 days prior to the expiration date of the Probationary period.

Anytime your Program Director has reason to believe you are not complying with your treatment recommendations, or that you are not fit to be practicing medicine and surgery, he/she is to notify the Department immediately.

7. Attend a minimum of two (2) Alcoholics Anonymous or other chemical dependency support group meetings per week, unless more are recommended by your treatment provider. You must submit an attendance record to the Department on a quarterly basis. These reports will be due by the 5th of January, April, July, and October each year of your Probation. The final report will be due not less than 30 days prior to the expiration date of the Probationary period. A Self-Help/Support Group Attendance Record is enclosed for this purpose.

8. Maintain an Alcoholics Anonymous or other chemical dependency support group sponsor at all times.

9. Provide notification of this disciplinary action to all employers for whom you provide medical services, all facilities where you practice medicine and surgery, or have credentials to practice medicine and surgery, all practice partners or associates, to any educational program of medicine in which you are enrolled, to include both the Program Director and the Dean or Associate Dean of Graduate Medical Education, and to the licensing authority in any state where you have or obtain an active license or permit to practice medicine and surgery. Such notification needs to be provided to said individuals and entities within 5 days of the date the permit is issued in Nebraska, and within 5 days of any subsequent changes in employment or out-of-state licensure and shall include providing a copy of this letter delineating the conditions of your Probation. Written confirmation of this notification shall be provided to the Department within 30 days of the issuance of a permit and within 30 days of any new employment, partners, facility privileges or educational programs of medicine. Enclosed are Notification Verification Forms for this purpose.

10. Provide written notification, within 7 days of its occurrence, of any change in employment status or employer, including the name and complete address and complete phone number of the employer, and its effective date. The name, complete address and complete phone number of your current employer is due within 7 days of the issuance of your Probationary permit.
11. Provide written notification, within 7 days of its occurrence, of any change in residence, address or phone number and its effective date.
12. Provide all reports, notices, and other documentation, as directed by the Department. If the Department provides any particular form of report, reports must be made on such form.
13. Provide written authorizations requested by the Department for all records, information and reports concerning any alcohol, drug or chemical dependency/abuse treatment or counseling, including such forms of authorization to permit the obtaining and use of records, information and reports by the Department and the Nebraska Attorney General in conformity with 42 CFR, Part 2.
14. Promptly respond to all requests and inquiries by the Department concerning your compliance with the terms and conditions of Probation.
15. Obey all state and federal laws and the rules and regulations regarding the practice of medicine and surgery.
16. Pay any costs associated with insuring compliance with the Probation to include costs of the random body fluid/chemical testing.
17. If you notify the Department in writing that you have discontinued practicing in Nebraska for 6 months or longer or hold an inactive permit, 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 fail to notify the Department that you have resumed practice, such practice will be considered a violation of Probation and your permit may be subject to discipline.

The **reasons** for offering you a permit with Probationary terms and conditions are:

1. Your admission on the physician license application that you misused Roxicet (oxycodone and acetaminophen), a controlled substance, between November 2010 and May 2011;
2. Your admission on the physician license application that you obtained or attempted to obtain the controlled substance Roxicet by fraudulent means.
3. Your diagnosis of Opioid Dependence made on or about May 11, 2011, in the Army Substance Abuse Program at Schofield Barracks in Hawaii.
4. Your "Resignation for the Good of the Service in Lieu of General Court-Martial Case" on or about January 23, 2012, whereby you were discharged from the United States Army with an "Under Other Than Honorable Conditions" for the reasons listed above.

5. Your license was placed on disciplinary Probation in the State of Hawaii on or about November 8, 2012, for a period of two years, and a monetary fine was assessed for the reasons listed above.

The statutory bases for the denial are found in Neb. Rev. Stat. 38-178 which states that a license may be disciplined or denied on the following grounds:

(3) Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;

(11) Having had his or her credential denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to section 38-196 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this section.

Once your permit is issued, your compliance with the herein stated 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.

Ruth Schuldt, 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

If you practice or reside in a jurisdiction other than Nebraska, such practice or residency shall 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 permit. If this situation should occur, you may submit documentation that includes the terms/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 a ground for further disciplinary action against your permit.

Your acceptance of the offered permit:

1. Requires that you practice under and comply with the herein stated Probationary terms and conditions;
2. Nullifies the right to appeal the issuance of a permit on Probation; and
3. Signifies your understanding that the herein specified terms and conditions constitute disciplinary actions and that such disciplinary actions: (a) are a matter of public record; and (b) will be reported to any data banks to which such information is required to be reported.

This licensure decision will become final unless you request a hearing to appeal the decision. Such hearing request:

- Must be made in writing and received by the Department within 30 days of the date of this letter; and
- Nullifies the herein offered permit on Probation. Therefore, you would not be authorized to practice during the course of the hearing process.

If you request a hearing, 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 the hearing, the Director will enter an order setting forth the decision. The Director may:

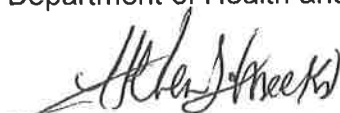
1. Issue you a Probationary; or
2. Modify the terms and conditions of the offer; or
3. Deny the credential.

If you do not respond in writing, by accepting the herein offered permit or requesting a hearing, your application for a permit shall be considered denied without further notice, effective 30 days from the date of this letter. Any such denial is a matter of public record and will be reported to any data banks to which such information is required to be reported.

Please contact Becky Wisell at 402-471-4915 if you have questions.

Sincerely,

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


By Helen L. Meeks, Administrator
Licensure Unit

JMA/HLM/vb

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