

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)
)
James John Rapalje, P.A.,) CONSENT ORDER
)
Respondent.)

This matter is before the North Carolina Medical Board ("Board") regarding information provided to the Board concerning James John Rapalje, P.A. ("Mr. Rapalje"). Mr. Rapalje makes the following admissions, and the Board makes the following findings and conclusions:

STATUTORY AUTHORITY

The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted to it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto.

FINDINGS OF FACT

Mr. Rapalje was first issued a license to practice as a physician assistant by the Board on or about June 15, 1976, license number 100077.

At all times relevant hereto, Mr. Rapalje practiced as a physician assistant in Fayetteville, North Carolina.

Patient A was a long-term patient of Mr. Rapalje, who was seen approximately every two months from March 2018 through December 2024, primarily for medication refills and follow-up care for attention deficit disorder ("ADD") and anxiety. Mr. Rapalje prescribed Xanax[®] (alprazolam), a benzodiazepine, and Adderall[®] (amphetamine and dextroamphetamine), a stimulant, to Patient A for treatment of these conditions.

Mr. Rapalje did not employ pill counts, utilize urine drug screens, or routinely check the North Carolina Controlled Substances Reporting System ("NCCSRS") when prescribing controlled substances to Patient A, despite indications of possible diversion.

Patient A overdosed and died. The toxicology results were positive for illicit drugs, but there was no evidence of the prescribed benzodiazepine.

Mr. Rapalje failed to document both an initial formal diagnostic assessment for Patient A as well as ongoing reassessment of diagnosis, symptoms severity, and functional status, yet he continued to prescribe chronic benzodiazepine and stimulant medications.

Chronic benzodiazepine use for anxiety is not a first-line treatment, and long-term use is discouraged due to dependence, cognitive impairment, and overdose risk. In the case of Patient A, Mr. Rapalje did not document monitoring for dependence, misuse,

or adverse effects, and there was no attempt to taper or discontinue. In addition, there was no documentation in Patient A's medical record that Mr. Rapalje had counseled Patient A on risks, dependence, or withdrawal symptoms of long-term benzodiazepine use.

A stimulant is appropriate to treat ADD, but it requires ongoing monitoring for misuse, dependence, or adverse effects. There was no documentation in Patient A's medical record that Mr. Rapalje monitored Patient A's Adderall® use or counseled Patient A regarding risks.

Patient A's medical records contained only limited documentation regarding chief complaints, physical examination findings, and a clear assessment and plan.

Mr. Rapalje's treatment of Patient A failed to meet the minimum standards of acceptable and prevailing medical practice in North Carolina, as did the medical record documentation.

Patients B through E were treated by Mr. Rapalje for chronic and acute conditions. In each case, Mr. Rapalje's documentation failed to meet the minimum standards of acceptable and prevailing medical practice. In three of the four cases, Mr. Rapalje's treatment also fell below the minimum standards. Mr. Rapalje repeatedly prescribed benzodiazepines as a first line treatment without trying selective serotonin reuptake inhibitors or non-pharmacologic therapy.

In two cases, Mr. Rapalje prescribed narcotic medication concurrently with a benzodiazepine and did not document risk assessment or alternatives.

Patient C was seen approximately every two to five months primarily for multiple myeloma (she was also treated at a cancer center), chronic pain, and hypertension. Mr. Rapalje prescribed oxycodone and hypertensive medications. For a patient with long-term multiple myeloma and chronic pain, narcotic medications are an acceptable alternative treatment; however, there were no attempts to treat her pain with non-pharmacologic therapy. There was no documentation in Patient C's medical record that Mr. Rapalje reassessed the efficacy of opioid treatment or monitored Patient C for adverse effects, misuse, and functional outcomes.

Finally, there was no documentation in Patient C's chart that Mr. Rapalje discussed Patient C's opioid therapy with his supervising physician.

Patient D was seen approximately every three months for acute conditions such as sinusitis and headaches as well as chronic conditions including hypertension, pain, and anxiety. As with the other patients who were prescribed benzodiazepines, no other therapies were attempted. In addition, Patient D was prescribed Tylenol® #3 (acetaminophen with codeine), a Schedule III controlled substance. Narcotic pain medication and concurrent benzodiazepine medication increases overdose risk. Use of narcotic medication

with benzodiazepine therapy should be avoided or carefully justified with close monitoring and documented alternatives. Regular follow-up, documentation of NCCSRS checks, and naloxone are required for possible accidental overdose.

In the case of Patient D, review of the NCCSRS was not documented in his chart nor did Mr. Rapalje document discussion with his supervising physician regarding the initiation of opioid therapy or continued treatment at the required three-month intervals thereafter, which violated the Strengthen Opioid Misuse Prevention Act of 2017.

Neither Mr. Rapalje's written agreement with his supervising physician nor documentation regarding quality improvement meetings met the requirements of 21 NCAC 32S .0213. Mr. Rapalje was being supervised by his son, a physician practicing in Vermont but also licensed in North Carolina. The supervising physician did not provide meaningful oversight to Mr. Rapalje, particularly regarding Mr. Rapalje's treatment of patients on opioid therapy.

On February 9, 2026, Mr. Rapalje inactivated his physician assistant license.

CONCLUSIONS OF LAW

Mr. Rapalje acknowledges that his conduct, as described above, constitutes unprofessional conduct, including, but not limited to, a departure from, or the failure to conform to the standards of acceptable and prevailing medical practice within the

meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, condition, or limit Mr. Rapalje's physician assistant license or to deny any application he may make in the future.

PROCEDURAL STIPULATIONS

Mr. Rapalje acknowledges and agrees that the Board has jurisdiction over him and over the subject matter of this case.

Mr. Rapalje knowingly waives his right to any hearing and to any judicial review or appeal in this case.

Mr. Rapalje acknowledges that he has read and understands this Consent Order and enters into it voluntarily.

Mr. Rapalje desires to resolve this matter without the need for more formal proceedings and agrees not to contest the matters set forth herein in this case and any potential future proceeding involving the Board.

The Board has determined that it is in the public interest to resolve this case as set forth below.

ORDER

NOW, THEREFORE, with Mr. Rapalje's consent, it is ORDERED that:

1. Mr. Rapalje is hereby REPRIMANDED.
2. This Consent Order shall take effect immediately upon its execution by both Mr. Rapalje and the Board, and it shall

continue in effect until specifically ordered otherwise by the Board.

3. Mr. Rapalje hereby waives any requirement under any law or rule that this Consent Order be served on him.

4. Upon execution by Mr. Rapalje and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses as required and permitted by law including, but not limited to, the Federation of State Medical Boards and the National Practitioner Data Bank.

By Order of the North Carolina Medical Board this the 20th day of April, 2026.

NORTH CAROLINA MEDICAL BOARD

By: 
Anuradha Rao-Patel, M.D.
President

Consented to this the 8 day of April, 2026.

James John Rapalje
James John Rapalje, P.A.

State of North Carolina

County of Johnston

I, Megan Price, do hereby certify that James John Rapalje, P.A., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 8 day of April, 2026.

Megan Price, Megan Price
Notary Public

My Commission Expires: May 2, 2029

