

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JENNIFER J. SOSNOWSKI, M.D.**

4 Holder of License No. 25789  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

**Case No. MD-20-0439A**

**ORDER FOR LETTER OF REPRIMAND  
AND PROBATION; AND CONSENT TO  
THE SAME**

7 Jennifer J. Sosnowski, M.D. ("Respondent") elects to permanently waive any right  
8 to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation;  
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of  
10 this Order by the Board.

11 **FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of  
13 the practice of allopathic medicine in the State of Arizona.

14 2. Respondent is the holder of license number 25789 for the practice of  
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-20-0439A after receiving a complaint  
17 regarding Respondent's care and treatment of a 58-year-old female patient ("KM") alleging  
18 inadequate care and treatment of rheumatoid arthritis; inappropriately prescribing;  
19 improper therapy recommendations with frequency specific microcurrent ("FSM")  
20 treatments, ozone machine, and vitamin infusions; and failure to utilize personal protective  
21 equipment (PPE).

22 4. During the Board's investigation, Board staff requested Medical Consultant  
23 ("MC") review of Respondent's care and treatment of KM and four other patients (HR, LS,  
24 LD and HA). The MC identified deviations with the standard of care with regard to all five  
25 patients reviewed. Respondent presented a report of another physician who opined that  
Respondent met the standard of care in her treatment of KM, HR and HA. The physician

1 opined that Respondent met the standard of care for Patients LS and LD with certain  
2 qualifications.

3 5. On November 20, 2019, KM presented to Respondent's office for initial  
4 consultation and continued with treatment until April 15, 2020. KM's complaints included  
5 rheumatoid arthritis ("RA") of twenty years' duration, sleep issues, hormonal issues, and  
6 low mental and physical energy. Respondent suspected chronic mycotoxicity or chronic  
7 Lyme disease and prescribed KM multiple supplements. Respondent recommended that  
8 KM have her home tested for mold and the results showed spores of Stachybotrys.

9 6. Respondent prescribed KM medications including Plaquenil 200mg twice  
10 daily and Celebrex. Respondent discussed the possibility of trying to wean KM off her  
11 long-term Celebrex usage and suggested that KM try CBD, Theracurmin, and FSM  
12 treatments to treat RA. Respondent prescribed KM Lithium 150mg for "brain fog" and  
13 gabapentin 300mg for head pain.

14 7. KM's lab results showed a normal TSH and free T4 but a low T3 so  
15 Respondent prescribed KM NP Thyroid 15mg daily and Liothyronine 5mcg every am.  
16 Respondent noted that KM had moderate sleep apnea and suggested KM use her  
17 partner's CPAP machine.

18 8. At her April 15, 2020 visit, KM expressed concern regarding the lack of  
19 COVID-19 transmission protection efforts in the office due to her immunocompromised  
20 status. On May 3, 2020 KM emailed Respondent terminating her care.

21 9. On March 27, 2020, HR had a telemedicine visit with Respondent for  
22 hormonal issues and fatigue. HR was a 65-year-old post-menopausal female with a history  
23 of anxiety and depression. HR's medications included Zoloft 50mg daily, Wellbutrin 100mg  
24 daily, progesterone 200mg daily and estrogen pellets 50mg every three months.  
25 Respondent ordered lab work.

1           10.    On March 30, 2020, Respondent called HR with her lab results. HR's lab  
2 results showed estradiol of 362, total testosterone of 198, free testosterone of 1.8,  
3 progesterone of 0.6, and P/E2 ratio of 1.2. Respondent increased HR's progesterone to  
4 4000mg daily.

5           11.    On April 26, 2020, HR called Respondent's office and reported that since  
6 increasing the progesterone she had been moody, depressed, and her anxiety had  
7 increased. Respondent suggested decreasing the progesterone to 200mg.

8           12.    On March 2, 2021, LS formally enrolled in Respondent's six-month Wellness  
9 Program. On August 4, 2021, LS informed Respondent that she and her husband both  
10 tested positive for COVID-19 and requested that Respondent prescribe Ivermectin for  
11 both. Respondent prescribed Ivermectin (with a refill) for LS and told her to share it with  
12 her husband.

13          13.    From September 30, 2020, until Spring 2022, LD participated in  
14 Respondent's Wellness Program through phone calls, in-person clinic visits and health  
15 coaching. LD had multiple tests including blood work, stool, urine and saliva, a sleep  
16 study, imaging, and an EEG. Respondent's plan was to taper LD off her metformin and  
17 glipizide by using dietary changes (keto), exercise, weight loss and botanicals (Dioxonol,  
18 Mitocore, Nitric Balance, Cardotone, Cholestepure Plus, and others).

19          14.    On September 1, 2021, LD called Respondent and informed her that she  
20 was diagnosed with COVID-19 and had received a monoclonal antibody infusion and was  
21 improving. Respondent prescribed Ivermectin to LD along with several other off-label  
22 medications for SARS-CoV-2 infection. On September 14, 2021, Respondent prescribed  
23 Ivermectin for prophylactic treatment of COVID-19 for LD's son. On March 29, 2022,  
24 Respondent prescribed Ivermectin "just in case" for COVID-19 for LD's upcoming trip to  
25 Europe.

1           15. HA was an established patient of Respondent's practice through March  
2 2022. Respondent treated HA as a fee-for-service patient. In this time, Respondent  
3 functioned as his primary care physician and coordinated a little with his cardiologist.  
4 Respondent ordered extensive testing with routine labs and esoteric ones such as metal  
5 toxicity, mold, food allergens, microbiome, and ordered a sleep study, venous flow study,  
6 Echocardiogram, colonoscopy.

7           16. The standard of care requires a physician to adequately care and treat an  
8 autoimmune disorder. Respondent deviated from the standard of care for Patient KM by  
9 failing to adequately treat the patient's rheumatoid arthritis.

10          17. The standard of care requires a physician to order appropriate and  
11 necessary lab tests. Respondent deviated from the standard of care for Patients KM and  
12 LS by ordering unnecessary lab tests.

13          18. The standard of care requires a physician to utilize personal protective  
14 equipment. Respondent deviated from the standard of care for Patient KM by failing to  
15 utilize personal protective equipment.

16          19. The standard of care requires a physician to appropriately adjust  
17 medications. Respondent deviated from the standard of care for Patient HR by  
18 inappropriately increasing the patient's progesterone without clinical justification.

19          20. The standard of care requires a physician to have an established physician-  
20 patient relationship prior to prescribing medications. Respondent deviated from the  
21 standard of care for Patients LS and LD by prescribing Ivermectin without an established  
22 physician-patient relationship.

23          21. The standard of care requires a physician to adequately treat a diabetic  
24 patient. Respondent deviated from the standard of care for Patient LD by failing to  
25 appropriately treat a diabetic patient.



1 video capability, unless the examination is for the purpose of obtaining a written  
2 certification from the physician for the purposes of title 36, chapter 28.1.”).

3 **ORDER**

4 IT IS HEREBY ORDERED THAT:

- 5 1. Respondent is issued a Letter of Reprimand.  
6 2. Respondent is placed on Probation for a period of six months with the  
7 following terms and conditions:

8 **a. Continuing Medical Education**

9 Respondent shall within 6 months of the effective date of this Order obtain no less  
10 than 10 hours of Board Staff pre-approved Category I Continuing Medical Education  
11 (“CME”) in an intensive, in-person course regarding medical recordkeeping. Respondent  
12 shall within **thirty days** of the effective date of this Order submit her request for CME to  
13 the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board  
14 staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours  
15 required for the biennial renewal of medical licensure. The Probation shall terminate upon  
16 Respondent’s proof of successful completion of the CME.

17 **b. Obey All Laws**

18 Respondent shall obey all state, federal and local laws, all rules governing the  
19 practice of medicine in Arizona, and remain in full compliance with any court ordered  
20 criminal probation, payments and other orders.

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**CONSENT TO ENTRY OF ORDER**

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2           1.     Respondent has read and understands this Consent Agreement and the  
3 stipulated Findings of Fact, Conclusions of Law and Order (“Order”). Respondent  
4 acknowledges she has the right to consult with legal counsel regarding this matter.

5           2.     Respondent acknowledges and agrees that this Order is entered into freely  
6 and voluntarily and that no promise was made or coercion used to induce such entry.

7           3.     By consenting to this Order, Respondent voluntarily relinquishes any rights to  
8 a hearing or judicial review in state or federal court on the matters alleged, or to challenge  
9 this Order in its entirety as issued by the Board, and waives any other cause of action  
10 related thereto or arising from said Order.

11          4.     The Order is not effective until approved by the Board and signed by its  
12 Executive Director.

13          5.     All admissions made by Respondent in this Order are solely for final  
14 disposition of this matter and any subsequent related administrative proceedings or civil  
15 litigation involving the Board and Respondent. Therefore, said admissions by Respondent  
16 are not intended or made for any other use, such as in the context of another state or  
17 federal government regulatory agency proceeding, civil or criminal court proceeding, in the  
18 State of Arizona or any other state or federal court.

19          6.     Notwithstanding any language in this Order, this Order does not preclude in  
20 any way any other State agency or officer or political subdivision of this state from  
21 instituting proceedings, investigating claims, or taking legal action as may be appropriate  
22 now or in the future relating to this matter or other matters concerning Respondent,  
23 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent  
24 acknowledges that, other than with respect to the Board, this Order makes no  
25 representations, implied or otherwise, about the views or intended actions of any other



1 state agency or officer or political subdivisions of the State relating to this matter or other  
2 matters concerning Respondent.

3 7. Upon signing this agreement, and returning this document (or a copy thereof)  
4 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
5 the Order. Respondent may not make any modifications to the document. Any  
6 modifications to this original document are ineffective and void unless mutually approved  
7 by the parties.

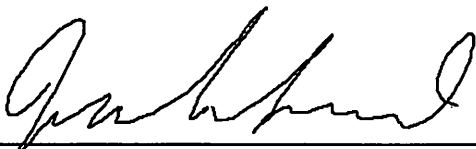
8 8. This Order is a public record that will be publicly disseminated as a formal  
9 disciplinary action of the Board and will be reported to the National Practitioner's Data  
10 Bank and on the Board's web site as a disciplinary action.

11 9. If any part of the Order is later declared void or otherwise unenforceable, the  
12 remainder of the Order in its entirety shall remain in force and effect.

13 10. If the Board does not adopt this Order, Respondent will not assert as a  
14 defense that the Board's consideration of the Order constitutes bias, prejudice,  
15 prejudgment or other similar defense.

16 11. Any violation of this Order constitutes unprofessional conduct and may result  
17 in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation,  
18 consent agreement or stipulation issued or entered into by the board or its executive  
19 director under this chapter.") and 32-1451.

20 12. ***Respondent has read and understands the conditions of probation.***

21  
22 

23 JENNIFER J. SOSNOWSKI, M.D.

24 DATED: 8/30/23

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1 EXECUTED COPY of the foregoing mailed  
2 this 7<sup>th</sup> day of September, 2023 to:

3 Jennifer J. Sosnowski, M.D.  
4 Address of Record

5 Robert J. Milligan, Esq. -  
6 Milligan Lawless, PC  
7 5050 North 40<sup>th</sup> Street, Suite 200  
8 Phoenix, Arizona 85018  
9 Attorney for Respondent

10 ORIGINAL of the foregoing filed  
11 this 7<sup>th</sup> day of September, 2023 with:

12 Arizona Medical Board  
13 1740 West Adams, Suite 4000  
14 Phoenix, Arizona 85007

15 Michelle Poulos  
16 Board staff