

**EFFECTIVE AS A FINAL ORDER**

DATE: 4.12.2022

FILED

MAR 23 2022

**BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS**

KS State Board of Healing Arts

In the Matter of

Virgil W. McMillion, D.O.  
Kansas License No. 05-44973

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)  
)

Docket No.: 22-HA00031

**SUMMARY ORDER**

Now on this 23rd day of March 2022, this matter comes before Susan Gile, Acting Executive Director, Kansas State Board of Healing Arts ("KS Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the KS Board:

**Findings of Fact**

1. Virgil W. McMillion, D.O. ("Licensee") was first issued an Active Kansas license to practice osteopathic medicine through the Interstate Medical Licensure Compact ("IMLC"), License No. 05-44973, on or about August 1, 2021. Board Exhibit 1.

2. Licensee's last mailing address known to the Board is: **CONFIDENTIAL**

**CONFIDENTIAL** Licensee's last email address known to the Board is:

**CONFIDENTIAL**

3. The factual basis for this order is as follows:

**Summary Order  
Virgil W. McMillion, D.O.**

a. Licensee holds a West Virginia Board of Osteopathic Medicine (“WV Board”) license to practice osteopathic medicine and surgery (License No. 2059). Board Exhibit 2.

b. On or about June 4, 2021, The WV Board issued Licensee a renewed IMLC Letter of Qualification (“LOQ”). *Id.* at p. 2 and Board Exhibit 3.

c. On or about August 1, 2021, the KS Board issued Licensee an Active license to practice osteopathic medicine in Kansas through the IMLC based on the renewed WV LOQ. Board Exhibit 1.

d. On or about October 11, 2021, Licensee filed an application for change of designation/type with the KS Board to change his license type from Active to Inactive. Board Exhibit 4.

e. On or about February 5, 2022, the WV Board and Licensee entered into a Consent Order that ordered that Licensee’s June 4, 2021, renewal LOQ null and void. Board Exhibit 2.

f. The WV Consent Order voided the renewal LOQ because: (1) Licensee failed to disclose on his LOQ renewal

application that he was subject to a December 22, 2020, Weston, WV criminal investigation search warrant; and (2) Licensee was indicted on a criminal charge on or about July 12, 2021. *Id.*

g. The WV Consent Order states that Licensee admits a violation of the WV standards of professional conduct.

*Id.*

h. The WV Consent Order issued a public reprimand against Licensee and fined Licensee \$1,000.00 for violating the WV Board's rules. *Id.*

#### **Applicable Law**

4. The Kansas IMLC at K.S.A. 65-28,133 – Section 2(k) defines “physician” as a person who, in pertinent part:

(7) has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license.

(9) is not under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction.

5. The IMLC at K.S.A. 65-28,133 – Section 5 states that:

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the interstate commission.

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**Summary Order**

**Virgil W. McMillion, D.O.**

**Conclusions of Law**

6. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

7. The Board finds that the WV Board determined the Licensee is not eligible for expedited licensure through the IMLC and that the WV Board voided and nulled its June 4, 2021, IMLC Letter of Qualification.

8. K.S.A. 65-28,133 – Section 5(b) requires an applicant for expedited licensure through the IMLC to have a LOQ from the Licensee’s state of principal license. The Board finds that the Licensee does not have a LOQ from the WV Board. *See* Board Ex. 2.

9. The Board finds that without a WV LOQ, the Licensee was not eligible for a Kansas license through the IMLC.

10. The Board finds that the Licensee’s Inactive license to practice osteopathy is administratively canceled.

11. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A 77-537(a), in that the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to persons other than Licensee.

**IT IS HEREBY ORDERED** that Licensee’s Kansas Inactive license to practice osteopathy is administratively **CANCELED**.

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**Summary Order**  
**Virgil W. McMillion, D.O.**

**PLEASE TAKE NOTICE** that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 23<sup>rd</sup> day of March 2022.

**KANSAS STATE BOARD OF HEALING ARTS**

*Susan Gile*

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Susan Gile  
Acting Executive Director

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Summary Order  
Virgil W. McMillion, D.O.

**FINAL ORDER NOTICE OF RIGHTS**

**PLEASE TAKE NOTICE** that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Acting Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 12<sup>th</sup> day of April 2022, addressed and emailed to:

Virgil W. McMillion, D.O.  
**CONFIDENTIAL**

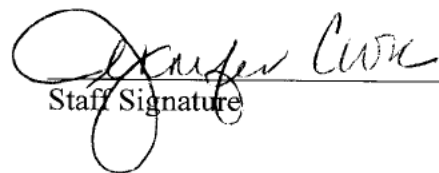
Licensee

And a copy was hand-delivered to:

Rebekah Moon, Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Office of the General Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

  
\_\_\_\_\_  
Staff Signature

Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, KS 66612



PHONE: 785-296-7413  
FAX: 785-368-7103  
KSBHA\_healingarts@ks.gov  
www.ksbha.org

Tucker Poling, Executive Director

Laura Kelly, Governor

August 2, 2021

Virgil Waid McMillion, DO  
**CONFIDENTIAL**

Dear Virgil Waid McMillion:

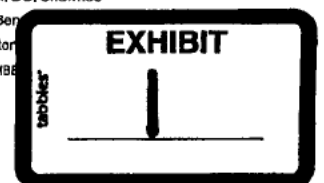
**CONFIDENTIAL**

Sincerely,

Tucker Poling  
Executive Director

BOARD MEMBERS: JOHN F. SETTICH, PH.D., PUBLIC MEMBER, PRESIDENT, Atchison • TOM ESTEP, MD, VICE PRESIDENT, Wichita • MARK BALDERSTON, DC, Shawnee  
MOLLY BLACK, MD, Shawnee • RICHARD BRADBURY, DPM, Salina • R. JERRY DEGRADO, DC, Wichita • ROBIN D. DURRETT, DO, Great Bend  
STEVEN J. GOULD, DC, Cheney • CAMILLE HEEB, MD, Topeka • STEVE KELLY, PUBLIC MEMBER, Newton • JENNIFER KOONTZ, MD, Newton  
STEPHANIE SUBER, DO, Lawrence • KIMBERLY J. TEMPLETON, MD, Leawood • RONALD M. VARNER, DO, Augusta • SHERRI WATTENBARGER, PUBLIC MEMBER

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA\_healingarts@ks.gov





**BEFORE THE WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE**

**WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE,  
Complainant,**

v.

**Complaint No. 2021-26**

**VIRGIL WAID McMILLION, D.O.,  
Respondent.**

**CONSENT ORDER**

The West Virginia Board of Osteopathic Medicine ("Board") and Virgil Waid McMillion, D.O. ("Dr. McMillion"), agree to entry of the following Consent Order pursuant to W. Va. Code § 30-14-1 *et seq.*, W. Va. Code § 30-1-1 *et seq.*, and the rules of the Board.

**FINDINGS OF FACT**

The Board and Dr. McMillion stipulate to the truthfulness and accuracy of the following facts:

1. Dr. McMillion is a licensee of the Board, possessing Board-issued license number 2059 to practice osteopathic medicine and surgery in the state of West Virginia.
2. To be eligible for a Letter of Qualification ("LOQ") for expedited licensure through the Interstate Medical Licensure Compact ("IMLC"), an applicant cannot be under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
3. On February 26, 2020, the Board issued Dr. McMillion an initial Letter of Qualification ("LOQ") finding that he was eligible for expedited licensure through the IMLC.
4. On December 22, 2020, the Weston Police Department of Weston, West Virginia, served a search warrant on Dr. McMillion in relation to a criminal investigation.



5. On March 5, 2021, Dr. McMillion submitted an application to renew his LOQ and answered "No" to the following question: "Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction?"

6. The Board issued Dr. McMillion's renewed LOQ on June 4, 2021.

7. The Board first learned of the criminal investigation following Dr. McMillion's indictment on July 12, 2021.

8. Prior to the July 12, 2021 indictment, Dr. McMillion's only contact with law enforcement was when the search warrant was served on December 22, 2020.

9. Although Dr. McMillion did not have any contact with law enforcement before or after service of the subpoena on December 22, 2020, he expresses contrition and concedes that he should have disclosed this encounter on his LOQ renewal application. Dr. McMillion denies that this omission was a willful attempt to defraud the Board or the IMLCC.

10. Furthermore, while Dr. McMillion denies personal knowledge that the law enforcement investigation was ongoing when he submitted his March 5, 2021 LOQ renewal application, Dr. McMillion admits that the July 12, 2021 indictment sufficiently implies that the investigation was active at that time and, therefore, he was ineligible for the LOQ issued by the Board.

11. The Board and Dr. McMillion voluntarily enter into this Consent Order to resolve Complaint No. 2021-26.

#### **CONCLUSIONS OF LAW**

1. The West Virginia Board of Osteopathic Medicine is a board of examination and registration created for the purpose of regulating the practice of osteopathic medicine and surgery in the state of West Virginia. W. Va. Code § 30-14-1 *et seq.*

2. The Board is a member of the Interstate Medical Licensure Compact pursuant to the authorizing statute set forth in W. Va. Code § 30-1C-1 *et seq.*

3. To be eligible for a Letter of Qualification for expedited licensure through the Interstate Medical Licensure Compact, an applicant cannot be under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction. IMLCC Rule on Expedited Licensure, Chapter 5, Section 5.4(i).

4. The Board is authorized to impose sanctions when a licensee has engaged in unprofessional conduct. W. Va. Code R. § 24-1-18.

5. The Board is authorized to enter into consent decrees and probation orders where such instruments may afford reasonable supervision and oversight of any person subject to the licensing requirements of the Board, for the benefit of the practice of osteopathic medicine and protection of the public interest. W. Va. Code § 30-1-8(g).

#### **ACKNOWLEDGMENT OF RIGHTS**

I, Virgil Waid McMillion, D.O., having read this document and by signing my name to it, understand and acknowledge the following:

1. This is a legally binding document that affects my rights and privileges.
2. I have the right to consult a lawyer concerning the terms of this agreement and the legal rights and remedies that may otherwise be available to me, and I have exercised that right in this case.
3. I understand that I have a right to a hearing regarding any charges against me or any action taken against my license. The West Virginia Board of Osteopathic Medicine may not suspend, revoke or take any other disciplinary action regarding my license unless one of three conditions occur: 1) I give my consent to entry of an order restricting, suspending or revoking my license, or 2) the Board conducts a hearing before imposing any restriction, suspension or

revocation, or 3) the Board finds that my continuation in practice constitutes an immediate danger to the public.

4. I understand that, instead of accepting this agreement, I may demand that the Board prove the charges against me by presenting evidence in a hearing conducted under law. If I chose to have a hearing, I would not have the burden of proof. I could, however, present evidence on my own behalf and I would have the right to cross-examine any witnesses who might testify against me. I also understand that I have the right to subpoena witnesses and records in order to compel their production at the hearing.

5. I acknowledge that this agreement is also a legally-binding Order. If I accept this agreement, I admit to violation of standards of professional conduct. I also acknowledge and admit that, if I violate any terms and conditions of this Order, my violations may constitute an immediate danger to the public and that, for such reasons, the Board may suspend or revoke my license without a prior hearing.

6. I understand that this is a public document and that the Board is legally obligated to allow any person to review this Consent Order. I also understand that this action and Order may be reported to other boards, to other jurisdictions, to the National Practitioner Data Bank, and to the Federation of State Medical Boards.

7. I understand that, as a result of this Consent Order, other licensing boards and authorities may take adverse action against my licenses, including revocation.

**TERMS OF ORDER**

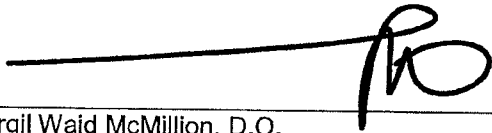
1. The Letter of Qualification issued to Virgil Waid McMillion, D.O., by the West Virginia Board of Osteopathic Medicine on June 4, 2021 is hereby **NULL** and **VOID**, due to Dr. McMillion's ineligibility as set forth herein.

2. The West Virginia Board of Osteopathic Medicine **REPRIMANDS** and **FINES** Virgil Waid McMillion, D.O., **\$1,000.00** for violating the Board's rules. Dr. McMillion shall pay the fine within 60 days of entry of this Consent Order.

**ACKNOWLEDGMENT OF LICENSEE:**

I have reviewed the provisions of this Consent Order. I agree to abide by the terms set out herein and to be bound by them.

Signed:


  
\_\_\_\_\_  
Virgil Waid McMillion, D.O.

Date:

02/03/2022  
\_\_\_\_\_

**SIGNATURE OF COUNSEL FOR LICENSEE:**

Signed:

  
\_\_\_\_\_  
Kevin T. Tipton, Esq.

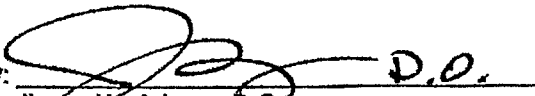
Date:

2/4/2022  
\_\_\_\_\_

**ORDERED BY THE BOARD OF OSTEOPATHIC MEDICINE:**

By agreement of the West Virginia Board of Osteopathic Medicine, it is so ORDERED  
and entered this 5<sup>th</sup> day of February 2022.

WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE

By:  D.O.  
Jimmy W. Adams, D.O.  
President  
West Virginia Board of Osteopathic Medicine



## Letter of Qualification

Date: 6/4/2021

Name: Virgil Waid McMillion  
**CONFIDENTIAL**

Dear Dr.: Virgil Waid McMillion

RE: Your application for IMLC Letter of Qualification

The WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL

*Cammie Melton*

Type Name Cammie Melton  
Title of Authorized SPL Executive Assistant  
Date 6/4/2021



RECEIVED

By KSBHA at 8:53 am, Oct 11, 2021

# Kansas

## APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.

E-mail form with required documentation and credit card form to

KSBHA\_Licensing@ks.gov

License No. 05 - 44973  Medicine & Surgery  Chiropractic  Osteopathic  Podiatry

Current Type:  Active  Federal Active  Military  Exempt  Inactive

Name: Vivian Ward McMillion  
First Last **CONFIDENTIAL**

Home Address: \_\_\_\_\_  
Street

Home Telephone Number: \_\_\_\_\_

Business Address: 3456 University Ave Morgantown WV 26505  
Street City State Zip

Business Telephone Number: 304 - 646 - 8244 E-Mail Address: Armcemillion@McMillionmedical.com

Preferred Mailing Address:  Home  Business

EFFECTIVE 10 / 12 / 2021 The effective date **CANNOT** be a retroactive date and must be a date in the future from the date the Board receives your request.  
I request a license type change to: (check the license type below)

Please select only **ONE** type.

**Active:** A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):

From:MO/YR	To:MO/YR	Complete Address	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less than \$200,000 per claim, \$600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF). You must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage, certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident certificate form. If you have any questions about participation with KHCSF call please (785) 291-3777.

3. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org.

4. Since the last renewal date of your Kansas license, have you:

- Yes  No had an adverse judgment, award, or settlement resulting from a professional liability claim?
- Yes  No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
- Yes  No had any hospital privileges suspended?
- Yes  No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.





**Federal Active:** A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practices that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration, and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

1. Location of Federal Employment: \_\_\_\_\_  
Name of Employer    Street    City    State    Zip

2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website [www.ksbha.org](http://www.ksbha.org).

3. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):  
 From:MO/YR To:MO/YR    Complete Address    Position Held

4. Since the last renewal date of your Kansas license, have you:
- Yes  No had an adverse judgment, award, or settlement resulting from a professional liability claim?
  - Yes  No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
  - Yes  No had any hospital privileges suspended?
  - Yes  No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

**Exempt:** A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

I intend to engage in the following professional activities in Kansas:

- Consultant
- Charitable Health Care Provider
- Administration
- Treatment of Family and Friends with No Compensation
- Coroner/Deputy Coroner
- None
- Other:

I acknowledge by marking the check box, with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund.

**Inactive:** A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

**Fees:** Please complete the credit card authorization form or make your check payable to Kansas State Board of Healing Arts.

Current Type of    Active or Federal Active changing to any type: No Fee  
 Military changing to Active or Federal Active: \$330  
 Military changing to Exempt or Inactive: \$150  
 Exempt or Inactive changing to Exempt or Inactive: No Fee  
 Exempt or Inactive changing to Active or Federal Active: \$175

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.

\_\_\_\_\_  
VW    10/10/2021  
 Signature    Date

**From:** [waid.mcmillion](#)  
**To:** [KSBHA Licensing](#)  
**Subject:** Change in Designation  
**Date:** Sunday, October 10, 2021 8:13:48 AM  
**Attachments:** [KMBchangeofdesignation.pdf](#)

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*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Waid McMillion, D.O.