JET/AEF:Apr. 2019
GJ#38

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
NORTHEASTERN DIVISION

UNITED STATES OF AMERICA	)	
	)	
v.	)	**Criminal No. _____**
	)	**UNDER SEAL**
CELIA LLOYD-TURNEY, M.D.,	)	
	)	
Defendant.	)	

INDICTMENT

The Grand Jury charges:

GENERAL ALLEGATIONS

At all times material to this Indictment:

THE DEFENDANT

1. Defendant **CELIA LLOYD-TURNEY** was licensed by the State of Alabama to practice medicine and maintained a Controlled Substance Registration number and a DEA Registration number. She was the medical director and sole physician at Choice Medicine Clinic: Hwy 53 Medical Center ("Choice Medicine Clinic"), located in Toney, Alabama.

2. Choice Medicine Clinic was a medical clinic, operating at 8208 Highway 53 North, Toney, Alabama. Choice Medicine Clinic purported to be a

family medicine clinic, offering general medical services, addiction treatment, and pain management treatment.

3. **CELIA LLOYD-TURNEY** dispensed controlled substances and other prescription drugs directly from Choice Medicine Clinic.

4. **CELIA LLOYD-TURNEY** prescribed excessive quantities of controlled substances to the same patients several times per month resulting in prescriptions that gave patients access to as many as 15 pills per day.

5. **CELIA LLOYD-TURNEY** prescribed dangerous combinations of drugs known to heighten the risk of overdose and death.

6. **CELIA LLOYD-TURNEY** signed blank prescription forms to be completed by her staff when she was not at Choice Medicine Clinic.

CONTROLLED SUBSTANCE STATUTES AND CONTROLLING REGULATIONS

7. The Controlled Substances Act ("CSA") governed the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA made it unlawful for any person to knowingly or intentionally manufacture, distribute, or dispense a controlled substance or conspire to do so.

8. Medical practitioners, such as physicians and nurse practitioners, who were authorized to prescribe controlled substances by the jurisdiction in which they were licensed to practice medicine, were authorized under the CSA to prescribe, or otherwise distribute, controlled substances, if they were registered with the Attorney General of the United States. 21 U.S.C. § 822(b); 21 C.F.R. § 1306.03. Upon application by the practitioner, the Drug Enforcement Administration (DEA) assigned a unique registration number to each qualifying medical practitioner including physicians and nurse practitioners.

9. The CSA and its implementing regulations set forth which drugs and other substances were defined by law as "controlled substances," and assigned those controlled substances to one of five schedules (Schedule I, II, III, IV, or V) depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

10. A controlled substance assigned to Schedule II meant that the drug had a high potential for abuse, was highly addictive, and that the drug had a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse of a Schedule II controlled substance

could lead to severe psychological and/or physical dependence. Pursuant to the CSA and its implementing regulations:

a. Hydrocodone was classified as a Schedule II controlled substance after October 2014, before which time it was classified as a Schedule III controlled substance. It was an opioid pain medication.

b. Oxycodone was classified as a Schedule II controlled substance. Oxycodone was sold generically and under a variety of brand names, including OxyContin®, Roxicodone®, Endocet®, and Percacet. Oxycodone, an opioid pain medication, is about fifty percent stronger than Morphine.

c. Hydrocodone and Oxycodone were among the Schedule II opioid controlled substances that had the highest potential for abuse and associated risk of fatal overdose.

11. A controlled substance assigned to Schedule IV meant that the drug or other substance had a lower potential for abuse than the drugs or other substances in the higher schedules, the drug or other substance had a currently accepted medical use in the United States, and abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or

other substances in the higher schedules. Pursuant to the CSA and its implementing regulations:

a. Alprazolam was classified as a Schedule IV controlled substance. Alprazolam, sometimes prescribed under brand name Xanax, was a medication used to treat anxiety.

b. Clonazepam was classified as a Schedule IV controlled substance. Clonazepam, sometimes prescribed under brand name Klonopin, was a medication used to treat anxiety and seizures.

c. Diazepam was classified as a Schedule IV controlled substance. Diazepam, sometimes prescribed under brand name Valium, was a mediation used to treat anxiety, seizures, and muscle spasms.

12. Chapter 21 of the Code of Federal Regulations, Section 1306.04 governed the issuance of prescriptions and provided, among other things, that a prescription for a controlled substance "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." It was well known that the combination of high-dose opioids and benzodiazepines (*e.g.*, alprazolam) in any dose had a significant impact upon the risk of patient intoxication and overdose. The risk of intoxication and overdose was increased when treatment included other central nervous system depressants, muscle relaxants (*e.g.*, carisoprodol), anticonvulsants, and short-acting opioid analgesics.

For a treating physician to prescribe these combinations for a legitimate medical purpose, the physician needed to determine, at a minimum, that the benefits of the drugs outweighed the risk(s) to the patient's life.

13. Chapter 21 of the Code of Federal Regulations, Section 1306.04, also directed that "[a]n order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of [the CSA] and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances."

14. Federal law prohibited physicians from pre-signing prescriptions, because "all prescriptions for controlled substances had to be "dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner." 21 C.F.R. § 1306.05(a). "The refilling of a prescription for a controlled substance listed in Schedule II is prohibited." 21 C.F.R. § 1306.12(a); 21 U.S.C. § 829(a).

15. The Alabama Board of Medical Examiners Administrative Code similarly prohibited physicians from pre-signing prescriptions: "It is improper, under any circumstances, for a physician to pre-sign blank prescription pads or forms

and make them available to employees or support personnel." Alabama Administrative Code Chapter 540-X-4-.06(8).

16. Urine drug screens were relied upon in the pain-management industry as a means of identifying a patient's non-compliance with the patient's treatment plan. Urine drug screens were used to identify abuse of illicit and controlled substances not prescribed to a patient, and to identify a patient's failure to take drugs prescribed for the patient's treatment of pain.

17. Alabama's prescription drug monitoring program ("PDMP") was a means of detecting a pain management patient's non-compliance with the patient's treatment plan. A PDMP report contained prescription data for all controlled substances dispensed by pharmacies in the State of Alabama. Pharmacies were required to report the patient's name, the particular controlled substance and dosage dispensed, the quantity dispensed, the number of days supplied, the prescribing physician's name, the date the prescription was issued, the dispensing pharmacy's name, the type of payment, and the date the controlled substances were dispensed.

Counts One - Nine
Unlawful Distribution of a Controlled Substance
(21 U.S.C. § 841(a)(1)(C), (b)(1)(C); 18 U.S.C. § 2)

18. All previous paragraphs of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

19. On or about the date listed in the table below, in Madison County in the Northern District of Alabama and elsewhere, Defendant,

CELIA LLOYD-TURNEY,

aided and abetted by others and aiding and abetting others, did knowingly, intentionally, and unlawfully distribute and dispense, and cause to be distributed and dispensed, outside the usual course of professional practice and not for a legitimate medical purpose, the following controlled substance:

Count	Date	Controlled Substance	Dosage Units	"Patient"
1	1/6/16	Oxycodone HCL 30 mg	85 pills	FK
2	1/8/16	Oxycodone HCL 30 mg	85 pills	FK
3	1/11/16	Oxycodone HCL 30 mg	85 pills	FK
4	3/3/16	Oxycodone HCL 30 mg	70 pills	FK
5	3/11/16	Oxycodone HCL 30 mg	90 pills	FK
6	3/14/16	Oxycodone HCL 30 mg	90 pills	FK
7	10/30/15	Oxycodone HCL 30 mg	90 pills	FK
8	11/18/15	Oxycodone HCL 30 mg Diazepam 10 mg	90 pills 15 pills	FK

9	12/1/15	Oxycodone HCL 30 mg	90 pills	FK

All in violation of Title 21, United States Code, Section 841(a)(1), (b)(1)(C) and Title 18, United States Code, Section 2.

NOTICE OF CRIMINAL FORFEITURE
(21 U.S.C. § 853(a))

20. All previous paragraphs of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

21. Pursuant to Title 21, United States Code, Section 853(a), the United States of America gives notice to Defendant,

CELIA LLOYD-TURNEY,

that upon conviction of the offenses alleged above, the following is subject to forfeiture:

a. all property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of such violations; and

b. all property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, such violations.

Money Judgment

22. Defendants are notified that upon conviction, a money judgment may be imposed equal to the total value of the property subject to forfeiture.

Substitute Assets

23. Defendants are notified that in the event that one or more conditions listed in Title 21, United States Code, Section 853(p) exists, the United States will seek to forfeit any other property of Defendants up to the total value of the property subject to forfeiture.

A TRUE BILL

/s/ Electronic Signature
FOREPERSON OF THE GRAND JURY

JAY E. TOWN
United States Attorney

ROBERT ZINK
United States Department of Justice
Criminal Division, Fraud Section
Acting Chief

JOSEPH BEEMSTERBOER
United States Department of Justice
Criminal Division, Fraud Section
Deputy Chief, Health Care Fraud

/s/ Electronic Signature
ADRIENNE E. FRAZIOR
United States Department of Justice
Criminal Division, Fraud Section
Assistant Chief, Health Care Fraud