No. 22- 6000

ORIGINAL

In the
Supreme Court of the United States

NORMAN J CLEMENT,

Petitioners,

v.

DRUG ENFORCEMENT ADMINISTRATION,

Respondent.

On Petition for a Writ of Certiorari to the United States Court of Appeals for the District of Columbia

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PETITION FOR A REHEARING

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DECEMBER 12 , 2022

PRO SE PETITIONER

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PETITION FOR REHEARING

Pursuant to Supreme Court Rule 44.2, Norman Clement respectfully petitions for rehearing of the Court's decision issued on December 5, 2022, Norman Clement vs United States Drug Enforcement Administration Case 22-6000 moves this Court to grant this petition for rehearing and consider his case with merits on grounds of intervening circumstances of a substantial or controlling effect or to other substantial grounds not previously presented Pursuant to Supreme Court Rule 44.2, This petition for rehearing is filed within 25 days of this Court's decision in this case.

A. ALL PRESCRIPTIONS FILED BY PRONTO PHARMACY WERE VALID IN COMPLIANCE WITH STATE LAW

Pronto Pharmacy LLC, filled all control medications in were dispensed according to CSA guidelines, and all prescriptions filled by Pronto Pharmacy were legally written by licensed medical/dental practitioners. Similarly to Pronto Pharmacy Walmart Drugs came under attack by the DOJ-DEA for filling valid prescriptions.

According to Michael Krause Law Professor at the George Mason University, Scalia Law School, stated in an article on December 27, 2021, published in the Wall Street Journal titled, A Case Against Walmart Mocks Justice, **The federal government sues the chain for filling valid prescriptions in compliance with state law he wrote:**

"Alcohol sales to adults are legal in all 50 states, and some substantial percentage of legally purchased alcohol is consumed by alcoholics, to their and society's detriment. Imagine a federal lawsuit against a grocery chain for selling beer to adults without protecting alcoholics from buying it. Such a case would be groundless: No federal law limits beer sales to adults in this way.

The Justice Department last week announced a similarly groundless civil suit against Walmart. The complaint alleges that the chain's 5,000-plus pharmacies fueled the opioid crisis by "unlawfully" filling prescriptions.

Like the hypothetical beer case, this case against Walmart mocks the rule of law. State laws *require* pharmacists to fill prescriptions that have been validly written by qualified medical practitioners. Pharmacists lack the expertise to second-guess doctors' judgments about the appropriate necessity of a medication and the proper dosing for a particular patient. To write a prescription for a controlled substance—which includes all opioids—a physician must be qualified by the Drug Enforcement Administration, and Walmart complies with that federal rule.

While most notably Law Professor emeritus Mr. Krause further pointed out in his the December 27, 2021 Wall Street Journal published article:

"When Walmart pharmacists have hesitated to fill legally written opioid prescriptions, they have often been subjected to state sanctions. The president of the Texas Medical Board threatened to issue "cease and desist orders" against pharmacists who "change amounts of opioids prescribed" or "override" a physician's judgment, on grounds that doing so constitutes practicing medicine without a license. Wisconsin's Board of Pharmacy threatened disciplinary action against a Walmart pharmacy because it "informed a local clinic that the Pharmacy would no longer fill controlled substance prescriptions from that clinic due to concerns of overprescribing." Complaints against Walmart and its pharmacists for refusing to fill opioid prescriptions have been filed with or pursued by pharmacy boards in Alaska, Arkansas, Colorado, Idaho, Kansas, Maryland, Missouri, New Hampshire, Ohio, Oregon, Pennsylvania, Tennessee and West Virginia.

Law Professor Krause pointed out: " Under the Constitution's Supremacy Clause, when there's a contradiction between valid federal and state law, the former prevails. But **there's no federal law requiring** that Walmart pharmacists refuse to fill prescriptions that state law requires them to fill. The Controlled Substances Act creates only two circumstances in which pharmacists commit a federal crime by filling facially valid prescriptions for controlled substances."

" First, if they "knowingly fill" a prescription that wasn't issued by a doctor "in the usual course of professional treatment"—for instance, if a doctor hands out his entire Rx pad without examining any patient.

Second, if they fill a prescription outside the "usual course of" pharmacy practice—for instance, if a "pill mill" dispenses opioids without checking the DEA number of the prescribing doctor. Not only isn't Walmart being sued for such infractions; it has adopted innovative opioid-stewardship programs and worked with law enforcement agencies including the DEA to root out corrupt doctors."

Law Professor Krause also points out: "The Justice Department alleges Walmart isn't rigorous enough in checking facially valid opioid prescriptions written by DEA-authorized physicians. If this is a problem, **let the DEA propose specific regulations requiring pharmacies to conduct increased diligence before filling any opioid prescriptions. Before being adopted, costs and benefits of such regulations would be subjected to public scrutiny.** These rules would require pharmacies to violate state law, and if adopted they would be enforceable under the Supremacy Clause. Until this happens, it's a travesty to blame Walmart

for complying with state law." (1) In an article, "Scapegoating Walmart,"as written/ published December 29, 2020, by the Wall Street Journal Editorial Board which was in a stark rebuke of the United States Department of Justice (DOJ) lawsuit filed in federal court in Delaware claims that; Walmart "failed to detect and report at least hundreds of thousands of suspicious orders" and that as a pharmacy it "unlawfully filled thousands upon thousands of invalid controlled-substance prescriptions." These actions enabled opioid abuse and "helped fuel a national crisis," the feds say; "The complaint further alleges:

"Violations of the Controlled Substances Act and its accompanying regulations, but it is really a 160-page **exercise in scapegoating a company** because it is well-known and has deep pockets. Walmart doesn't push pills on opioid addicts. Its pharmacists fill valid prescriptions written by doctors who are licensed by their states and registered with the Drug Enforcement Administration (DEA)." (2)

Here, Law Professor Krause and the Wall Streets Journal's Editorial Board identifies DEA clearly promulgates rules and guidelines Congress under the CSA nor Courts has ever authorized to this Agency. Similarly, in the actions of Pronto Pharmacy LLC, of Tampa Florida, filled, valid prescriptions written by providers, who were licensed by states and registered with the DEA. The DEA failed to show absolutely NO proof these prescriptions written by licensed practitioners and filled at Pronto Pharmacy LLC., for patients having been diagnosed with a disease condition are illegitimate. Neither the DEA found any prescription medications were being diverted for non-medical use. Thus blaming Pronto Pharmacy and its owner Norman J Clement is a travesty in the same manner to blame Walmart for complying with state law." Most importantly DEA Diversion investigator Richard James Albert failed **to be thorough in your investigation,** further having testified he interviewed no medical practitioners, no patients, and essentially conducted no investigations. These findings more than support a significant intervening circumstances of a substantial controlling effects on grounds not previously presented to grad this petition for rehearing. (1),(2)

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1. "A Case Against Walmart Mocks Justice" Wall Street Journal December 27, 2021; The federal government sues the chain for filling valid prescriptions in compliance with state law see: https://www.wsj.com/articles/a-case-against-walmart-mocks-justice-11609103413

2. " Scapegoating Walmart"
The feds seek billions in penalties for filling valid opioid prescriptions see: https://www.wsj.com/articles/scapegoating-walmart-11609285742

REASONS FOR GRANTING THE PETITION

This article by Professor Michael Krause presents many very important intervening circumstances of a substantial or controlling effect of substantial grounds not previously presented its in good faith, consistent with Rule 44.2 and further calls upon this Court to grant this petition for rehearing and further moves to grant certiorari.

B. THE FORM: A MEMORANDUM FOR RECORD DEVELOPED BY THE PRONTO PHARMACY

Both Walmart and Pronto Pharmacy had implemented internal procedures unique to their specific operations to detect fraudulent prescriptions. The Wall Street Journal Editorial Board further wrote on December 29, 2020:

"When Walmart's pharmacists catch a prescription that appears fraudulent or forged, they are trained to refuse to fill it and document the incident. Walmart says it has passed tens of thousands of leads about suspicious prescriptions to state and federal law enforcement. It's the job of the DEA and state medical boards to investigate and revoke doctors' licenses and prescribing privileges if there's wrongdoing." Pronto Pharmacy also had a required "Form" (MEMORANDUM FOR RECORD) in which every patient with any type of prescription had to fill out. The Form was used along with the National Prescription Drug Monitoring Program to screen for suspicious activity of control medications. (1),(3)

The Form was very successful in detecting fraudulent prescriptions and groups engaged in "pharmacy shopping," for diversion purposes. People who were up to "no good" would turn around and leave when they were made aware of the Memorandum For Record "The Form," and the consequences of not being truthful.Richard James Alpert was knowledgeable of the Pronto Pharmacy "Form" and its purpose. Yet, Mr. Alpert chose not to consider "The Form" as a component of deterring suspicious activity. The dismissal of the purpose of the Pronto Pharmacy "Form" by Mr. Alpert is further indicative of his lack of completing a thorough investigation and failure to get at the truth. As noted from Mr. Albert's court testimony, he in fact didn't talk with any prescribing physicians or their patients. Richard James Alpert had been made aware and also had full knowledge, not one person who came to Pronto Pharmacy, got any prescriptions filled without filling out the Form and everyone received a consultation as well as paid a $25 one-time consultation fee. The violation of the Pronto Pharmacy Form did result in prosecution some people whom as we understood where sentenced to prison. More importantly, any suspected fraudulent activity identified and proven by the

pharmacist was forwarded to our Attorney Mr. Dale Sisco who communicated directly with the law enforcement department and/or State Attorney Offices. **The Form** was part of **The Pronto Pharmacy Standard Operation Procedure** as a mechanism in place to prevent diversion. The Form is a **Memorandum For Record** which could be used by any Court to identify the Patients intent.

1. Who
2. What
3. When
4. Where

Both the National Prescription Drug Monitoring Program and the Pronto Pharmacy Form were always used together to detect and report suspicious "unlawfully invalid control substance prescriptions." Both Diversion Investigator Richard James Alpert and so-called Pharmacist diversion expert Donald R. Sullivan were well aware of the Pronto Pharmacy Form and that all patients who came to Pronto Pharmacy were required to complete "The Form."

However, Dr. Sullivan was suspicious of the patient questionnaire used by the subject pharmacy. The questionnaire inquired whether the patient lived more than 100 miles from the pharmacy. Dr. Sullivan opined that this reason was insufficient to resolve the red flags. The questionnaire contained a certification to be made by the patient, certifying that "I am taking all of my medication prescribed." Dr. Sullivan deemed this certification ineffectual in resolving the red flags of early fills and of diversion. A further statement by the patient that, "I am not selling any of my medication," did not alleviate any concerns that the patient may have been diverting his medication.

Indeed, Dr. Sullivan suspected the question ***exposed a subterfuge by the pharmacy, revealing the pharmacy believed patients were selling their medications,*** and the question was designed to relieve the pharmacy of any liability. If a pharmacist believes a patient is selling his/her medications, the pharmacist should not fill any further prescriptions for that patient.

RICHARD JAMES ALBERT AND DONALD SULLIVAN'S TESTIMONY OF BIAS AND FRAUD

Donald Sullivan's testimony amounted to speculation He nor Richard James Albert took the time to investigate the origins of The Form. The Form was generated by Norman J Clement and his staff at Pronto Pharmacy approved by the Pharmacy Attorney Mr. Dale Sisco and Dan Buffington, PharmD, MBA of Tampa, Florida

was selected as President-Elect of the Florida Pharmacy Association for 2020-2021. Dr. Buffington is President and Practice Director of Clinical Pharmacology Services in Tampa and is also on the faculty at the University of Florida College of Medicine and Pharmacy. He served for 6 years on the Board of Trustees of the American Pharmacists Association (APhA) and represents pharmacists on the American Medical Association's **Current Procedural Terminology (CPT) Editorial Panel.** He served for 5 years as a medication safety expert with the US Centers for Medicare and Medicaid Services on the Healthcare Reform team in the CMS Innovation Center and the Center for Clinical Standards and Quality (CCSQ) focused on improving health outcomes, patient safety, and alternate payment models.

TESTIMONY RICHARD JAMES ALBERT FROM ADMINISTRATIVE HEARING JANUARY 28, 2019

JUDGE DOWD: And is it your job, is it part of your investigation in these cases to reach out to the prescribing physicians to determine if there's a legitimate medical reason to justify the prescription, the opioid or whatever that's actually prescribed? Is that part of your investigation?

DI ALBERT: That wasn't part of my investigation. **No sir.**

Mr.Sisco: Okay. So you talked to the patients, right?

DI Albert: Did I talk to the patients?

Mr.Sisco: Yes, sir.

DI Albert: **No, sir**

Mr.Sisco: You didn't talk to the patients?

DI Albert: **No, sir**

CROSS EXAMINATION

BY MR. SISCO FOR NORMAN CLEMENT AND PRONTO PHARMACY

Q. Good morning, Mr. Albert

A. Good morning.

Q. We've met before on a number of occasions, is that right?

A. Yes, sir.

Q. And in the 12 weeks of training that you received as a diversion investigator you were taught to be thorough in your investigation, correct?

A. Yes, sir

Q. And to gather as much information as you can to support an allegation that you were investigating, correct?

A. Yes, sir

Q. And in this case, you followed that training, is that correct?

A. Yes, sir

Q. So it was important for you to make sure that everything that you did, that you documented, was an accurate refection of your investigation efforts, right?

A. Yes, sir

Q. All right, And you ran down available leads

A. What are you referring to?

Q. Well, you know I presume that as part of your investigation you looked to see whether there was any information that was contrary to other information you'd come up with in the case, right?

A. I'm not sure exactly what you're referring to.

Q. You would want to know if there was some information that was out there that differed from the conclusions that you'd reached, right?

A. I'm not sure what you're asking as far as...

Q. Well, let's make this basic.

A. Okay.

Thus, the testimony of both Donal Sullivan and Richard James Albert was an intent to deceive and further demonstrates their gross incompetence and failure to investigate. This is a strong intervening circumstances of a substantial or controlling effect of substantial grounds not previously presented. If these two would have investigated, they would have easily found the people of Pronto Pharmacy LLC always adhered to the rules, regulations, and laws which govern pharmacy. (3)

C. THE MYTH OF MORPHINE MILLIGRAM EQUIVALENT (MME/MEDD RESEARCH HAS DEMONSTRATED TO BE CONSIDERED NO MORE THAN "JUNK SCIENCE."

Narcotics Analgesics medication are no different, as they too carry with them the dangers any other types of drugs medications when abused or taken in numbers beyond the prescribed doses or for that matter their FDA approved therapeutic dose. Morphine Milligram Equivalent or MME is not a standard or guide used by the FDA for dosing. Specifically it is well established because of genetic pleomorphism the fact that humans

metabolize opiates at variable rates through the CYP 450 system indicates that MME is irrelevant to physician practice and physiology.

In addition, it has no statutory basis at all. Once we have dosed a patient, we reevaluate to see the effect. This is the scientific model in action. Using MME to inform medical practice is more dangerous than a coin flip, and makes a mockery of all of our Hippocratic Oaths.

This again represents a profound set of intervening circumstances of which is both substantial and controlling effects are serious displays of the preponderance of other substantial scientific factual grounds not previously presented.

Morphine Milligram Equivalent (MME) dosing was designed in an attempt to examine opioids with similar analgesic effects and should not be used to determine an exact mathematical dosing conversion. However it is based on zero science and has been debunked in numerous articles in the literature. Thus law enforcement has adapted a false equivalency to define (or redefine) medical science something

they are not entitled to do while prosecutors are using these errant standards to establish false jurisprudence.

Unfortunately prosecutors and the DEA has learned When facts don't support the charges one just fabricates the facts. Thus the phrase garbage in is garbage out or the legal term false en uno false en omnibus is applicable. It would have been expected a higher level of scientific accuracy and integrity from an agency such as the DEA entrusted to protect citizens' health and welfare.

According to Jeffery Fudin, Jacquelin Pratt Cleary, and Michael Schatman The Myth of Morphine Milligram Equivalent: The impact of pseudoscience on pain research and prescribing-guideline development published March 23, 2016 Articles from Journal of Pain Research and Schatman's youtube video Myth of Morphine Milligram Equivalent Daily dose: (http://youtu.be/mhlHoNsftXk) (4),(5) (6)

" ..Based on the marked variability of dosing conversions from one opioid to another, the lack of a distinct risk threshold, and various patient variabilities, the concepts of MEDD and daily limits are grossly flawed. How any agency, clinician, or lawmaker can claim a daily limit on total morphine equivalence and/or dispensed dosage units is mind-boggling when there is obviously no accurate, validated, or universally accepted way to calculate total MEDD. Tragically, this is what the United States Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain has done. Simply put, it is scientifically, ethically, and morally inexplicable.

Therefore, the flawed concept of MEDD should not necessarily be used to guide clinicians when adjusting opioid doses or rotating from one to another. In our opinion, impressionist lawmakers and anti-opioid zealots are basing clinical policy decisions on flawed concepts that ultimately could adversely affect positive outcomes for legitimate pain patients. Let us hope that pain researchers will lead the way in developing a much-needed and ethical paradigmatic revision, as the MEDD myth must be dispelled.. " (6)

Recognizing the controversy surrounding MMEs, in August 2021, the FDA held a "public workshop" entitled "Morphine Milligram Equivalents: Current Applications and Knowledge Gaps, Research Opportunities, and Future Directions." The workshop's stated purpose was to "provide an understanding of the science and data underlying existing MME calculations for opioid analgesics, discussing the gaps in these data, and discussing future directions to refine and improve the scientific basis of MME applications." MME fails because the pharmacology and unique properties of each opioid and patient individuality must be considered when

a therapeutic opioid conversion is contemplated. Conversion should not simply rely on a mathematical formula embedded within the CDC calculator software.

Furthermore, MME fails as the current calculation for methadone employed by the calculator could allow for potentially dangerous conversions. This is especially problematic considering this calculator is intended to target nonspecialist, general practitioners.

During the workshop, Nabarun Dasgupta of the University of North Carolina et. al. Injury Prevention Research Center presented research stating: "Contrary to conventional wisdom, conversion values are not

based on pharmacologic properties. Instead, they arose 60 years ago from small single- dose clinical studies in postoperative or cancer populations with pain score outcomes; toxicologic effects (e.g., respiratory depression) were not evaluated." (6)

According to the Dasgupta's team the research concluded: "The overlooked inconsistency among daily MME definitions revealed by our study calls into question the clinical validity of a single numerical risk threshold ".... Our findings call into question state laws and third- party payer MME threshold mandates. Without harmonization, the scientific basis for these mandates may need to be revisited." Some critics consider the use of MMEs to be "junk science." These facts are overwhelming, and support intervening circumstances of a substantial or controlling effect or to other substantial grounds not previously presented, to meritt the Justices of this court to grant this petition for rehearing issue in good faith submitted by Norman J. Clement a pharmacist and dentist.

Here, again the Wall Streets Journal's Editorial Board identifies DEA clearly promulgating rules and guidelines Congress under the CSA nor Courts have ever authorized to any law enforcement agency to regulate the practice of medicine. Similarly, in the actions of Pronto Pharmacy LLC, of Tampa Florida, filled, valid prescriptions written by providers, who were licensed by states and registered with the DEA and Controlled Substances Act "and whose implementing regulations do not include the concept of red flags, let alone identify any particular factors as a "red flag.":

As further reported December 29, 2020, the Wall Street Journal Editorial Board in a stark rebuke of the United States Department of Justice (DOJ) actions against Walmart. Walmart's lawsuit filed in federal court in Delaware claims that: " the DEA has suggested that some combinations of opioids never have a legitimate medical purpose and should never be filled. Yet the Centers for Medicare & Medicaid Services continues to cover these opioid combinations and wants such prescriptions to be evaluated based on individual medical circumstances. Walmart

filed a pre-emptive suit in October (2020) seeking clarity about the standards for handling prescriptions, but it has received no answers. The DOJ complaint also includes: **more than 190 mentions of "red flags" about suspicious opioid prescriptions. It claims Walmart often didn't adequately resolve them and sometimes knowingly filled illegitimate prescriptions despite the warnings. Walmart noted in its then lawsuit that the Controlled Substances Act "and its implementing regulations do not include the concept of red flags, let alone identify any particular factors as a red flag."**

D. THE CONTROLLED SUBSTANCES ACT "AND ITS IMPLEMENTING REGULATIONS DO NOT INCLUDE THE CONCEPT OF RED FLAGS AND RAISE CONSTITUTIONAL ISSUES BASED ON A LACK OF LEGAL STANDING

"The feds try to side-step this problem by claiming that, under the Controlled Substances Act and regulations, "the pharmacist's conduct must adhere to the usual course of his or her professional practice as a pharmacist." The complaint argues that catching and resolving "red flags" for opioid prescriptions is "a well-recognized responsibility of a pharmacist in the professional practice of pharmacy," so "failing to fulfill this responsibility" is a violation of the federal law." However, the Wall Street Journal Editorial Board further points out:

" *All of this raises constitutional issues based on a lack of legal standing. A negligence claim like the one alleged here is supposed to have a specific party claiming a specific injury caused by someone specific. Those are typically claims by one private party against another. The government can sue for violations of law, not because someone was negligent. The government's claims of Controlled Substances Act violations are so general that they seem contrived to add some violation of the law.*(1)

" In effect, DOJ is asking the federal court to overrule state law in favor of informal federal guidance and a vague notion of pharmaceutical best practices. This harassment was typical of the Obama era but it's especially disappointing from the

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3. THE FORM: RICHARD JAMES ALBERT DEA DIVERSION INVESTIGATOR AND THE DIVERSION OF THE TRUTH see: https://youarewithinthenorms.com/2021/01/04/the-form-richard-james-albert-dea-investigator-and-the-diversion-of-the-truth/

4. The MEDD myth: the impact of pseudoscience on pain research and prescribing-guideline development: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4809343/

5. Schatman's youtube video Myth of Morphine Milligram Equivalent Daily dose: (http://youtu.be/mhlHoNsftXk)

Trump Justice Department. The Biden Administration will be happy to run with this prosecutorial abuse."(1)

Most observably non of the Walmart stores were subjected to their Control Substances Registration being immediately suspended. Walmart eventually settle with DOJ-DEA with payments of billions of dollars in fines.

This again raises constitutional issues, and these facts raised by Walmart and the Wall Street Journal Editorial Board just by themselves are more than convincing intervening circumstances of a substantial effect having a controlling effect of substantial grounds not previously presented and merit review from the Justices of the Supreme Court of The United States granting Norman J. Clement's petition for rehearing and to further grant certiorari.

E. 75% INCREASE SUICIDE AMONG RURAL VETERANS RELATIVE TO CIVILIANS BETWEEN 2013 AND 2018 WRITINGS PUBLISHED IN WASHINGTON POST

For more than a decade, policymakers and public health officials have incorrectly blamed the worsening overdose crisis on doctors prescribing opioids to their patients in pain. During this time physicians have been pressured to reduce opioid prescribing, only to see the overdose rate more than double since 2010 — even as opioid prescribing was cut nearly in half. In early August 2022 a study showed that tapering chronic pain patients off opioids led to a dramatic increase in mental health crises, suicide attempts, and overdoses. It is not surprising, then, that we now learn this anti-opioid policy has had a devastating effect on America's veterans. Indeed, a recent study investigated the results of the Opioid Safety Initiative (OSI), a poorly conceived plan implemented in 2013 by the Veterans Health Administration to discourage opioid prescribing and dependence. OSI "succeeded" in that it caused opioid prescribing to drop 41% between from 2012 to 2017, and 64% by 2020.

"But as with chronic pain patients in the general population, the curtailment had a big impact on veterans' mental health, especially rural veterans who are more likely to get health care through the VA. The researchers found a 75% increase in suicides among rural veterans relative to civilians between the start of the OSI and 2018. Writing in the Washington Post, the study's authors found the increase in suicides among urban veterans was "also disturbing, although less dramatic," increasing one-third over that of civilians. Perhaps, a true measure of the damage caused by OSI is that a 33% increase in suicides over five years is considered "less dramatic."

And it was avoidable. In 2011 researchers at the Department of Veterans Affairs and the University of Michigan Medical School followed 150,000 chronic non-cancer pain patients treated with prescription opioids over five years in the VHA system and found the overdose rate to be 0.04%.

The DEA has been waging a campaign of disinformation to sway the public to a point prescribed narcotic analgesic medications are indeed drugs, dangerous drugs who dosages are red flags indicating abuse and trafficking contributing to the **so-called** Opioid crisis around America. Notably, DEA's evidences always realize upon execration on numbers of "pills" and street language such as "pill mills," "Holy Grails," and "Cocktails," not on medical disease states or clinical conditions. Prosecutors, have found these forms of distortion, redefinition of medical procedures effectively sells juries. Further Judges often instruct the juries to ignore any clinical presentation or will not allow such testimony on the record. By 2006, federal regulatory agencies perceived what they called an "opioid crisis" and mistakenly attributed it to doctors "overprescribing" opioids and generating a growing population of opioid addicts.

This formed the basis for an even more massive intrusion of federal and state power into the privacy of medical records, patient-doctor confidentiality, and the very way in which doctors are allowed to use scientific and professional knowledge to practice medicine. Medical decision making came increasingly under the purview of law enforcement, spark- ing a new wave of arrests and prosecutions. Patients who had their pain controlled with long-term opioid treatment are being denied treatment or involuntarily tapered off their pain control, as doctors fear arrest and an end to their medical careers. A growing population of "pain refugees" has emerged, with some patients turning in desperation to the black market for opioids and some even turning to suicide. As prescribing rates continue to plunge, overdoses from the non-medical use of opioids are skyrocket- ing, now largely caused by illicit fentanyl. These guidelines were disastrous for chronic pain patients. Many were driven to buy illegal drugs on the street, which were laced with poisonous fentanyl. In 2021 this led to 100,000 deaths in the United States.

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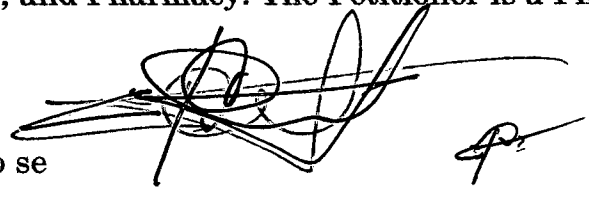
6. CATO INSTITUTE: Cops Practicing Medicine, The Parallel Histories of Drug War I and Drug War II by Trevor Burrus and Jeffrey A. Singer MD., https://www.cato.org/sites/cato.org/files/2022-11/singer-burrus-cops-practicing-medicine.pdf

SUMMARY AND CONCLUSION

These are grounds consistent with Supreme of the United States Rule 44.2 of intervening circumstances of a substantial or controlling effect and substantial grounds not previously presented.

Wherefore, For the foregoing reasons, we respectfully request this Petition for rehearing in Case number 22-6000 submitted in a timely manner be granted and the revocation and the Court should further grant this Petitioner's writ of certiorari as the decision in this case by this Court will have far-reaching effects on the professions of Medicine, and Pharmacy. The Petitioner is a Pharmacist Not a Street Drug Dealer.

Respectfully submitted



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DECEMBER 12, 2022

CERTIFICATE OF SERVICE

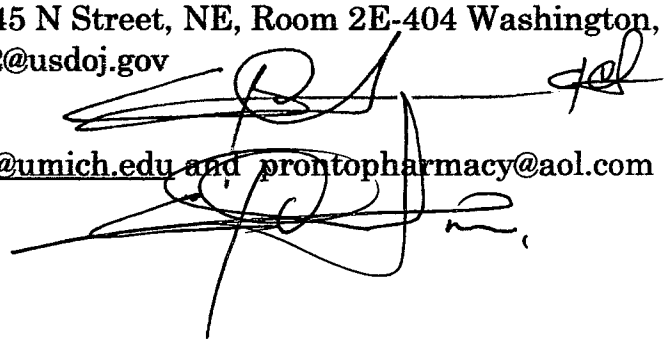
I HEREBY CERTIFY I hereby certify that this petition for rehearing is presented in good faith and not for delay, and that it is restricted to the grounds specified in Supreme Court Rule 44.2. that on DECEMBER 12, 2022 a true and correct copy of the foregoing was filed through US MAIL EXPRESS upon the following:

I, Norman J Clement, hereby certify that I and agree to utilize jointly the foregoing Respondent's Notice of Filing the Certified List of the Record with the Clerk of the

Supreme Court of the United States of America by using US MAIL on December 12, 2022. I certify further that Petitioner is *pro se*, and that service will is accomplished by electronic mail to:

Elizabeth B. Prelogar Esq, Solicitor General of the United States, Room 5616, Department of Justice, 950 Pennsylvania Ave., N. W., Washington, DC 20530-0001.

Anita Gay, Esq United States Department of Justice Criminal Division/ Narcotic and Dangerous Drugs Section 145 N Street, NE, Room 2E-404 Washington, D.C. 20002 (202) 353-7629 anita.gay2@usdoj.gov



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