

**AGENDA**  
**CONNECTICUT MEDICAL EXAMINING BOARD**  
**Tuesday, December 21, 2021 at 1:30 PM**

**Department of Public Health**  
**410 Capitol Avenue, Hartford Connecticut**

**CALL TO ORDER**

**I. OPEN FORUM**

**II. UPDATES**

- A. Chair Updates
- B. DPH Updates

**III. NEW BUSINESS**

- A. Marcus Krane, MD  
Application to practice a Yale University School of Medicine  
*Presented by Celeste Dowdell, License Applications Analyst*
- B. Nami Bayan, MD – Petition No. 2020-1053
  - A. Respondent Motion to Reopen Hearing
  - B. Argument Proposed Memorandum of Decision

**IV. OFFICE OF LEGAL COMPLIANCE**

- A. Michael Imevbore, MD Petition No. 2021-805  
*Presentation of Consent Order - Presented by Linda Fazzina, Staff Attorney, DPH*
- B. J. James Bruno, II, M.D. Petition No.: 2020-5  
*Presentation of Consent Order - Presented by Diane Wilan, Staff Attorney, DPH*
- C. Ho D. Anh, M.D.; Petition No. 2020-352  
*Presentation of Consent Order - Presented by Linda Fazzina, Staff Attorney, DPH*
- D. Rania Rifaey, M.D. Petition No.: 2019-811  
*Presentation of Consent Order - Presented by Diane Wilan, Staff Attorney, DPH*
- E. Murray Wellner, M.D., Petition Nos. 2018-1142, 2020-28  
*Presentation of Consent Order - Presented by Adeb Baume, Staff Attorney, DPH*
- F. Syed U. Hadi, M.D. Petition No. 2019-1163  
*Presentation of Consent Order - Presented by Joelle Newton, Staff Attorney, DPH*

**ADJOURN**

**This meeting will be held by video conference at the following link**

**Connecticut Medical Examining Board via Microsoft Teams**

Join on your computer or mobile app

[Click here to join the meeting](#)

**Or call in (audio only)**

[+1 860-840-2075](#) - Phone Conference ID: 594 982 937#

TO: Connecticut Medical Examining Board

FROM: Celeste Dowdell  
Licensing Applications Analyst  
Practitioner Licensing and Investigations Section

RE: MARKUS A KRANE, MD

Pursuant to Connecticut General Statutes, when deemed by the Connecticut Medical Examining Board to be in the public's interest, based on such considerations as academic attainments, specialty board certification and years of experience a permit may be issued to foreign physician to work only within the confines of a recognized medical school. Dr. Krane is applying for such permit with the support and recommendation of Yale University School of Medicine

Please accept this as a summary of the documentation submitted in support of Dr. Krane's application.

**Medical Education:** Ludwig-Maximilians University- Germany- 2004

**Post Graduate Training Completed:**

**2/1/2005-4/1/2015:** German Heart Center Munich, Germany- Cardiac Surgery  
Department of Cardiovascular Surgery

**Foreign Board Certification:** Bayerische Landesärztekammer Bavarian Medical Board- 2004  
Specialist for Cardiac Surgery

**Letter from a Senior Physicians:**

Peter J. Gruber, MD, PHD, Professor and Vice Chair of Research  
Department of Surgery and

Arnar Geirsson, MD, FACS, FAHA Chief, Division of Cardiac Surgery Professor of Surgery,  
Surgeon-in-Chief both have submitted letters in support of Dr. Krane's application for a medical school permit. They are attesting to the equivalency of his training in Germany to that in the United States.

Considering the available information, does the Board recommend that Dr. Baumbach be issued a permit to practice medicine solely within the confines of Yale University School of Medicine?

# Yale SCHOOL OF MEDICINE

## Department of Surgery

11/15/2021

Dear Dr. Krane,

This letter is to confirm your ongoing appointment through the Division of Cardiac Surgery as an Instructor of Cardiac Surgery within the Department of Surgery, Yale School of Medicine.

Thank you.

*Christopher Galatioto*

Christopher Galatioto  
Division Administrator  
Division of Cardiac Surgery  
Yale School of Medicine

### Division of Cardiac Surgery

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T 203 785-5000 office  
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#### *courier*

Boardman Building (BB)  
Room 204  
330 Cedar Street  
New Haven CT 06510

Arnar Geirsson, MD, FACS, FAHA  
*Division Chief*

Muhammad Anwer, MD, FRCS  
Roland Assi, MD, MMS  
Pranod Bonde, MD, FACS  
Robert Patrick Davis, MD, PhD  
Michael Dewar, MD, FACS, FRCS  
John Eleftheriades, MD, PhD (HON)  
Peter J. Gruber, MD, PhD  
Gary Kopf, MD, FACS  
Markus Krane, MD  
Madonna Lee, MD  
Lindsay Prescher, DO, FACS  
George Tellides, MD, PhD  
Matthew L. Williams, MD  
Prashanth Vallabhajosyula, MD, MS

Christopher Galatioto, MBA  
*Cardiac Administrator*



**CURRICULUM VITAE**

**Date of Revision: 11/01/2021**

**Name:** Markus Krane, M.D.

**Education:**

Medical studies (preclinical section)	Heinrich-Heine University Düsseldorf 1998 - 2000
Medical studies (clinical section)	Ludwig-Maximilian University Munich 2000 – 2004
M.D.	Technical University Munich 2007
Habilitation and teaching qualification for cardiac surgery	Technical University Munich 2013
Associate professor	Technical University Munich 2019

**Career/Academic Appointments:**

02/2005 – 11/2009	Assistant physician at the Department of Cardiovascular Surgery German Heart Center Munich
12/2009 -11/2010	Research Fellow Cardiovascular Research Center (CVRC; Ken Chien) Massachusetts General Hospital Richard B Simches Research Center Harvard Stem Cell Institute 02114, Boston, MA, USA
12/2010 – 04/2015	Assistant physician at the Department of Cardiovascular Surgery German Heart Center Munich
02/2011 - today	Head of the Division of Experimental Surgery Department of Cardiovascular Surgery German Heart Center Munich
09/2013	Habilitation and teaching qualification for cardiac surgery at the Technical University Munich
04/2015	Board certification for cardiac surgery
05/2015	Senior physician at the Department of Cardiovascular Surgery German Heart Center Munich
10/2015 – 06/2016	temp. Deputy Director of the Department of Cardiovascular Surgery German Heart Center Munich
07/2016 – 04/2021	Deputy Director of the Department of Cardiovascular Surgery

**Markus Krane, M.D.**

Head of the Institute for Translational Cardiac Surgery (INSURE) Department of Cardiovascular Surgery German Heart Center Munich

10/2019 Appointment as associate professor at the Technical University Munich

05/2021 Appointment as Faculty Member, Instructor, Department of Surgery, Division of Cardiac Surgery, School of Medicine Yale University

**Administrative Positions:**

2017-04/2021 Head of the Institute for Translational Cardiac Surgery (INSURE) Department of Cardiovascular Surgery German Heart Center Munich

2016-04/2021 Deputy Director of the Department of Cardiovascular Surgery German Heart Center Munich

2011-04/2021 Head of the Division of Experimental Surgery  
Department of Cardiovascular Surgery  
German Heart Center Munich

**Board Certification:**

11/2004 License to practice medicine by the Government of Upper Bavaria

04/2015 Board certification as Consultant for Cardiac Surgery by the Bavarian state medical board

**Professional Honors & Recognition**

**International/National/Regional**

2011-2013: Dr. Rusche research project DSHF and DGTHG  
"Cardiomyocyte programming of embryonic and induced pluripotent stem cells by defined factors"

2009-2010: German Research Foundation -Research Fellowship - KR3770/1-1 "Construction of three-dimensional tissue constructs - differentiated from murine induced pluripotent stem cells"

2008: Poster Prize - German Society for Atherosclerosis Research  
"Gene expression profiling of the atherosclerotic resistant internal thoracic artery compared to the atherosclerotic prone radial - artery"

2002 - 2004: Scholarship from the Fritz-ter-Meer Foundation (Bayer AG)  
Board Member: Dr. Detlef Wollweber

**Membership**

2020: European Association for Cardio-Thoracic Surgery

**Markus Krane, M.D.**

- 2019 - 2022: Federal specialist group for Cardiac Surgery - IQTIG
- 2016: German Center for Cardiovascular Disease, Munich
- 2015: German Society for Thoracic and Cardiovascular Surgery

#### **University**

- 2013 Young Talent Award – Academic Teaching 2013, Technical University Munich
- 2003 – 2004: DAAD scholarship in connection with the exchange program UNIBRAL" between the Ludwig-Maximilian Universität München (LMU) and the University of Boa Vista, Roraima, Brazil

#### **Professional Service**

##### **Peer Review Groups/Grant Study Sections:**

##### **Journal Service:**

##### Editorial Board Member

2014-present Journal of Thoracic Disease (pISSN: 2072-1439; eISSN: 2077-6624)

##### Reviewer for peer review journals

- Annals of Internal Medicine
- Annals of Thoracic Surgery
- Circulation: Cardiovascular Quality and Outcome
- Cytotherapy
- EbioMedicine
- ELife
- European Heart Journal
- European Journal of Cardio-Thoracic Surgery
- Experimental Biology and Medicine
- Interactive CardioVascular and Thoracic Surgery
- International Journal of Cardiology
- Journal of Molecular and Cellular Cardiology
- JoVE
- Nature Cell Biology
- PlosOne
- Stem Cells
- The Thoracic and Cardiovascular Surgeon

##### **Professional Service for Professional Organizations:**

##### Reviewer for grant study sections

- Christian Doppler Forschungsgesellschaft
- Deutsche Forschungsgemeinschaft
- Deutsche Stiftung für Herzforschung

- Dutch Heart Foundation
- Israel Science Foundation
- IZKF Universitätsklinikum Jena

***Meeting Planning/Participation***

- 2019                    Medtronic Mitral Academy „Advanced Approaches for Mitral and Tricuspid Valve Treatment“ 10 -12 December 2019 *German Heart Center Munich, Germany*
- 2018                    International symposium „4th Munich Conference on Cardiac Development: From single cells to complex tissues“ in Munich funded by Fritz-Thyssen Stiftung (Az.30.18.0.137.MN)
- 2017                    Medtronic Mitral Academy „Advanced Approaches for Mitral and Tricuspid Valve Treatment“ 22 -24 May 2017 *German Heart Center Munich, Germany*
- 2016                    International symposium "3rd Munich Conference on Cardiac Development: From current understanding to new regenerative concepts" in Munich funded by the German Research Foundation (KR 3770/10 -1)
- 2014                    International symposium „2nd Munich Conference on Cardiac Development: From congenital heart disease to regeneration“ funded in Munich by the German Research Foundation (KR 3770 / 8-1)
- 2012                    International symposium "Cardiac Development: From pluripotent cells to regenerative medicine" funded in Munich by the German Research Foundation (KR 3770 / 3-1)

Original Paper

1. **Krane M, Griese M (2003)**  
Surfactant protein D in serum from patients with allergic bronchopulmonary aspergillosis.  
*Eur Respir J*, 22:592-595  
*Impact factor: 12,339*
  2. Voss B, **Krane M**, Jung C, Schad H, Heimisch W, Lange R, Bauernschmitt R (2005)  
Does "Physiological" Pulsatile Perfusion Improve Intestinal Blood Flow During ECC?  
*Biomed Tech*, 50:1519-1520  
*Impact factor: 2,425*
  3. Hartl D, Latzin P, Zissel G, **Krane M**, Krauss-Etschmann S, Griese M (2006)  
Chemokines indicate allergic bronchopulmonary aspergillosis in patients with cystic fibrosis.  
*Am J Respir Crit Care Med*, 173:1370-1376  
*Impact factor: 17,452*
  4. Voss B, Bauernschmitt R, Will A, **Krane M**, Kröss R, Brockmann G, Libera P, Lange R (2008)  
Sternal reconstruction with titanium plates in complicated sternal dehiscence.  
*Eur J Cardiothorac Surg*, 34:139-145  
*Impact factor: 3,486*
  5. **Krane M**, Bauernschmitt R, Voss B, Badiu CC, Lange R (2009)  
Right ventricular fibroma in a 61 year old man.  
*Thorac Cardiovasc Surg*, 57:235-237  
*Impact factor: 1,209*
  6. Voss B, Bauernschmitt R, Brockmann G, **Krane M**, Will A, Lange R (2009)  
Complicated sternal dehiscence: Reconstruction with plates, cables and cannulated screws.  
*Ann Thorac Surg*, 87: 1304-1306  
*Impact factor: 3,639*
  7. **Krane M**, Hiebinger A, Voss B, Wottke M, Badiu CC, Bauernschmitt R, Lange R. (2009)  
Cardiac reoperation in patients aged 80 years and older.  
*Ann Thorac Surg*, 87:1379-1385  
*Impact factor: 3,639*
  8. Voss B\*, **Krane M\***, Jung C, Braun S.L, Günther T, Lange R, Bauernschmitt R (2010)  
Cardiopulmonary bypass with physiological flow and pressure curves: pulse is unnecessary!  
*Eur J Cardiothorac Surg*, 37:223-232  
*Impact factor: 3,486*
  9. Badiu CC, Eichinger WB, Ruzicka DJ, Hettich I, Bleiziffer S, Hutter A, **Krane M**, Lange R. (2010)  
Should root replacement with aortic valve-sparing be offered to patients with bicuspid valves or severe aortic regurgitation?  
*Eur J Cardiothorac Surg*, 38:515-525  
*Impact factor: 3,486*
-



10. Badiu CC, Schreiber C, Hörer J, Ruzicka DJ, Wottke M, **Krane M**, Lange R. (2010)  
Early timing of surgical intervention in patients with Ebstein's anomaly predicts superior long-term outcome.  
Eur J Cardiothorac Surg, 37:186-192  
*Impact factor: 3,486*
  11. **Krane M**, Mazzitelli D, Schreiber U, Garcia AM, Braun S, Voss B, Badiu CC, Brockmann G, Lange R, Bauernschmitt R. (2010)  
Lifebridge B<sup>2</sup>T – a new portable cardiopulmonary bypass system.  
ASAIO J, 56:52-56  
*Impact factor: 2,678*
  12. **Krane M**, Deutsch MA, Bleiziffer S, Schneider L, Ruge H, Mazzitelli D, Schreiber C, Brockmann G, Voss B, Bauernschmitt R, Lange R (2010)  
Quality of Life among patients undergoing transcatheter aortic valve implantation.  
Am Heart J, 160:451-457  
*Impact factor: 4,153*
  13. Deutsch MA, Noebauer C, Seyferth M, Mazzitelli D, Will A, **Krane M**, Bauernschmitt R, Lange R (2010)  
Unexpected cause for chest pain: compression of the right coronary artery caused by a protruding sternal wire.  
Circulation, 122:502-505.  
*Impact factor: 23,603*
  14. **Krane M**, Dummler S, Dreßen M, Hauner H, Hoffmann M, Haller D, Heller K, Wildhirt S, Voss B, Grammar J, Lahm H, Lange R, Bauernschmitt R (2011)  
Identification of an up-regulated anti-apoptotic network in the internal thoracic artery.  
Int J Cardiology, 149:221-226  
*Impact factor: 3,229*
  15. **Krane M**, Bauernschmitt R, Hiebinger A, Deutsch MA, Wottke M, Voss B, Badiu CC, Brockmann G, Lange R (2011)  
20 years of cardiac surgery in patients aged 80 years and older – Risks and benefits.  
Ann Thorac Surg, 91:506-513  
*Impact factor: 3,639*
  16. Deutsch MA, Martetschlaeger, Muenzel D, D'Haese JG, **Krane M**, Bauernschmitt R, Lange R, Bumm R (2011)  
Combined spontaneous pneumothorax and post-pneumonectomy mediastinal shift associated dextrocardia.  
Thorac Cardiovasc Surg, 59:60-62  
*Impact factor: 1,209*
  17. Dummler S, Eichhorn S, Tesche U, Schreiber U, Voss B, Deutsch MA, Hauner H, Lahm H, Lange R, **Krane M** (2011).  
Pulsatile ex vivo perfusion of human saphenous vein grafts under controlled pressure conditions increases MMP-2 expression.  
BioMedical Engineering OnLine, 21;10:62  
*Impact factor: 2,059*
-

18. Badiu CC, Bleiziffer S, Eichinger WB, Hettich I, Krane M, Bauernschmitt R, Lange R (2011)  
Long-term performance of the Hancock bioprosthetic valved conduit in the aortic root position  
J Heart Valve Dis, 20:191-8.  
*Impact factor: 0,715*
  19. Chen JX\*, Krane M\*, Deutsch MA, Wang L, Rav-Acha M, Gregoire S, Engels MC, Rajarajan K, Karra R, Abel ED, Wu JC, Milan D, Wu SM (2012)  
Inefficient reprogramming of fibroblasts into cardiomyocytes using Gata4, Mef2c, and Tbx5.  
Circ Res, 11:50-55  
*Impact factor: 14,467*
  20. Krane M, Deutsch MA, Piazza N, Muhtarova T, Elhmidi Y, Mazzitelli D, Voss B, Ruge H, Badiu CC, Kornek M, Bleiziffer S, Lange R (2012)  
One-year results of health-related quality of life among patients undergoing transcatheter aortic valve implantation.  
Am J Cardiol, 109:1774-1781  
*Impact factor: 2,57*
  21. Lange R, Bleiziffer S, Mazzitelli D, Elhmidi Y, Opitz A, Krane M, Deutsch MA, Ruge H, Brockmann G, Voss B, Schreiber C, Tassani P, Piazza N (2012)  
Improvements in transcatheter aortic valve implantation outcomes in low surgical risk patients: a glimpse into the future  
J Am Coll Cardiol., 59:280-287  
*Impact factor: 20,589*
  22. Gregoire S, Karra R, Passer D, Deutsch MA, Krane M, Feistritz R, Sturzu A, Domian I, Saga Y, Wu SM (2013)  
Essential and unexpected role of Yin Yang 1 to promote mesodermal cardiac differentiation.  
Circ Res, 112:900-910  
*Impact factor: 14,467*
  23. Deutsch MA, Krane M, Bleiziffer S, Lange R (2013)  
Health-related quality of life after transcatheter aortic valve replacement.  
J Am Coll Cardiol, 61:108  
*Impact factor: 20,589*
  24. Elhmidi Y, Bleiziffer S, Piazza N, Ruge H, Krane M, Deutsch MA, Hettich I, Voss B, Mazzitelli D, Lange R (2013)  
The evolution and prognostic value of N-terminal brain natriuretic peptide in predicting 1-year mortality in patients following transcatheter aortic valve implantation  
Invasive Cardiol, 25:38-44  
*Impact factor: 1,453*
  25. Mazzitelli D, Nöbauer C, Rankin JS, Badiu CC, Krane M, Croke PS, Cohn WE, Opitz A, Schreiber C, Lange R (2013)  
Early results after implantation of a new geometric annuloplasty ring for aortic valve repair.  
Ann Thorac Surg, 95:94-97.  
*Impact factor: 3,639*
-

26. Eichhorn S, Baier D, Horst D, Schreiber U, Lahm H, Lange R, **Krane M** (2013)  
Pressure Shift Freezing as Potential Alternative for Generation of Decellularized Scaffolds,  
Int J Biomater, 25:693793  
*Impact factor: 2,764*
  27. Lahm H, Deutsch MA, Dreßen M, Doppler S, Werner A, Hörer J, Cleuziou J, Schreiber C, Böhm J, Laugwitz KL, Lange R, **Krane M** (2013)  
Mutational analysis of the human MESP1 gene in patients with congenital heart disease reveals a highly variable sequence in exon 1.  
Eur J Med Genet, 56:591-598.  
*Impact factor: 2,368*
  28. Kornek M , Deutsch MA , Eichhorn S , Lahm H , Wagenpfeil S , **Krane M** , Lange R , Boehm J (2013)  
COMT-Val158Met-polymorphism is not a risk factor for acute kidney injury after cardiac surgery  
Dis Markers. 2013;35(2):129-34  
*Impact factor: 2,738*
  29. Eichhorn S, Koller V, Schreiber U, Mendoza A, **Krane M**, Lange R (2013)  
Development of an Exergame for individual rehabilitation of patients with cardiovascular diseases.  
Australas Phys Eng Sci Med, 36:441-447  
*Impact factor: 1,161*
  30. Elhmidi Y, Günzinger R, Deutsch MA, Badiu CC, **Krane M**, Lange R (2014)  
Outcomes of Patients Undergoing Third-Time Aortic or Mitral Valve Replacement.  
J Card Surg, 29:8-13  
*Impact factor: 1,490*
  31. Deutsch MA\*, **Krane M\***, Schneider L, Wottke M, Kornek M, Elhmidi Y, Badiu CC, Bleiziffer S, Voss B, Lange R (2014)  
Health-Related Quality of Life and Functional Outcome in Cardiac Surgical Patients Aged 80 Years and Older: A Prospective Single Center Study.  
J Card Surg, 29:14-21  
*Impact factor: 1,490*
  32. Badiu CC, Deutsch MA, Sideris C, **Krane M**, Hettich I, Voss B, Mazzitelli D, Lange R (2014)  
Aortic root replacement: comparison of clinical outcome between different surgical techniques.  
Eur J Cardiothorac Surg, 46:685-692  
*Impact factor: 3,486*
  33. Elhmidi Y, Bleiziffer S, Deutsch MA, **Krane M**, Mazzitelli D, Lange R, Piazza N (2014)  
Acute kidney injury after transcatheter aortic valve implantation: Incidence, predictors and impact on mortality.  
Arch Cardiovasc Dis, 107:133-139  
*Impact factor: 2,434*
-

34. Elhmidi Y, Bleiziffer S, Deutsch MA, **Krane M**, Mazzitelli D, Lange R, Piazza N (2014)  
Transcatheter aortic valve implantation in patients with LV dysfunction: impact on mortality and predictors of LV function recovery.  
J Invasive Cardiol, 26:132-8.  
*Impact factor: 1,453*
  35. Badiu CC, Deutsch MA, Bleiziffer S, **Krane M**, Hettich I, Voss B, Mazzitelli D, Lange R (2014)  
Early hemodynamic performance of the BioValsalva valved conduit after aortic root replacement.  
J Heart Valve Dis, 23:97-104.  
*Impact factor: 0,715*
  36. Mendoza García A\*, **Krane M\***, Baumgartner B, Sprunk N, Schreiber U, Eichhorn S, Lange R, Knoll A (2014)  
Automation of a portable extracorporeal circulatory support system with adaptive fuzzy controllers.  
Med Eng Phys, 36:981-90.  
*Impact factor: 1,737*
  37. Elhmidi Y, Piazza N, **Krane M**, Deutsch MA, Mazzitelli D, Lange R, Bleiziffer S (2014)  
Clinical presentation and outcomes after transcatheter aortic valve implantation in patients with low flow/low gradient severe aortic stenosis  
Catheter Cardiovasc Interv 1; 84(2):283-90  
*Impact Factor: 2,044*
  38. Doppler S, Werner A, Barz M, Lahm H, Deutsch MA, Dreßen M, Schiemann M, Voss B, Gregoire S, Kuppusamy R, Wu SM, Lange R, **Krane M** (2014)  
Myeloid Zinc Finger 1 (Mzf1) Differentially Modulates Murine Cardiogenesis by Interacting With an Nkx2.5 Cardiac Enhancer.  
PLOS One, 9(12):e113775  
*Impact factor: 2,740*
  39. Deutsch MA, N Mayr P, Assmann G, Will A, **Krane M**, Piazza N, Bleiziffer S, Lange R (2015)  
Structural valve deterioration 4 years after transcatheter aortic valve replacement: imaging and pathohistological findings  
Circulation 17; 131(7):682-5  
*Impact Factor: 23,603*
  40. H. Lahm H, Doppler S, Dreßen M, Schrambke D, Adamczyk K, Werner A, Brade T, Laugwitz KL, Deutsch MA, Schiemann M, Lange R, Moretti A, **Krane M** (2015)  
Live fluorescent RNA-based detection of pluripotency gene expression in embryonic and induced pluripotent cells of different species.  
Stem Cells, 33:392-402  
*Impact factor: 6,022*
  41. Ratschiller T, Deutsch MA, Calzada-Wack J, Neff F, Roesch C, Guenzinger R, Lange R, **Krane M** (2015)  
Heterotopic Cervical Heart Transplantation in Mice.  
J Vis Exp, 102:e52907.  
*Impact factor: 1,163*
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42. Erlebach E, Wottke M, Deutsch MA, **Krane M**, Piazza N, Lange R, Bleiziffer S (2015)  
Redo aortic valve surgery versus transcatheter valve-in-valve implantation for failing surgical bioprosthetic valves: consecutive patients in a single-center setting.  
J Thorac Dis, 9:1494-500.  
*Impact factor: 2,046*
43. Lahm H, Doppler S, Dreßen M, Adamczyk K, Deutsch MA, Ulrich H, Schiemann M, Lange R, **Krane M** (2015)  
Detection of Intracellular Gene Expression in Live Cells of Murine, Human and Porcine Origin Using Fluorescence-labeled Nanoparticles.  
J Vis Exp, 105: e53268  
*Impact factor: 1,163*
44. Deutsch MA, Prinzing A, Fiegl K, Wottke M, Badiu CC, **Krane M**, Goppel G, Bleiziffer S, Guenzinger R, Lange R (2016)  
Early haemodynamic performance of a latest generation supra-annular aortic bioprosthesis: experience from a large single-centre series.  
Eur J Cardiothorac Surg., 49:1691-1698  
*Impact factor: 3,486*
45. Schuh E, Berer K, Mulazzani M, Feil K, Meini I, Lahm H, **Krane M**, Lange R, Pfannes K, Subklewe M, Gürkov R, Bradl M, Hohlfeld R, Kämpfel T, Meini E, Krumbholz M (2016)  
Features of Human CD3+CD20+ T Cells.  
J Immunol, 197:1111-1117  
*Impact factor: 4,886*
46. Dreßen M, Lahm H, Lahm A, Wolf K, Doppler S, Deutsch MA, Cleuziou J, Pabst von Ohain J, Schön P, Ewert P, Malcic I, Lange R, **Krane M** (2016)  
A novel de novo TBX5 mutation in a patient with Holt-Oram syndrome leading to a dramatically reduced biological function.  
Mol Genet Genomic Med., 4:557-567  
*Impact factor: 1,995*
47. Lange R, Beckmann A, Neumann T, **Krane M**, Deutsch MA, Landwehr S, Kötting J, Welz A, Zahn R, Cremer J, Figulla HR, Schuler G, Holzhey DM, Funkat AK, Heusch G, Sack S, Pasic M, Meinertz T, Walther T, Kuck KH, Beyersdorf F, Böhm M, Möllmann H, Hamm CW, Mohr FW (2016)  
GARY Executive Board. Quality of Life after Transcatheter Aortic Valve Replacement: Prospective Data from GARY (German Aortic Valve Registry)  
JACC Cardiovasc Interv., 24:2541-2554  
*Impact factor: 8,432*
48. Kottmaier M, Hettich I, Deutsch MA, Badiu CC, **Krane M**, Lange R, Bleiziffer S (2017)  
Quality of Life and Anxiety in Younger Patients after Biological versus Mechanical Aortic Valve Replacement.  
Thorac Cardiovasc Surg., 65:198-205  
*Impact factor: 1,209*
49. Eichhorn S, Spindler J, Polski M, Mendoza A, Schreiber U, Heller M, Deutsch MA, Braun C, Lange R, **Krane M** (2017)  
Development and validation of an improved mechanical thorax for simulating cardiopulmonary resuscitation with adjustable chest stiffness and simulated blood flow.  
Med Eng Phys., 43:64-70  
*Impact factor: 1,737*
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50. Eichhorn S, Mendoza Garcia A, Polski M, Spindler J, Stroh A, Heller M, Lange R, **Krane M** (2017)  
Corpuls cpr resuscitation device generates superior emulated flows and pressures than LUCAS II in a mechanical thorax model.  
Australas Phys Eng Sci Med., 40:441-447  
*Impact factor: 1,161*
  51. Doll S, Dreßen M, Geyer P, Itzhak D, Braun C, Doppler S, Meier F, Deutsch M-A, Lahm H, Lange R, **Krane M\***, Mann M\* (2017)  
Region and cell-type resolved quantitative proteomic map of the human heart  
Nat Commun, 8:1469  
*Impact factor: 12,121*
  52. Nothjunge S, Nührenberg TG, Grüning BA, Doppler SA, Preissl S, Schwaderer M, Rommel C, **Krane M**, Hein L, Gilsbach R (2017)  
DNA methylation signatures follow preformed chromatin compartments in cardiac myocytes  
Nat Commun, 8:1667  
*Impact factor: 12,1*
  53. Eichhorn S, Mendoza A, Prinzing A, Stroh A, Xinghai L, Polski M, Heller M, Lahm H, Wolf E, Lange R, **Krane M** (2017)  
Corpuls CPR Generates Higher Mean Arterial Pressure Than LUCAS II in a Pig Model of Cardiac Arrest.  
Biomed Res Int., 2017:5470406  
*Impact factor: 1,61*
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Multimed Man Cardiothorac Surg, 2021  
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15. **Krane M**, Amabile A, Ziegel Müller JA, Geirsson A, Lange R (2021)  
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Multimed Man Cardiothorac Surg, 2021  
*Impact factor: 0,2*

<b>Original papers</b>	<i>Impact factor:</i>	587,6
<b>Reviews</b>	<i>Impact factor:</i>	52,4
<b>Other publications</b>	<i>Impact factor:</i>	30,6
<b>Total score impact factor:</b>		<hr/> 670,6

\* = equal contribution

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#### Book chapter

1. **Krane M, Voss B, Lange R.** Die Herz-Lungen-Maschine. In: Medizintechnik mit biokompatiblen Werkstoffen und Verfahren. (Hrsg.: E. Wintermantel) 4. Auflage, 2008, Springer, Berlin.
2. **Dzilic E, Doppler S, Lange R, Krane M.** Regenerative Medicine for the Treatment of Congenital Heart Disease. In: Cardiovascular Regenerative Medicine (Hrsg.: V. Serpooshan, S.M. Wu) 1. Auflage, 2019, Springer

#### Patents

1. EP 20151237.3 - Diagnosis of an aortic dissection by detecting a specific biomarker in a blood sample
  2. PCT/EP 2019/058014 – Method of diagnosing heart muscle damage
-

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

SCHOOL VERIFICATION FORM

**APPLICANT:** Please complete Section 1 of this form and forward it to your medical school

THIS FORM, IN ADDITION TO AN OFFICIAL TRANSCRIPT, NEED ONLY BE SUBMITTED IF THE APPLICANT EARNED A DEGREE OUTSIDE OF THE UNITED STATES OR CANADA

**Section 1:**

Name of Applicant: Markus Krane

Date of Birth: \_\_\_\_\_ Year of Graduation 2004

\*\*\*\*\*

**Section 2:** (This section to be completed by the medical school.)

This office has received an application for Connecticut physician licensure from the individual identified above. In order to complete our review of this individual's credentials for licensure, a verification of educational background is needed. The information below should be completed by the Dean, Registrar or other official authorized to verify educational records at the institution.

Name of Educational Institution: Medical School, Ludwig-Maximilians-University, Munich, Germany

Address of Educational Institution: Bavariaring 19, 80336 München

Dates of Studies FROM: 05/2000 TO: 10/2004

Total number of months of full-time classroom and supervised clinical instruction (record in MONTHS only): 56.5

Did this individual satisfactorily complete the full medical curriculum at this institution? YES:  NO:

Was this individual granted a degree? YES:  NO:  Title of Degree: MD (State Examination)

Date Awarded: November, 10<sup>th</sup> 2004

At the time of this student's attendance, was this medical school fully licensed and approved, by the appropriate regulatory body of the jurisdiction in which it is located, to award the degree of doctor of medicine or its equivalent? YES:  NO:

i. A. P. Kojanovic  
Signature

11/30/2021  
Date

MeCuM - Assistant  
Title



MeCuM<sup>LMU</sup>  
Dekanat Medizinische Fakultät  
Universität München  
Bavariaring 19, 80336 München

Please return this form directly to:

Connecticut Department of Public Health  
Physician Licensure  
410 Capitol Ave, MS #12 APP  
P.O. Box 340308  
Hartford, CT 06134





Record of classes attended  
Aufstellung der besuchten Lehrveranstaltungen

***Clinical terms***  
**Klinische Semester**

<b>1. Clinical term</b> <b>1. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Introductory physical examination courses:</i> Kursus der allgemeinen klinischen Untersuchungen in dem nicht-operativen und dem operativen Stoffgebiet:	
<i>Ophthalmological examination course</i> Untersuchungskurs Augenheilkunde	1
<i>Surgical examination course</i> Chirurgischer Untersuchungskurs	1
<i>ENT examination course</i> HNO-Untersuchungskurs	1
<i>Pediatric physical examination course</i> Pädiatrischer Untersuchungskurs	1
<i>Neurological examination course</i> Neurologischer Untersuchungskurs	1
<i>Auscultation, percussion and palpation</i> Medizinischer Untersuchungskurs	2
<i>Dermatology</i> Kursvorlesung Dermatologie	1
<i>Lecture: physical examination</i> Kursbegleitende Vorlesung für den Medizinischen Untersuchungskurs	1
<i>Course and lecture in general pathology</i> Kursus der Allgemeinen Pathologie mit Vorlesung	8
<i>Lecture in microbiology and immunology</i> Vorlesung Mikrobiologie und Immunologie	4
<i>Lecture in medical propedeutics I</i> Vorlesung Medizinische Propädeutik I	2
<i>Lecture in otolaryngology</i> Vorlesung Hals-, Nasen- und Ohrenheilkunde	1
<i>Lecture in history of medicine</i> Vorlesung Geschichte der Medizin	2

<b>1. Clinical term</b> <b>1. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in pathophysiology I</i> Vorlesung Pathophysiologie I	3
<i>Lecture in biostatistics</i> Kursvorlesung Biomathematik	2

<b>2. Clinical term</b> <b>2. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Biostatistics computer course</i> Kurs Biomathematik mit Computerkurs	1
<i>Lecture in medical propedeutics II</i> Vorlesung Medizinische Propädeutik II	2
<i>Lecture in pathophysiology II</i> Vorlesung Pathophysiologie II	3
<i>Lecture in clinical genetics</i> Vorlesung Klinische Genetik	2
<i>Lecture and practical training in clinical chemistry and haematology</i> Vorlesung und Praktikum der Klinischen Chemie und Hämatologie	3,5
<i>Medical ethics lecture and colloquium</i> Ethik – Kolloquium	2
<i>Practical training in microbiology and immunology</i> Praktikum der Mikrobiologie und der Immunologie	3
<i>Practical exercises in emergency medicine and first aid</i> Praktische Übungen für akute Notfälle und Erste ärztliche Hilfe	2
<i>Course in general and systematic pharmacology and toxicology</i> Kursus der allgemeinen und systematischen Pharmakologie und Toxikologie	6
<i>Lecture I and course in radiology</i> Vorlesung Radiologie I und Kursus der Radiologie einschließlich Strahlenschutzkurs	2

<b>3. Clinical term</b> <b>3. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Ophthalmology lecture and practical training</i> Praktikum der Augenheilkunde	3
<i>Lecture in surgery I</i> Vorlesung Chirurgie I	5
<i>Lecture in paediatric surgery</i> Vorlesung Pädiatrische Chirurgie	1
<i>Lecture in dermatology</i> Vorlesung Dermatologie	2
<i>Lecture in gynaecology and obstetrics I</i> Vorlesung Gynäkologie I	3
<i>Lecture in internal medicine I</i> Vorlesung Innere Medizin I	5
<i>Lecture in paediatrics I</i> Vorlesung Pädiatrie I	3
<i>Lecture in psychiatry I</i> Vorlesung Psychiatrie I	3
<i>Lecture in psychosomatic medicine I</i> Vorlesung Psychosomatik I	2
<i>Lecture and course in special pathology</i> Kursvorlesung und Kursus der Speziellen Pathologie	6

<b>4. Clinical term</b> <b>4. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in surgery II</i> Vorlesung Chirurgie II	5
<i>Lecture in gynaecology and obstetrics II</i> Vorlesung Gynäkologie II	3
<i>Lecture in internal medicine II</i> Vorlesung Innere Medizin II	5
<i>Lecture in paediatrics II</i> Vorlesung Pädiatrie II	3
<i>Lecture in radiology II</i> Vorlesung Radiologie II	2

<b>4. Clinical term</b> <b>4. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in neurology</i> Vorlesung Neurologie	3
<i>Lecture and practical training in orthopaedics</i> Vorlesung und Praktikum der Orthopädie	4
<i>Lecture in urology</i> Vorlesung Urologie	1
<i>Practical training in internal medicine</i> Praktikum der Inneren Medizin	4
<i>Lecture in medical statistics</i> Kursvorlesung Medizinische Statistik	1
<i>Practical training in psychiatry</i> Praktikum der Psychiatrie	3
<i>Practical training in psychosomatic medicine and psychotherapy</i> Praktikum der Psychosomatischen Medizin und Psychotherapie	2

<b>5. Clinical term</b> <b>5. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in psychiatry II</i> Vorlesung Psychiatrie II	2
<i>Lecture in psychosomatic medicine II</i> Vorlesung Psychosomatik II	2
<i>Lecture and practical training in otolaryngology</i> Vorlesung und Praktikum der Hals-, Nasen- und Ohrenheilkunde	3
<i>Practical training in urology</i> Praktikum der Urologie	1
<i>Practical training in neurology</i> Praktikum der Neurologie	2
<i>Practical training in paediatrics</i> Praktikum der Pädiatrie	2
<i>Practical training in surgery</i> Praktikum der Chirurgie	4

<b>5. Clinical term</b> <b>5. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in dentistry</i> Vorlesung: Zahn-, Mund- und Kieferheilkunde	1
<i>Lecture and course in occupational medicine</i> Kursvorlesung und Kurs Arbeitsmedizin	2
<i>Lecture and course in hygiene I</i> Kursvorlesung und Kurs Hygiene I	2
<i>Lecture in forensic medicine</i> Kursvorlesung Rechtsmedizin	3
<i>Practical training in gynaecology and obstetrics</i> Praktikum der Frauenheilkunde und Geburtshilfe	2
<i>Practical training in dermatology</i> Praktikum der Dermato-Venerologie	2
<i>Course in special pharmacology</i> Kursus der Speziellen Pharmakologie	4

<b>6. Clinical term</b> <b>6. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in hygiene II</i> Kursvorlesung Hygiene II/Sozialhygiene	1
<i>Lecture: differential diagnosis and therapy in internal medicine</i> Vorlesung Differentialdiagnose und Therapie	8
<i>Lecture in naturopathy</i> Vorlesung Naturheilverfahren	3
<i>Lecture in radiology IIb</i> Vorlesung Radiologie IIb	1
<i>Practical training/course in general medicine, with lecture</i> Praktikum oder Kursus der Allgemeinmedizin mit Kursvorlesung Allgemeinmedizin	2
<i>Practical training in emergency medicine</i> Praktikum der Notfallmedizin	2

- \* ) LPA: eine in einem anderen Studiengang (außer Humanmedizin) oder eine im Ausland erbrachte Studienleistung wurde vom Landesprüfungsamt als äquivalent zum Studiengang Humanmedizin anerkannt

*LPA: the "State Examination Board" has officially accepted certificates taken abroad or certificates from a different previous major*

<b>Clinical electives Famulaturen</b>	<b>16 weeks</b>
---	-----------------

<b>Practical training Praktisches Jahr (PJ)</b>	<b>48 weeks</b>
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*The successful completion of a course is confirmed by delivery of a certificate that shows no grades.*

Die erfolgreiche Teilnahme an einer Lehrveranstaltung wird durch einen Leistungsnachweis ohne Benotung bestätigt.

*The Clinical Electives and Practical final year are completed at national and international teaching hospitals not necessarily affiliated with the Ludwig-Maximilians University.*

Die Famulaturen und das Praktische Jahr können in Lehrkrankenhäusern sowohl im Inland als auch im Ausland absolviert werden, auch wenn diese nicht der Ludwig-Maximilians-Universität angehören.

*The summer semester and the winter semester last from April 1<sup>st</sup> to September 30<sup>th</sup> and October 1<sup>st</sup> to March 31<sup>st</sup>, respectively. Lectures and courses take place during the periods indicated.*

Das Sommersemester dauert jeweils vom 1. April bis zum 30. September, das Wintersemester vom 1. Oktober bis zum 31. März. Die Vorlesungen und Lehrveranstaltungen finden innerhalb der angegebenen Semesterzeiten statt.

MeCuM<sup>LMU</sup>

*i. A. P. Kajonbon*

Dekanat Medizinische Fakultät  
Universität München

Bavariaring 19, 80336 München

sgd. Prof. Dr. med. Martin Fischer  
Associate Dean, medical studies

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF RESIDENCY TRAINING FORM

**Applicant:** Enter your full name and birth date on this form and forward it to the Chief of Staff or Program Director at the facility in which you completed your residency training. This form must be completed by the facility and returned directly to this office.

Applicant's Name: Markus Krane Date of Birth: \_\_\_\_\_

**Chief of Staff/Program Director:** Please provide the following verification of residency training for the above named Connecticut physician licensure applicant.

1. Name of facility where residency training was completed: Department of Cardiovascular Surgery, German Heart Center Munich
2. Dates of participation: From 02/01/2005 To 04/01/2015  
(month/day/year) (month/day/year)
3. In what specialty was the residency training completed: cardiac surgery
4. At what level(s) was this residency completed (PGY1, PGY2, etc.)? PGY9
5. At the time of the individual's training, was the residency training program in this specialty area accredited by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) or The Royal College of Physicians and Surgeons of Canada (RCPSC)? No (YES or NO)
6. Did this individual satisfactorily complete this period of residency training? Yes (YES or NO)\*
7. Was this individual ever placed on probation? No (YES or NO)\*
8. Was this individual ever disciplined or placed under investigation? No (YES or NO)\*
9. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? No (YES or NO)\*

*\*If you answered "No" to question 6 or "Yes" to questions 7-9, please provide details and or attach any documents you may have on file regarding such information.*

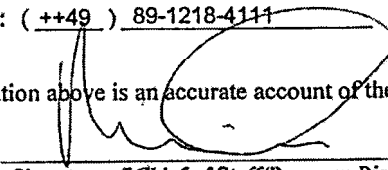
I, Prof. Rüdiger Lange, being duly sworn, do depose and certify that I am the Chief of Staff/Program Director at:

Name of Facility: Department of Cardiovascular Surgery, German Heart Center Munich

Address: Lazarettstr. 36  
80636 Munich, Germany

Telephone Number: ( ++49 ) 89-1218-4111 Email: lange@dhm.mhn.de

I certify that the information above is an accurate account of the individual's record and is true and correct.

  
Signature of Chief of Staff/Program Director

Dec. 2, 2021  
Date


Please return this form directly to:

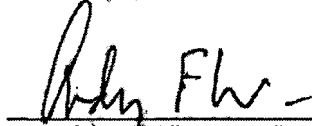
Connecticut Department of Public Health  
Physician Licensure  
410 Capitol Ave, MS#12APP  
P.O. Box 340308  
Hartford, CT 06134-0308

# The Language Link of Connecticut

Translation, DTP and Foreign Language Typesetting

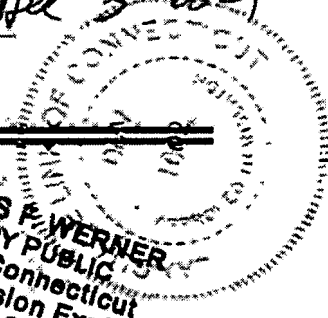
I hereby certify to the best of my knowledge and ability that the following 2 pages are a true and accurate translation from German to English of a medical certification. The translated pages are on The Language Link of Connecticut letterhead and the pages which we translated are printed on the reverse.

 12/3/2021  
Ricardo Reyes Date  
Director of Translations  
The Language Link of Connecticut

 Dec 3 2021  
Notary Public Date



BAYERISCHE  
LANDESÄRZTEKAMMER  
Bavarian  
Medical Board

  
ANDREAS F. WERNER  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
November 30, 2026

## Certification

**Dr. Markus Arnold Krane MD**


**Date of birth September 21, 1976 in Hamm**

is granted the right to use the title

**Specialist for Cardiac Surgery**

upon completion of the statutory professional training in accordance with the Continuing Education Ordinance for Physicians in Bavaria dated April 24, 2004.

Munich, April 28, 2015

  
Dr. med. Max Kaplan  
Präsident

This certificate alone does not entitle the holder to practice medicine in the Federal Republic of Germany. The designation may only be used by those who hold a license to practice medicine or a permit to temporarily practice medicine in the Federal Republic of Germany.

354 Main Street, Suite 8, Newington, CT 06111 • 860-561-5438 • fax 425-988-7688

[www.aptranslation.com](http://www.aptranslation.com) • [languagelink@cox.net](mailto:languagelink@cox.net)



# ***The Language Link of Connecticut***

Translation, DTP and Foreign Language Typesetting



Bavarian Medical Board ·  
Mühlbauerstraße 16 · 81677 Munich

Mr.  
Dr. Markus Krane MD  
Klenzestr. 37  
80469 Munich

**Confirmation of a certificates authenticity**

**For submission to the Department for Public Health, Ms. Dowdell**

Correspondence from Examination  
Department

Unit: Continuing Education II  
Tel: 089 4147-137  
Fax: 089 4147-712  
E-Mail: [pruefungen@blaek.de](mailto:pruefungen@blaek.de)  
Our ref :  
Your ref:  
RE: your letter dated Dec 1, 2021

Dec. 1, 2021

## **CERTIFICATE**

The Bavarian Medical Board hereby confirms that Dr. Markus Krane MD, born Sept. 21, 1976, in Hamm, Germany, has successfully completed the examination for the specialist title "Specialist in Cardiac Surgery" and that the certificate was issued on April 28, 2015.

Yours sincerely  
gez.  
Dr. med. J. Niedermaier  
Chief Medical Officer  
Continuing Education II

Bavarian Medical Board  
Mühlbauerstraße 16  
81677 Munich  
Phone: 089 4147-0 [www.blaek.de](http://www.blaek.de)

The best way to reach the BLAK is by  
telephone Monday through Thursday  
from 9:00 a.m. to 3:30 p.m. and  
Fridays from 9.00 a.m. to 12.00 p.m.

Bayerische Landesbank München  
IBAN: DE19 7005 0000 0000 0248  
01 BIC: BYLADEMM



BAYERISCHE  
LANDESÄRZTEKAMMER

## Anerkennung

**Dr. med. Markus Arnold Krane**

geboren am 21. September 1976 in Hamm

erhält das Recht, die Facharztbezeichnung

**Facharzt für Herzchirurgie**

nach Ableistung der vorgeschriebenen Weiterbildung gemäß der  
Weiterbildungsordnung für die Ärzte Bayerns vom 24. April 2004  
zu führen.

München, 28. April 2015

Dr. med. Max Kaplan  
Präsident



**BAYERISCHE  
LANDESÄRZTEKAMMER**

Bayerische Landesärztekammer · Mühlbauerstraße 16 · 81677 München

Herrn  
Dr. med. Markus Krane  
Klenzestr. 37  
80469 München

Schreiben von Prüfungsabteilung  
Referat: Weiterbildung II  
Telefon: 089 4147-137  
Fax: 089 4147-712  
E-Mail: [pruefungen@blaek.de](mailto:pruefungen@blaek.de)  
Unser Zeichen:  
Ihr Zeichen:  
Ihr Schreiben vom: 01.12.2021 p.Mail  
01.12.2021

**Bestätigung der Echtheit einer Urkunde  
Zur Vorlage beim Département für Public Health, Frau Dowdell**

### **Bescheinigung**

Hiermit bestätigt die Bayerische Landesärztekammer, dass Herr Dr. med. Markus Krane, geb. am 21.09.1976, in Hamm, das Fachgespräch für die Facharztbezeichnung „Facharzt für Herzchirurgie“ erfolgreich absolviert hat und die Urkunde mit Datum 28.04.2015 ausgestellt wurde.

Mit freundlichen Grüßen  
gez.  
Dr. med. J. Niedermaier  
Geschäftsführende Ärztin  
Weiterbildung II

Bayerische Landesärztekammer  
Körperschaft des öffentlichen Rechts  
Mühlbauerstraße 16  
81677 München  
Telefon: 089 4147-0  
[www.blaek.de](http://www.blaek.de)

Am besten erreichen Sie die BLÄK  
telefonisch montags bis donnerstags  
von 9.00 bis 15.30 Uhr und  
freitags von 9.00 bis 12.00 Uhr

Bayerische Landesbank München  
IBAN: DE19 7005 0000 0000 0248 01  
BIC: BYLADEMM

**STATE OF CONNECTICUT  
CONNECTICUT MEDICAL EXAMINING BOARD**

Nami Bayan, M.D.  
License No. 046285

Petition No. 2020-1053

December 1, 2021

**DR. BAYAN'S MOTION TO REOPEN HEARING AND  
SUBMIT ADDITIONAL EVIDENCE**

Respondent, Nami Bayan, M.D. ("Dr. Bayan"), respectfully requests that the Panel of the Connecticut Medical Examining Board ("Board") in this matter reopen its hearing it conducted on May 14, 2021 and reconsider its Proposed Memorandum of Decision ("Proposed Decision") issued by the Panel on May 19, 2021. (See Exhibit 1, Connecticut Medical Examining Board Proposed Memorandum of Decision, May 19, 2021). At the time of the hearing, Dr. Bayan was not represented by counsel and believed that he could not adequately present at the hearing as a pro-se litigant. Therefore, at the hearing, the panel did not have the benefit of relevant facts such as to the recommendations of his psychiatrist that he was fit to resume practice (also known to the Department) (See Exhibit 2, Request for Reinstatement, Dr. Bayan Exhibit 6 and Exhibit 3, Dr. Minhas Therapy Reports dated October 27, 2021 and November 10, 2021) and to the facts concerning his outstanding record as a physician with many awards and highly positive patient reviews (again something the Department was aware of) (See Exhibit 4, Email dated June 6, 2020, Dr. Bayan Resume and Exhibit 5, Patients Letters from Exhibit D from January 4, 2021 Hearing).

The real issue here is whether the issues which led to Dr. Bayan's suspension and probation, which were stated to be designed "not as a punitive measure but as a means of providing Respondent with a rehabilitative path" (See Exhibit 6, Connecticut

Medical Examining Board Memorandum of Decision, April 16, 2019, p. 8), should lead the Board to revoke his license, or whether it would be more consistent with its prior ruling for the Board to permit continued rehabilitation or full reinstatement of his license. The testimony of Dr. Bayan's psychiatrist, as well as other evidence, could be provided on this issue if the hearing is reopened.

In the interest of justice, it is respectfully requested that Dr. Bayan, through counsel, be given an opportunity to present these facts.

### **PROCEDURAL BACKGROUND**

On April 16, 2019, after Dr. Bayan's right to practice medicine was suspended pending a hearing, the Board issued a Memorandum of Decision ("MOD") which included a finding that in 2018, Dr. Bayan suffered from an emotional disorder and/or mental illness which does, and/or may, affect his ability to safely practice medicine and surgery. (See Exhibit 6, p. 6). As a result, Dr. Bayan's license to practice medicine was suspended for two years with concurrent probation, followed by an additional probationary period of two years. (See Exhibit 6, p. 8). During the entire probationary period, Dr. Bayan was required to engage in individual therapy and medication management with a psychiatrist at least twice per month. (See Exhibit 6, p. 8-9). Additionally, the psychiatrist was required to submit written reports to the Connecticut Department of Public Health ("DPH") at least twice per month for the first six months of probation and once per month for the remainder of the probation. (See Exhibit 6, p. 9-10).

While Dr. Bayan did miss certain sessions due to his absence from the country, he did receive and continues to receive extensive psychiatric counselling twice a month



while in the country and dedicated his time and energy to such sessions in order to ensure compliance and improve his mental and emotional state.

On March 19, 2021, DPH filed a Statement of Charges with the Board against Dr. Bayan for failure to attend the required therapy sessions from the time between approximately July 2020 and March 17, 2021. (See Exhibit 1, p. 1). A hearing for the charges was held on May 14, 2021. On May 19, 2021, the Board issued its Proposed Decision find that Dr. Bayan's "failure to engage in the ordered therapy and medication management with a psychiatrist and provide written therapy reports as ordered." (See Exhibit 1, p. 5). The Board found that "[Dr. Bayan's] failure to engage in the ordered therapy and medication management with a psychiatrist and provide written therapy reports as ordered in the MOD to be not only extremely concerning, but in violation of the Board's previous Order, which was issued as a means of providing [Dr. Bayan] with a rehabilitative path for his return to practice and ensuring that his return to the practice of medicine does not pose a threat to the health and safety of his patients" and "[b]ecause [Dr. Bayan] violated the Board's previous order, the Board lacks information to find that [Dr. Bayan] can practice medicine with reasonable skill and safety." (See Exhibit 1, p. 5). Reopening the hearing will cure the perceived lack of information.

#### **FACTS TO SUPPORT DR. BAYAN'S MOTION**

Dr. Bayan is an accomplished doctor who is detail oriented, knowledgeable, and caring. Prior to Dr. Bayan's license suspension, Dr. Bayan had been practicing medicine for 10 years and in those 10 years, had positive encounters with patients, provided professional medical care, and was never subject to any disciplinary actions. When patients learned that Dr. Bayan's license to practice medicine was suspended, they

immediately wrote letters of support for Dr. Bayan, attesting to his compassion, professionalism, ability to provide adequate and proper treatment, and his detail-oriented approach during appointments. (See Exhibit 5 and Exhibit 7, Additional Letters of Support from Patients).

Specifically, patients of Dr. Bayan were glowing in their praise for Dr. Bayan's skills, time with patients, and attention to detail. They made the following positive comments regarding Dr. Bayan's ability in providing exceptional medical care: "My husband and I have been going to Dr. Bayan for years now and have nothing but nice things to say about him." "I can't find anybody more responsible and better than [Dr. Bayan] to take care of his patients." "Dr. [Bayan] is very caring and makes me feel comfortable when speaking about my symptoms." "Dr. Bayan is empathetic and very committed to his work...no way would he endanger my wellbeing or anyone else." "[Dr. Bayan] always took the time to discuss my treatment, side effects of medications and always presented me with options." (See Exhibits 5 and 7).

The patients similarly expressed concerns over being able to find a primary care doctor that can match Dr. Bayan's medical knowledge and abilities. ("I just have come across some very disturbing news that my medical doctor, Doctor Bayan, has had his license suspended, prohibiting him from further practicing medicine and providing necessary treatment to his wide spectrum of patients..." "It would be detrimental to my health if [Dr. Bayan's] care for me is jeopardized.") (See Exhibits 5 and 7). Revoking Dr. Bayan's license to practice medicine would be detrimental to a substantial number of patients in Connecticut who have had the opportunity of receiving exceptional medical care from Dr. Bayan.



In addition to excellent reviews from patients, Dr. Bayan has also been the recipient of numerous awards based on patients' and colleagues' opinions. Such awards include: America's Top Physician by Council of Consumer Research of America, America's Top Doctor Award; Expert Network Distinguished Doctor; Vital Patient's Choice; Continental Award; Peer Reviewed Physician Award; and Doctor of Excellence Leader of Health Care award, to name a few. (See Exhibit 4). Dr. Bayan is a member in the American College of Physicians, the American Medical Association, and the American Board of Internal Medicine and has received numerous certifications. (See Exhibit 4).

As evident from Dr. Minhas reports submitted to DPH, Dr. Bayan has been taking his mental health seriously, remains stable, is compliant with Dr. Minhas' treatment plan, and has properly managed his anxiety. (See Exhibit 8, Dr. Minhas Therapy Reports). Dr. Minhas most recently filed two Therapy Reports dated October 27, 2021 and November 10, 2021 stating that Dr. Minhas did not have any concerns regarding Dr. Bayan's ability to practice medicine safely and competently and that Dr. Bayan is in compliance with the established treatment plan of care. (See Exhibit 3). Dr. Bayan's absence from therapy was because Dr. Bayan went to Iran from July 16, 2020 to March 13, 2021. Dr. Bayan was transparent with DPH that he was out of the country and on August 12, 2020, Dr. Bayan informed the Practitioner Licensing and Investigations Section of DPH of his absence from the United States. (See Exhibit 9, email dated August 12, 2020). Since returning from being out of country, Dr. Bayan has continued to attend therapy sessions to the present date, as evident by the reports submitted by Dr. Minhas. (see Exhibit 3). If the hearing is reopened, Dr. Bayan would



call Dr. Minhas as a witness so that the Panel could have the benefit of his assessments.

For these reasons, Dr. Bayan respectfully request that the Board take this additional evidence into consideration and reopen the hearing.

Dr. Nami Bayan, Respondent

*Paul Knag / AMS*  
\_\_\_\_\_  
Paul E. Knag, Esq.  
Murtha Cullina LLP  
107 Elm Street, Four Stamford Plaza  
11<sup>th</sup> Floor  
Stamford, CT 06902  
(203) 653-5407  
pknag@murthalaw.com

**STATE OF CONNECTICUT  
CONNECTICUT MEDICAL EXAMINING BOARD**

Nami Bayan, M.D.  
License No. 046285

Petition No. 2020-1053

December 16, 2021

**SUPPLEMENTAL SUBMISSION IN SUPPORT OF DR. BAYAN'S MOTION TO  
REOPEN HEARING AND SUBMIT ADDITIONAL EVIDENCE**

On December 1, 2021, Respondent, Nami Bayan, M.D. ("Dr. Bayan"), filed a Motion to Reopen Hearing and Submit Additional Evidence ("Motion to Reopen Hearing") respectfully requesting that the Panel of the Connecticut Medical Examining Board ("Board") in this matter reopen its hearing it conducted on May 14, 2021 and, based on evidence to be presented, reconsider its Proposed Memorandum of Decision ("Proposed Decision") issued by the Panel on May 19, 2021.

We wish to supplement this motion by noting additional evidence which will be available if the hearing is reopened. In particular, on December 14, 2021, Dr. Merrill Mathew provided a letter of the results of his psychiatric evaluation of Dr. Bayan, copy attached. This sets out Dr. Mathew's conclusion that Dr. Bayan is fit to return to practice.

Additionally, Dr. Bayan respectfully requests that the Board consider the Motion to Reopen Hearing and this supplemental submission as constituting the filing of exceptions pursuant to Conn.Gen.Stat. § 4-179(a).

For these reasons, Dr. Bayan reiterates his request that the Board reopen its hearing to consider additional evidence. Additionally, even if the Board denies Dr. Bayan's request to reopen the hearing, Dr. Bayan requests that the Board not revoke

his license as such extreme sanction is not warranted by the interruption of his treatment while he was out of the country.

Dr. Nami Bayan, Respondent

A handwritten signature in blue ink, appearing to be 'P. Knag', written over a horizontal line.

---

Paul E. Knag, Esq.  
Murtha Cullina LLP  
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11<sup>th</sup> Floor  
Stamford, CT 06902  
(203) 653-5407  
pknag@murthalaw.com

**From:** [Wilan, Diane](#)  
**To:** [Kardys, Jeffrey](#)  
**Cc:** [Paul E. Knag](#)  
**Subject:** Nami Bayan MD Petition No. 2020-1053  
**Date:** Monday, December 06, 2021 11:01:52 AM  
**Attachments:** [image001.png](#)

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Dear Mr. Kardys,

The Department hereby objects to the Respondent's Motion to Reopen Hearing and Submit Additional Evidence in the above-referenced matter.

As grounds for its objection, the Department states the following:

There is no basis for reopening the hearing in this matter in order to provide additional testimony or to submit additional records, as respondent is requesting. Respondent was afforded a fair and full opportunity to present his case at the time of the hearing. Additional evidence, testimony and argument should not be considered after the hearing has been closed, and the Board has conducted its fact finding and reached its conclusions. The fact that respondent chose not to retain counsel and did not appear at the hearing or call witnesses is not an acceptable reason for reopening the record. Respondent was represented by two prior attorneys since this matter began, and he was clearly capable of making those decisions regarding his representation at the time the May 14, 2021 hearing was held.

The Department strongly objects to the following documents being provided to the Board at this time as there is currently no hearing pending and it is inappropriate to submit additional exhibits directly to the Board outside of the hearing process:

Section entitled "Facts to Support Dr. Bayan's Motion" on pages 3-5 of the respondent's Motion. None of the information discussed has been properly entered as evidence during a hearing, and it is irrelevant to the Statement of Charges. In addition, the referenced therapy reports are dated months after the conclusion of the hearing.

Respondent's Exhibit 2 – Respondent's request for reinstatement (actually a request to lift the suspension of his license) which was already considered twice by the Board and denied.

Respondent's Exhibit 3 - Therapy reports dated 10/27/21 and 11/10/21, which are dated well after the close of the May 14, 2021 hearing.

Respondent's Exhibit 5 – photos of awards and general reference letters which were entered into evidence at the 1/4/2019 hearing and are not relevant to the Statement of Charges in the 2020 petition, which alleges the respondent's failure to comply with the Board's Memorandum of Decision between 7/2020 and 3/2021.

Respondent's Exhibit 7 – Additional general reference letters.

Respondent's Exhibit 8 - Therapy reports dated 5/19/2021, 6/23/21, 7/7/21, 7/20/21,

8/10/21, 8/25/21, 9/13/21, 9/29/21, 10/13/21, 10/27/21 and 11/10/21, all of which are dated after the close of the May 14, 2020 hearing. Also, all therapy reports from 11/ 6/19 through 6/3020, and 3/17 and 3/29/21 were already entered into evidence at the hearing.

Wherefore, the Department requests that the respondent's Motion to Reopen the Hearing and Submit Additional Evidence be denied.

Respectfully submitted,

Diane Wilan, Staff Attorney  
Office of Legal Compliance  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
P.O. Box 340308  
Hartford, CT 06134

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**STATE OF CONNECTICUT  
CONNECTICUT MEDICAL EXAMINING BOARD**

Nami Bayan, M.D.  
License No. 046285

Petition No. 2020-1053

**MEMORANDUM OF DECISION**

*Procedural Background*

On March 19, 2021 the Department of Public Health ("Department") filed a Statement of Charges ("Charges") with the Connecticut Medical Examining Board ("Board") against license number 046285 for Nami Bayan, M.D. ("Respondent"). Board Exhibit ("Bd. Ex.") 1. The Charges allege that Respondent's license is subject to disciplinary action pursuant to §§ 19a-17 and 20-13c, including but not limited to 20-13c(4) of the Connecticut General Statutes ("Statutes"). Bd. Ex. 1.

Respondent did not file an Answer to the Charges. Transcript pages ("Tr., pp.") 14, 15.

On April 6, 2021 at 4:54 p.m., the Notice of Hearing and Notice for Submissions were sent to Respondent by electronic mail ("e-mail") to [nami.bayan.md@gmail.com](mailto:nami.bayan.md@gmail.com), his last known e-mail address of record.<sup>1 2</sup> Bd. Ex. 2. The Notice of Hearing gave notice that the hearing would be held remotely and was scheduled for May 14, 2021. Bd. Ex. 2.

On April 6, 2021 at 11:20 p.m., Respondent replied by e-mail that he would not be present or provide a representative for the hearing. Bd. Ex. 3. On May 13, 2021, the link to connect to the virtual hearing at 9:00 a.m. on May 14, 2021 via Microsoft TEAMS was sent via e-mail to Respondent. Bd. Ex. 6.

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<sup>1</sup> Pursuant to Order of the Commissioner of the Department of Public Health on May 27, 2020, "Section 19a-9-18 of the Regulations of Connecticut State Agencies is modified to permit delivery of notices of hearing to be by email only, and to deem such notice to be effective and sufficient if sent to the party's last known email address of record on file with the Department."

<sup>2</sup> In accordance with § 19a-89 of the Statutes, "Whenever any person holding a license ... issued by the Department of Public Health changes his office or residence address, he shall, within thirty days thereafter notify said department of his new office or residence address." In this case, Respondent did not provide the Department any notification of a change of address as required by § 19a-89 of the Statutes. Therefore, notice was sent to Respondent's last known e-mail address of record, and service of notice to such address is deemed sufficient.

The hearing convened on May 14, 2021, before a duly authorized panel of the Board (“Panel”) comprised of Peter Zeman, M.D., Daniel Rissi, MD, and Michele Jacklin. Bd. Ex. 2; Tr., pp. 1-39; Tr. (Executive Session), pp. 1-6 (sealed).

The Panel conducted the hearing in accordance with Chapter 54 of the Statutes, the Uniform Administrative Procedure Act, and § 19a-9-1 et seq. of the Regulations of Connecticut State Agencies (“Regulations”). Respondent failed to appear and was not represented by counsel. Attorney Diane Wilan represented the Department. Both parties were afforded the opportunity to present witnesses and evidence, examine and cross-examine witnesses, and provide argument on all issues.

All Panel members involved in this Memorandum of Decision (“Decision”) attest that they have heard the case and/or read the record in its entirety. The Board reviewed the Panel’s proposed final decision in accordance with the provisions of § 4-179 of the Statutes.

In rendering its decision, the Board considered whether Respondent poses a threat, in the practice of medicine, to the health and safety of any person. The Board’s decision is based entirely on the record and the specialized professional knowledge of the Panel in evaluating the evidence. *See* Conn. Gen. Stat. § 4-178; *Pet v. Department of Health Services*, 228 Conn. 651, 666 (1994). To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F. Supp. 816 (Md. Tenn. 1985).

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Respondent is of Shelton, Connecticut and was issued Connecticut medicine and surgery license number 046285 on March 6, 2008.
2. In paragraph 2 of the Charges, the Department alleges that following a hearing in Petition No. 2018-673, on April 16, 2019, the Connecticut Medical Examining Board issued a Memorandum of Decision (“MOD”) which included a finding that a preponderance of the evidence established that during the course of approximately 2018, Respondent suffered from an emotional disorder and/or mental illness which does, and/or may, affect his ability to safely practice medicine and surgery.
3. In paragraph 3 of the Charges, the Department alleges that said MOD, effective May 1, 2019, suspended Respondent’s license for two years with concurrent probation, followed by an additional probationary period of two years.

4. In paragraph 4 of the Charges, the Department alleges that said MOD ordered in paragraph 2A that “At his own expense, respondent shall engage in individual therapy and medication management with a psychiatrist licensed as a physician in the State of Connecticut (hereinafter “therapist”) . . . for the entire probationary period. . . .” and in paragraph 2A(4) ordered that “The therapist shall submit written reports to the Department at least twice per month for the first six months of probation; and, once per month for the remainder of the probation. . . .”
5. In paragraph 5 of the Charges, the Department alleges that Respondent is in violation of paragraph 2A of the MOD Order in that he has failed to engage in individual therapy or medication management with a psychiatrist and/or has failed to provide written reports from a therapist to the Department between approximately July 2020 and March 17, 2021.
6. In paragraph 6 of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §§19a-17 an/or 20-13c, including but not limited to § 20-13c(4).

#### ***Findings of Fact***

1. The Department provided Respondent with reasonable and adequate written notice of the May 14, 2021 hearing and the allegations contained in the Charges. Bd. Exs. 1-6.
2. On May 14, 2021, the Board convened the scheduled hearing. Respondent did not appear at the hearing, nor did he request a continuance. Bd. Ex. 3; Tr., pp. 1-39; Transcript Executive Session, pp. 1-6 (sealed).
3. Respondent did not file an Answer to the Charges. Tr., pp. 14, 15.
4. The factual allegations contained in paragraphs 1 through 6 of the Charges are deemed admitted and true. Bd. Ex. 1; Tr., pp. 14, 15.

#### ***Discussion and Conclusions of Law***

Section 20-13c of the Statutes provides, in pertinent part, that:

The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for any of the following reasons: (4) . . . illegal, incompetent or negligent conduct in the practice of medicine . . . .

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-40 (2013).



In accordance with § 19a-9-20 of the Regulations, a hearing shall proceed, “at the time and place specified in the notice of hearing, notwithstanding any failure of Respondent to file an answer within the time provided. If no answer has been timely filed, the allegations shall be deemed admitted.” In this case, Respondent failed to file an Answer to the Charges and did not appear for the hearing to contest the allegations. Bd. Ex. 1; Tr., p. 4. Therefore, the allegations are deemed admitted, and the record establishes that the Department sustained its burden of proof with respect to all of the allegations in the Charges. Department Exhibit (“Dept. Ex”) 1, pp. 1-37, 59-87; Dept. Ex. 1, pp. 38-58 and 88-132 (sealed); Dept. Ex. 2 (sealed); Dept. Ex. 3; Tr., pp. 14, 15.

In addition to the fact that the allegations have been deemed admitted, the Department proved by a preponderance of evidence that: 1) Respondent is of Shelton, Connecticut and was issued Connecticut medicine and surgery license number 046285 on March 6, 2008 (Dept. Ex. 1, p. 9); 2) Following a hearing in Petition No. 2018-673, on April 16, 2019, the Board issued an MOD which included a finding that a preponderance of the evidence established that during the course of approximately 2018, Respondent suffered from an emotional disorder and/or mental illness which does, and/or may, affect his ability to safely practice medicine and surgery (Dept. Ex. 1, pp. 8-18); 3) The MOD, effective May 1, 2019, suspended Respondent’s license for two years with concurrent probation, followed by an additional probationary period of two years (Dept. Ex.1, pp. 15-18); 4) The MOD ordered in paragraph 2A that “At his own expense, respondent shall engage in individual therapy and medication management with a psychiatrist licensed as a physician in the State of Connecticut (hereinafter “therapist”)... for the entire probationary period...” and in paragraph 2A(4) ordered that “The therapist shall submit written reports to the Department at least twice per month for the first six months of probation; and, once per month for the remainder of the probation....” (Dept. Ex. 1, pp. 15-17); and 5) Respondent failed to engage in individual therapy or medication management with a psychiatrist and failed to provide written reports from a therapist to the Department between approximately July 2020 and March 17, 2021, in violation of paragraph 2A of the MOD Order and § 20-13c(4) of the Statutes, (Dept. Ex.1, pp. 19, 27-29, 31, 34; Dept. Ex. 1, pp. 32, 33 (sealed)).

### *Conclusion*

The Board finds Respondent's failure to engage in the ordered therapy and medication management with a psychiatrist and provide written therapy reports as ordered in the MOD to be not only extremely concerning, but in violation of the Board's previous Order, which was issued as a means of providing Respondent with a rehabilitative path for his return to practice and ensuring that his return to the practice of medicine does not pose a threat to the health and safety of his patients. Because Respondent violated the Board's previous order, the Board lacks the information to find that Respondent can practice medicine with reasonable skill and safety.

In conclusion, the Department sustained its burden of proof with regards to allegations numbered 1 through 5 of the Charges. Accordingly, with respect to allegation numbered 6 of the Charges, the Board concludes Respondent's conduct, as described above, constitutes violations upon which to impose discipline on Respondent's license pursuant to §§ 19a-17 and 20-13c(4) of the Statutes, warranting the following Order.

### *Order*

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. §§ 19a-17 and 20-13c, the Board finds, with respect to license number 046285 held by Nami Bayan, M.D., that the violations alleged and proven in Petition No. 2020-1053 warrant the following disciplinary action. The Board further finds that the conduct alleged and proven is severable and each proven allegation warrants the disciplinary action imposed by this Order:

1. Respondent's license number 046285 to practice medicine and surgery in the State of Connecticut is hereby **REVOKED**.
2. This Memorandum of Decision becomes effective upon signature.

The Connecticut Medical Examining Board hereby informs Respondent, Nami Bayan, and the Department of this decision.

Dated at Stamford, Connecticut this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

CONNECTICUT MEDICAL EXAMINING BOARD

By \_\_\_\_\_  
Kathryn Emmett, Esq., Chair

**CONNECTICUT MEDICAL EXAMINING BOARD  
CONSENT ORDER COVER SHEET**

Respondent: Michael Imevbore, M.D.

Petition No. 2020-526

**BIOGRAPHICAL INFORMATION:**

Medical School: Obafemi Awolowo University, College of Medicine, Nigeria  
Year of Graduation: 1994

04/01/1994-05/30/1995	Rotating	<i>Intern</i>	University College Hospital, Ibadan
07/01/1999-06/30/2002	Internal Medicine	<i>Resident</i>	Unity Health System/ University of Rochester
07/01/2002-06/30/2004	Pulmonary Disease	<i>Fellowship</i>	Norwalk Hospital
07/01/2004-6/30/2005	Critical Care Medicine	<i>Fellowship</i>	Yale University

Current employment: CT Pulmonary Specialists

License: 042335                      Issued: 4/16/2004

Type of Practice: Pulmonary, critical care and sleep medicine.

Board Certification: American Board of Internal Medicine (2002). Certified in internal medicine with a sub-specialty in critical care medicine and in pulmonary disease.

Malpractice History: None reported

History with DPH: None

Investigation Commenced: 5/29/2020

**THIS CONSENT ORDER DISCIPLINE:**

Reprimand and a Civil Penalty of \$5,000.

One-year probationary period with supervisor to conduct monthly review of patient records for those patients to whom Dr. Imevbore has prescribed a controlled substance.

**DEPARTMENT SUMMARY OF THE CASE:**

- The Department opened this petition as the result of a referral from the Department of Consumer Protection, Drug Control Division.
- Dr. Imevbore, while practicing pulmonary medicine, has written numerous prescriptions for controlled substances, consisting of benzodiazepine-type prescriptions, anxiolytic-type prescriptions for patients with anxiety related to respiratory disorders, and wakefulness-promoting-type prescriptions (“controlled substances”). From approximately January 1, 2018 to November 5, 2020, Dr. Imevbore’s prescribing practice regarding controlled

substances failed to meet the standard of care and/or failed to comply with the requirements of Connecticut General Statutes Sec. 21a-254(j)(9) in that he: (1) prescribed Adderall for patient #1, on or about February 11, 2020 and on or about April 1, 2020, without reviewing patient #1's record in the Connecticut Prescription Monitoring and Reporting System ("CPMRS"); (2) between approximately January 1, 2018 and May 21, 2020, he wrote controlled substance prescriptions for approximately 225 patients, without checking the CPMRS; and (3) between approximately May 21, 2020 and November 5, 2020, he wrote controlled substance prescriptions for approximately 70 patients, but checked the CPMRS for less than half of those patients.

- Drug Control will make at least two random audits of Dr. Imevbore's compliance with the CPMRS system within the next year and will report the results of their audits to the Department.
- Since on or about December 14, 2020, respondent has verified in the CPMRS in connection with each prescription he has written for a controlled substance.
- Dr. Imevbore has successfully completed the University of San Diego, School of Medicine's continuing education course in Physician Prescribing.

**WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?**

- Yes

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH  
CONNECTICUT MEDICAL EXAMINING BOARD**

In re: Michael Imevbore, M.D.

Petition No. 2020-526

**CONSENT ORDER**

WHEREAS, Michael Imevbore, M.D., of Guilford, Connecticut (hereinafter "respondent") has been issued license number 042335 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. While practicing pulmonary medicine, respondent has written prescriptions for numerous patients for controlled substances, consisting of benzodiazepine-type prescriptions, anxiolytic-type prescriptions for patients with anxiety related to respiratory disorders, and wakefulness-promoting-type prescriptions (collectively "controlled substances"). From on or about January 1, 2018 to on or about November 5, 2020, respondent's prescribing practice regarding controlled substances has failed to meet the standard of care and/or has been in violation of §21a-254(j)(9) of the Connecticut General Statutes in one or more of the following ways:

- a. As to patient #1, respondent prescribed Adderall, a schedule II-controlled substance, on or about February 11, 2020 and on or about April 1, 2020, without reviewing the patient's record in the Connecticut Prescription Monitoring and Reporting System ("CPMRS");
- b. Between on or about January 1, 2018 and on or about May 21, 2020, respondent wrote prescriptions for controlled substances, for approximately two hundred and twenty-five patients, without checking the CPMRS; and/or

c. Between on or about May 21, 2020 and on or about November 5, 2020, respondent wrote prescriptions for controlled substances for approximately seventy patients but checked the CPMRS for less than half of those patients.

2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c(4).

WHEREAS, since on or about December 14, 2020, respondent has verified the CPMRS in connection with each prescription he has written for a controlled substance.

WHEREAS, respondent is aware that the Drug Control Division of the Department of Consumer protection will make at least two random audits of his compliance with the CPMRS system within the next year and will report the results of their audit to the Department.

WHEREAS, respondent has successfully completed the University of San Diego, School of Medicine's continuing education course in Physician Prescribing.

WHEREAS, respondent, in consideration of this Consent Order, while not admitting any allegation, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license number 042335 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of five thousand dollars (\$5,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.

4. Respondent's license shall be placed on probation for a period of one (1) year under the following terms and conditions:
  - a. Respondent shall obtain at respondent's own expense, the services of a licensed physician, pre-approved by the Department (hereinafter "supervisor"), to conduct a random review of twenty percent (20%) or twenty (20) of respondent's patient records for those patients to whom respondent has prescribed a controlled substance in the preceding thirty (30) days, whichever is the larger number. In the event respondent has twenty (20) or fewer such patients, the supervisor shall review all of respondent's records for such patients.
    - 1) Respondent shall provide a copy of this Consent Order to respondent's practice supervisor. Respondent's supervisor shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - 2) Respondent's supervisor shall conduct such review and meet with respondent not less than once every month for the duration of the probationary period.
    - 3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which the supervisor deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
    - 4) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the duration of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, a statement as to whether



respondent is appropriately utilizing the CPMRS, and a statement as to whether respondent is practicing with reasonable skill and safety. A supervisor report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.

5. All correspondence and reports are to be addressed to:

Compliance Officer  
Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure, including but not limited to all statutes and regulations pertaining to the CPMRS.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.

- d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent does not practice medicine for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of medicine, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of medicine without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to the practice of medicine without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
11. If, during the period of probation, respondent practices medicine outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing

the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of medicine in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in this Consent Order.

12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
13. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
14. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
15. This Consent Order is a public document. Respondent understands and agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which his compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and shall be reported on his Connecticut physician profile pursuant to §20-13j of the General Statutes of Connecticut.
16. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing medicine, upon request by the Department, with notice to the Board, for a period not to exceed forty-five (45) days. During that time period, respondent further agrees to cooperate with the Department in its investigation of

the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

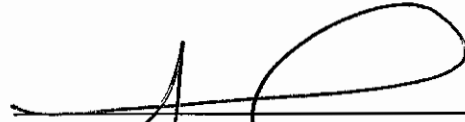
17. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
18. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut,

provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

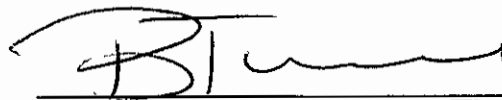
19. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
20. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
21. Respondent has consulted with an attorney prior to signing this document.
22. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent

order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.


I, Michael Imevbore, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
Michael Imevbore, M.D.

Subscribed and sworn to before me this 10th day of December, 2021.

  
\_\_\_\_\_  
Notary Public or person authorized  
~~by law to administer an oath or affirmation~~  
**BRITTANY TURKAJ**  
**NOTARY PUBLIC OF CONNECTICUT**  
My Commission Expires 1/31/2026

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 14th day of December 2021, it is hereby accepted.

  
\_\_\_\_\_  
Christian D. Andresen, MPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Kathryn Emmett, Esq., Chairperson  
Connecticut Medical Examining Board

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH

J. James Bruno, II, M.D.

Petition No.: 2020-5

BIOGRAPHICAL INFORMATION:

Medical School: University of Connecticut School of Medicine  
Year of Graduation: 2001

Post Graduate Training:

7/1/2001-6/30/2002 Intern/General Surgery – Univ. of Connecticut Health Ctr., Farmington, CT  
7/1/2002-6/30/2003 Resident/General Surgery – Lenox Hill Hospital, New York, NY  
7/1/2003-6/30/2007 Resident/Urology – Lenox Hill Hospital, New York, NY

Current Employment: Urology Associates of Danbury, P.C.  
License Issued: 2/1/2007  
Type of Practice: Urology  
Malpractice History: None Reported  
Past History with DPH: None Reported

THIS CONSENT ORDER DISCIPLINE:

- Reprimand
- \$1,000.00 civil penalty

DEPARTMENT SUMMARY:

In January 2020 the Department's Practitioner Licensing and Investigations Section opened this petition in response to a complaint from the patient.

Respondent provided care to Patient #1 at various times between approximately March 2019 and October 2019. The Department alleges that respondent's care of Patient #1 failed to meet the standard of care in one or more of the following ways:

- a. Respondent failed to review an October 21, 2019 CT scan which identified passage of a left ureteral calculus; and
- b. On or about October 23, 2019, respondent unnecessarily performed a cystoscopy, left diagnostic ureteroscopy and left retrograde pyelogram on Patient #1.

WILL THIS RESULT IN A REPORT TO THE NPDB? Yes



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: J. James Bruno, M.D.

Petition No. 2020-5

**CONSENT ORDER**

WHEREAS, J. James Bruno of Danbury, Connecticut (hereinafter "respondent") has been issued license number 045080 to practice medicine and surgery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, Department of Public Health alleges that:

1. Respondent provided care to Patient #1 at various times between approximately March 2019 and October 2019. Respondent's care of Patient #1 failed to meet the standard of care in one or more of the following ways:
  - a. Respondent failed to review an October 21, 2019 CT scan which identified passage of a left ureteral calculus; and
  - b. On or about October 23, 2019, respondent unnecessarily performed a cystoscopy, left diagnostic ureteroscopy and left retrograde pyelogram on Patient #1.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, while not admitting to any wrongdoing, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"),

this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

WHEREAS, Respondent's office has already implemented policies and procedures which put in place multiple layers of redundancy to prevent such an occurrence from occurring in the future.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 045080 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
5. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
7. This Consent Order is effective on the date it is signed by the Board.
8. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above allegations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue.

9. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
10. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department or the Respondent at any time prior to its being executed by the last signatory.
11. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

14. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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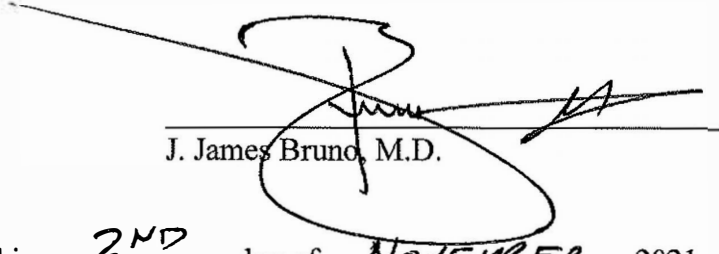
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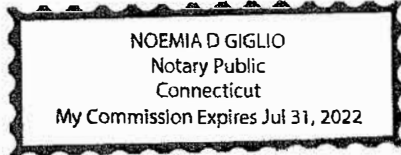
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\*

I, J. James Bruno, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
J. James Bruno, M.D.

Subscribed and sworn to before me this 2<sup>ND</sup> day of NOVEMBER 2021.



  
\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 16<sup>th</sup> day of November 2021, it is hereby accepted.



\_\_\_\_\_  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD  
CONSENT ORDER COVER SHEET**

Respondent: Ho Dzung Anh, M.D.

Petition No. 2020-352

**BIOGRAPHICAL INFORMATION:**

Medical School: University of Virginia School of Medicine

Year of Graduation: 2009

07/01/09-06/30/10	General Surgery	<i>Intern</i>	Saint Agnes Hospital, Baltimore, MD
07/01/10-06/30/13	Internal Medicine	<i>Resident</i>	Howard University Hospital, Washington, DC
07/01/13-06/30/14	Pulmonary and Critical Care	<i>Fellowship</i>	Virginia Commonwealth Hospital, Richmond, VA

Current employment: Independent advisor to telemedicine companies. Dr. Anh reports that he is not practicing medicine in person or through telemedicine.

License: 055753

Issued: 9/27/16

Type of Practice: Internal Medicine

Board Certification: Internal Medicine (2015)

Malpractice History: None reported

History with DPH: None

Investigation Commenced: 03/30/20

**THIS CONSENT ORDER DISCIPLINE:** Reprimand

**DEPARTMENT SUMMARY OF THE CASE:**

- This petition was opened as the result of a National Practitioner Data Bank (NPDB) Report.
- On or about March 23, 2020, the Medical Board of California, Department of Consumer Affairs (“the California Board”) issued a Decision adopting a Stipulated Settlement and Disciplinary Order signed by respondent on March 3, 2020. The California Board’s Decision publicly reprimanded respondent’s California license and required him to complete a course in prescribing practices, based on respondent diagnosing infections and prescribing antibiotics, through telemedicine, to two undercover investigators without proper assessment and evaluation.
- Effective April 1, 2020, respondent has fully complied with the California Board’s Decision.

- The NPDB report has triggered inquiries in multiple other states where respondent is licensed. Some states have taken reciprocal action in the form of, without limitation, censure, public reprimand, and assessment of administrative fees. The Ohio State Medical Board has assessed a fine of \$3,500 and required probation to include course work in medical records.

**WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?**

- Yes

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH  
CONNECTICUT MEDICAL EXAMINING BOARD**

In re: Ho Dzung Anh, M.D.

Petition No. 2020-352

**CONSENT ORDER**

WHEREAS, Ho Dzung Anh, M.D., of San Francisco, California (hereinafter "respondent") has been issued license number 055753 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. On or about March 23, 2020, the Medical Board of California, Department of Consumer Affairs ("the California Board") issued a Decision which adopted a Stipulated Settlement and Disciplinary Order signed by respondent on March 3, 2020, which publicly reprimanded respondent's California license and required respondent to successfully complete a course in prescribing practices, based on respondent diagnosing infections and prescribing antibiotics, through telemedicine, to two undercover investigators without proper assessment and evaluation.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c (4) and §19a-17(f).

WHEREAS, respondent, effective April 1, 2020, has fully complied with the terms and conditions of the Decision and Order respondent entered into with the California Board.

WHEREAS, respondent, in consideration of this Consent Order, while admitting no fact or allegation, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.



NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license number 054579 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
3. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
4. Respondent shall pay all costs necessary to comply with this Consent Order.
5. Legal notice shall be sufficient if sent by first class mail to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department, or by e-mail to respondent's e-mail address of record. Respondent is responsible for updating both his mail and his e-mail address in the Department's licensure file. Respondent shall not claim in any action by the Department or the Board that he did not receive notice if notice were sent to either his mail address or his e-mail address of record.
6. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Board.
7. This Consent Order is a public document. Respondent understands and agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which his compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and shall be reported on his Connecticut Physician Profile required by section 20-13j of the Connecticut general statutes.
8. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack, or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the

Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

9. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
11. Respondent has consulted with an attorney prior to signing this document.
12. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
13. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Ho Dzung Anh, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Ho Dzung Anh, M.D.  
Ho Dzung Anh, M.D.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2021.

(See Attached Notarize.com Certificate for Notarization)

\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 15<sup>th</sup> day of December 2021, it is hereby accepted.

Christian D. Andresen  
Christian D. Andresen, MPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Kathryn Emmett, Esq., Chairperson  
Connecticut Medical Examining Board

**JURAT**

State/Commonwealth of TEXAS )  
 )  
 City  County of Comal )

On 11/24/2021, before me, Lauren Peterson,  
*Date* *Notary Name*

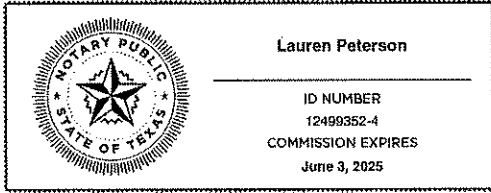
the foregoing instrument was subscribed and sworn (or affirmed) before me by:

Ho Dzung Anh, M.D.  
*Name of Affiant(s)*

Personally known to me -- OR --

Proved to me on the basis of the oath of N/A -- OR --  
*Name of Credible Witness*

Proved to me on the basis of satisfactory evidence: driver\_license  
*Type of ID Presented*



WITNESS my hand and official seal.

Notary Public Signature: Lauren Peterson

Notary Name: Lauren Peterson

Notary Commission Number: 12499352-4

Notary Commission Expires: 06/03/2025

*Notarized online using audio-video communication*

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Consent Order

Document Date: 11/24/2021

Number of Pages (including notarial certificate): 5

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )  
)  
)  
Ho Dzung Anh, M.D., M.D. )  
)  
Physician's and Surgeon's )  
Certificate No. A136301 )  
)  
Respondent )  
\_\_\_\_\_ )**

**Case No. 800-2016-026858**

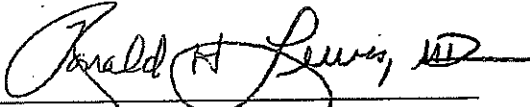
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on April 22, 2020.**

**IT IS SO ORDERED March 23, 2020.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
**Ronald H. Lewis, M.D., Chair  
Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3488  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **HO DZUNG ANH, M.D.**  
14 **22 Bannock Street, Apt A**  
**San Francisco, CA 94112**

15 Physician's and Surgeon's Certificate No. A 136301

16 Respondent.  
17

Case No. 800-2016-026858

OAH No. 2019120796

18 **STIPULATED SETTLEMENT AND**  
19 **DISCIPLINARY ORDER**

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical  
23 Board of California (Board). She brought this action solely in her official capacity and is  
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by  
25 Lawrence Mercer, Deputy Attorney General.

26 2. Respondent Ho Dzong Anh, M.D. (Respondent) is represented in this proceeding by  
27 attorneys Stephen M. Boreman and Adam G. Slote and Slote, Links & Boreman, One  
28 Embarcadero Center, Suite 400, San Francisco, CA 94111.







1 in connection with Respondent's actions, as set forth in the Accusation, is as follows:

2 On February 1, 2017 and February 28, 2017, using a telemedicine protocol, you  
3 diagnosed infections and prescribed antibiotic prescriptions to two undercover  
4 investigators for infections that they did not in fact have. Your care and treatment was  
provided without obtaining a reliable history, performing a physical examination or  
otherwise verifying that there was a medical indication for the prescriptions.

5 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the  
6 effective date of this Decision, Respondent shall enroll in a course in prescribing practices  
7 approved in advance by the Board or its designee. Respondent shall provide the approved course  
8 provider with any information and documents that the approved course provider may deem  
9 pertinent. Respondent shall participate in and successfully complete the classroom component of  
10 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
11 successfully complete any other component of the course within one (1) year of enrollment. The  
12 prescribing practices course shall be at Respondent's expense and shall be in addition to the  
13 Continuing Medical Education (CME) requirements for renewal of licensure.

14 A prescribing practices course taken after the acts that gave rise to the charges in the  
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
16 or its designee, be accepted towards the fulfillment of this condition if the course would have  
17 been approved by the Board or its designee had the course been taken after the effective date of  
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22 Respondent agrees that failure to enroll in and/or successfully complete the course shall  
23 constitute unprofessional conduct and grounds for further discipline.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

*Ho Anh*

DATED: 03 / 03 / 2020

HO DZUNG ANH, M.D.  
*Respondent*

I have read and fully discussed with Respondent Ho Dzung Anh, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

SLOTE, LINKS & BOREMAN

*Adam Slote*

DATED: 03 / 03 / 2020

ADAM G. SLOTE  
*Attorney for Respondent*

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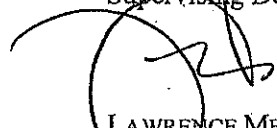
**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: March 4, 2020

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

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XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General  
LAWRENCE MERCER  
Deputy Attorney General  
State Bar No. 111898  
455 Golden Gate Avenue, Suite 11000  
San Francisco, CA 94102-7004  
Telephone: (415) 510-3488  
Facsimile: (415) 703-5480  
*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO  
BY: *[Signature]* ANALYST  
APR 11 2018

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:  
**Ho Dzung Anh, M.D.**  
22 Bannock Street, Apt. A  
San Francisco, CA 94112  
  
Physician's and Surgeon's Certificate  
No. A 136301,  
  
Respondent.

Case No. 800-2016-026858  
**ACCUSATION**

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California.
2. On or about May 22, 2015, the Medical Board issued Physician's and Surgeon's Certificate Number A 136301 to Ho Dzung Anh, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2019, unless renewed.

///  
///

**JURISDICTION**

1  
2       3.    This Accusation is brought before the Board under the authority of the following  
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4       4.    Section 2004 of the Code states:

5       “The board shall have the responsibility for the following:

6       “(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice  
7 Act.

8       “(b) The administration and hearing of disciplinary actions.

9       “(c) Carrying out disciplinary actions appropriate to findings made by a panel or an  
10 administrative law judge.

11       “(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of  
12 disciplinary actions.

13       “(e) Reviewing the quality of medical practice carried out by physician and surgeon  
14 certificate holders under the jurisdiction of the board.

15       “(f) Approving undergraduate and graduate medical education programs.

16       “(g) Approving clinical clerkship and special programs and hospitals for the programs in  
17 subdivision (f).  
18

19       “(h) Issuing licenses and certificates under the board's jurisdiction.

20       “(i) Administering the board's continuing medical education program.”  
21

22       5.    Section 2227 of the Code provides that a licensee who is found guilty under the  
23 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
24 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
25 action taken in relation to discipline as the Board deems proper.

26       //

27       //  
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1           6.     Section 2234 of the Code, states:

2           “The board shall take action against any licensee who is charged with unprofessional  
3 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
4 limited to, the following:

5           “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
6 violation of, or conspiring to violate any provision of this chapter.

7           “(b) Gross negligence.

8           “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
9 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
10 the applicable standard of care shall constitute repeated negligent acts.

11           “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
12 for that negligent diagnosis of the patient shall constitute a single negligent act.

13           “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
14 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
15 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
16 applicable standard of care, each departure constitutes a separate and distinct breach of the  
17 standard of care. . .”

18           7.     Section 2242 of the Code states, in pertinent part:

19           “Prescribing, dispensing, or furnishing dangerous drugs as defined by section 4022 without  
20 an appropriate prior examination and medical indication, constitutes unprofessional conduct.”

21           //

22           //

23           //

24           //

1 8. Section 2290.5 of the Code states:

2 A(a) For purposes of this division, the following definitions shall apply:

3 “(1) “Asynchronous store and forward” means the transmission of a patient’s medical  
4 information from an originating site to the health care provider at a distant site without the  
5 presence of the patient.

6 “(2) “Distant site” means a site where a health care provider who provides health care  
7 services is located while providing these services via a telecommunications system.

8 “(3) “Health care provider” means a person who is licensed under this division.

9 “(4) “Originating site” means a site where a patient is located at the time health care  
10 services are provided via a telecommunications system or where the asynchronous store and  
11 forward service originates.

12 “(5) “Synchronous interaction” means a real-time interaction between a patient and a health  
13 care provider located at a distant site.

14 “(6) “Telehealth” means the mode of delivering health care services and public health via  
15 information and communication technologies to facilitate the diagnosis, consultation, treatment,  
16 education, care management, and self-management of a patient’s health care while the patient is at  
17 the originating site and the health care provider is at a distant site. Telehealth facilitates patient  
18 self-management and caregiver support for patients and includes synchronous interactions and  
19 asynchronous store and forward transfers.

20 “(b) Prior to the delivery of health care via telehealth, the health care provider initiating the  
21 use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written  
22 consent from the patient for the use of telehealth as an acceptable mode of delivering health care  
23 services and public health. The consent shall be documented.

1           “(c) Nothing in this section shall preclude a patient from receiving in-person health care  
2 delivery services during a specified course of health care and treatment after agreeing to receive  
3 services via telehealth.

4           “(d) The failure of a health care provider to comply with this section shall constitute  
5 unprofessional conduct. Section 2314 shall not apply to this section.

6           “(e) This section shall not be construed to alter the scope of practice of any health care  
7 provider or authorize the delivery of health care services in a setting, or in a manner, not  
8 otherwise authorized by law.

9           “(f) All laws regarding the confidentiality of health care information and a patient’s rights to  
10 his or her medical information shall apply to telehealth interactions.

11           “(g) This section shall not apply to a patient under the jurisdiction of the Department of  
12 Corrections and Rehabilitation or any other correctional facility.

13           “(h) (1) Notwithstanding any other provision of law and for purposes of this section, the  
14 governing body of the hospital whose patients are receiving the telehealth services may grant  
15 privileges to, and verify and approve credentials for, providers of telehealth services based on its  
16 medical staff recommendations that rely on information provided by the distant-site hospital or  
17 telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of  
18 Federal Regulations.

19           “(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to  
20 grant privileges to, and verify and approve credentials for, providers of telehealth services as  
21 described in paragraph (1).

22           “(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the  
23 term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal  
24 Regulations.”



1 9. Section 2266 of the Code states:

2 “The failure of a physician and surgeon to maintain adequate and accurate records relating  
3 to the provision of services to their patients constitutes unprofessional conduct.”

4 10. Since the enactment of Section 2290.5 of the Code, the Board has issued informal  
5 guidelines to assist physicians in providing telehealth services that comply with the standard of  
6 care:

7 A. “[Section 2290.5(e)] [s]tates that this section shall not be construed to alter the scope  
8 of practice of any healthcare provider.” ([www.mbc.ca.gov/Licensees/Telehealth.aspx](http://www.mbc.ca.gov/Licensees/Telehealth.aspx))

9 B. “By law, with very limited exceptions, prescription drugs must be prescribed by a  
10 physician after a good faith examination has been performed and a medical indication for the  
11 prescription has been determined.” ([www.mbc.ca.gov/Consumers/Internet\\_Prescribing.aspx](http://www.mbc.ca.gov/Consumers/Internet_Prescribing.aspx))

12 C. “Telehealth is not a telephone conversation, email/instant messaging conversation, or  
13 fax; it typically involves the application of videoconferencing or store and forward technology to  
14 provide or support health care delivery.”

15 “The **standard of care** is the same whether the patient is seen in-person, through  
16 telehealth or other methods of electronically enabled health care.” [emphasis in original]  
17 ([www.mbc.ca.gov/Licensees/Telehealth.aspx](http://www.mbc.ca.gov/Licensees/Telehealth.aspx))

18 D. “Under California law, a physician cannot prescribe medications (or recommend  
19 marijuana for medical purposes) without an appropriate prior examination and indications  
20 justifying the patient’s use of the drug. The Board has stated that this examination need not be in  
21 person, if the technology is sufficient to provide the same information to the physician as would  
22 be obtained if the examination had been performed face-to-face. A simple questionnaire without  
23 an appropriate prior evaluation may be a California practice violation.” (Medical Board of  
24 California Newsletter (Fall 2015), pp. 9-10)  
25  
26  
27  
28

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence, Repeated Negligent Acts)**

**("Mary Peters")**

1  
2  
3  
4 11. Respondent Ho Dzung Anh, M.D. is subject to disciplinary action under section 2234  
5 and/or 2234(b) and/or 2234(c) and/or 2242 and/or 2290.5 in that respondent diagnosed, treated  
6 and prescribed for a patient without a prior examination and/or medical indication. The  
7 circumstances are as follows:  
8

9 12. At all relevant times, respondent was a physician providing medical care and advice  
10 to California consumers via the website Lemonaidhealth.com.

11 13. In 2016, the Board received information that patients might be obtaining prescriptions  
12 from a company operating under the name Lemonaidhealth.com. On October 10, 2016, the  
13 website for Lemonaidhealth.com advertised a "refreshingly simple" method to obtain a doctor's  
14 prescription for multiple medical conditions, including urinary tract infections and sinusitis.  
15

16 14. On February 1, 2017, an investigator for the Health Quality Investigation Unit created  
17 an online account with Lemonaidhealth.com using the alias "Mary Peters" and a fictitious street  
18 address. She reviewed an information sheet, including a list of 11 conditions, which the site  
19 advised would render it in the patient's "best interest" to see a physician in person rather than use  
20 the site. The investigator then filled out a 7-page questionnaire online. The questionnaire  
21 outlined the conditions the patient must endorse to qualify for an antibiotic prescription, as well as  
22 those the patient would have to deny in order to qualify for an antibiotic prescription. The  
23 investigator endorsed and denied the conditions necessary to obtain an antibiotic prescription. In  
24 fact, the investigator did not have a urinary tract infection or symptoms indicative of a urinary  
25 tract infection. After completing the questionnaire, the investigator then submitted the online  
26  
27  
28

1 questionnaire with a headshot of herself and designated a pharmacy where the prescription should  
2 be filled.

3 15. In providing information regarding her condition, the investigator was not asked to  
4 provide vital signs and there was no technology available on the website to test and record vital  
5 signs. Neither a synchronous nor an asynchronous physical examination was performed and no  
6 alternative technology to obtain the same information was utilized. Medical records from the  
7 investigator's other healthcare providers were neither requested nor reviewed. Diagnostic tests  
8 were not ordered. As a consequence, the veracity, accuracy and reliability of information  
9 provided by the investigator could not be objectively verified by respondent and he had  
10 insufficient information to diagnose the patient or recommend treatment.  
11

12 16. Within a half hour after the investigator submitted her information, respondent sent  
13 her an email response stating that he had reviewed all of the information provided and determined  
14 that she likely had a simple urinary tract infection that could be treated with an antibiotic. He  
15 stated that he had sent a prescription to the pharmacy she had designated and he appended a  
16 treatment plan for treatment of her urinary tract infection with an antibiotic. The treatment  
17 prescribed was Macrobid, 100 mg, BID for seven days. Three days later, on February 4,  
18 respondent sent an email asking whether the patient had been able to pick up the medication and  
19 if "everything is okay." She was also asked to contact him if she had been taking the medication  
20 for at least three days but had not improved.  
21  
22

23 17. Respondent's records for "Mary Peters" were obtained from respondent by the  
24 Medical Board. The records consist of eight pages, including the patient's questionnaire  
25 responses. Under "history" the record states only that respondent or his staff reviewed the  
26 patient's questionnaire. Under "exam" the record states "I have reviewed the photo or video  
27  
28

1 submitted." Respondent's assessment is that "there is sufficient clinical suspicion of an  
2 uncomplicated urinary tract infection" to warrant treatment.

3 18. Respondent is guilty of unprofessional conduct and respondent's certificate is subject  
4 to discipline pursuant to sections 2234 and/or 2234(b) and/or 2234(c) and/or 2242 and/or  
5 2290.5(d) in that respondent undertook to provide medical care and advice and also prescribed  
6 drugs without obtaining a reliable history, performing a physical examination and/or determining  
7 a medical indication for prescription antibiotics.  
8

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Gross Negligence, Repeated Negligent Acts)**

11 **("Mark Peters")**

12 19. Respondent Ho Dzung Anh, M.D. is subject to disciplinary action under section 2234  
13 and/or 2234(b) and/or 2234(c) and/or 2242 and/or 2290.5 in that respondent diagnosed, treated  
14 and prescribed for a patient without a prior examination and/or medical indication. The  
15 circumstances are as follows:  
16

17 20. Complainant incorporates Paragraphs 12 and 13, above, as though fully set out herein.

18 21. On February 28, 2017, an investigator for the Health Quality Investigation Unit  
19 created an online account with Lemonaidhealth.com using the alias "Mark Peters" and a street  
20 address that belonged to a UPS store in Sacramento. The investigator accessed information  
21 relating to sinusitis and completed a questionnaire. The investigator was provided with a choice of  
22 five possible scenarios and advised that, if he qualified for treatment of a bacterial sinus infection,  
23 at least one would apply. The investigator selected one. The investigator was also provided with a  
24 list of 15 conditions that would be best managed by a physician at an in-person evaluation and he  
25 denied that he had any of them. In fact, the investigator did not suffer from sinusitis. After  
26  
27  
28

1 completing the questionnaire, the investigator submitted it online with a headshot of himself and  
2 designation of a pharmacy to fill the prescription.

3 22. No vital signs were requested or obtained for "Mark Peters." Prior medical records  
4 were not requested or reviewed and no history beyond that provided in response to the online  
5 questionnaire was recorded. Neither a synchronous nor an asynchronous physical examination  
6 was performed and no alternative technology to obtain the same information was utilized. No  
7 laboratory tests were ordered. In sum, there was insufficient verified and reliable information for  
8 respondent to make a medical determination that "Mark Peters" suffered from sinusitis or would  
9 benefit from treatment with an antibiotic.  
10

11 23. Shortly after "Mark Peters" submitted his questionnaire, he received an electronic  
12 message from respondent. Respondent advised that "you likely have a bacterial sinus infection  
13 that is appropriate to treat with an antibiotic." Respondent advised that the prescription had been  
14 sent to the selected pharmacy and he appended a "treatment plan" with directions for the patient's  
15 10-day course of Amoxicillin. Respondent advised that if the patient had not improved in three  
16 days, he should return to the "app" for another medication or seek an in-person consultation with  
17 another physician.  
18

19 24. The Board obtained respondent's records for "Mark Peters." The 8 pages of records  
20 include a "history" that is limited to review of the investigator's questionnaire responses. The  
21 "exam" references only a review of the "photo or video submitted." Despite the scant, unverified  
22 information provided, the "assessment" states that sufficient clinical suspicion of an  
23 uncomplicated bacterial sinus infection existed to justify treatment with an antibiotic and that  
24 respondent had sent a prescription for Amoxicillin, 500 mg, #30, TID, to the pharmacy designated  
25 by the patient.  
26  
27

28 //



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH

Rania Rifaey, M.D.

Petition No.: 2019-811

**BIOGRAPHICAL INFORMATION:**

Medical School: University of Connecticut School of Medicine, Farmington, CT  
Year of Graduation: 2009

**Post Graduate Training:**

7/1/2009-6/30/2010 Intern/Transitional, SUNY Downstate, Brooklyn, NY  
7/1/2010-6/30/2013 Resident/Anesthesiology, University of Connecticut, Farmington, CT  
7/1/2014-6/30/2015 Fellowship/Pain Management, Tufts Univ. at Baystate Med. Ctr.,  
Springfield, MA

Current Employment: Comprehensive Orthopedics and Musculoskeletal Care, LLC,  
Wallingford, CT

License Issued: 2013  
Type of Practice: Anesthesiology  
Malpractice History: None Reported  
Past History with DPH: None Reported

**THIS CONSENT ORDER DISCIPLINE:**

- Reprimand
- \$1,000.00 civil penalty

**DEPARTMENT SUMMARY:**

In July 2019, the Department's Practitioner Licensing and Investigations Section opened this petition in response to a complaint from the Department's Facility Licensing and Investigations Section.

Respondent provided care to Patient #1 on or about October 18, 2018. Patient #1 was scheduled to receive an injection of Isovue M-300 0.5cc, Triamcinalone 20 mg., and Bupivacaine 0.25% 1cc under fluoroscopic guidance. The Department alleges that respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:

- a. Respondent failed to inject Patient #1's right greater trochanteric bursa, and instead erroneously injected Patient #1's right ischial bursa;
- b. Respondent marked Patient #1 for laterality but not for specific site; and/or
- c. Respondent failed to perform a proper time-out prior to the procedure.

**WILL THIS RESULT IN A REPORT TO THE NPDB? Yes**

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Rania Rifaey, M.D.

Petition No. 2019-811

**CONSENT ORDER**

WHEREAS, Rania Rifaey of Avon, Connecticut (hereinafter "respondent") has been issued license number 051798 to practice medicine and surgery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided care to Patient #1 on or about October 18, 2018. Patient #1 was scheduled to receive an injection of Isovue M-300 0.5cc, Triamcinalone 20 mg., and Bupivacaine 0.25% 1cc under fluoroscopic guidance.
2. Respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:
  - a. Respondent failed to inject Patient #1's right greater trochanteric bursa, and instead erroneously injected Patient #1's right ischial bursa;
  - b. Respondent marked Patient #1 for laterality but not for specific site, and/or
  - c. Respondent failed to perform a proper time-out prior to the procedure.
3. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c(4).



WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17, and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 051798 to practice medicine and surgery in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
5. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
6. This Consent Order is effective on the date it is signed by the Board.

7. Respondent understands and agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in the Consent Order shall be deemed true in any subsequent proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services, and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
8. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
9. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

10. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
11. Respondent has the right to consult with an attorney prior to signing this document.
12. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
13. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

\*

I, Rania Rifaey, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Rania Rifaey  
Rania Rifaey, M.D.

Subscribed and sworn to before me this 13 day of October 2021.

Theresa Matava  
**THERESA MATAVA**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES SEP. 30, 2022  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of November 2021, it is hereby accepted.

Christian D. Andresen  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD  
CONSENT ORDER COVER SHEET**

Respondent: Murray Wellner, M.D.,

Petition Nos. 2018-1142, 2020-28

**BIOGRAPHICAL INFORMATION:**

Medical School: State University of New York at Syracuse

Year of Graduation: 1976

01/01/1976-01/01/1977	Rotating	Intern	John Dempsey Hospital
01/01/1977-Present	Internal Medicine	Internist	Private Practice

Current employment: Private Practice  
License: 018806 Issued: 5/16/1977

Type of Practice: Internal Medicine

Board Certification: American Board of Internal Medicine (1976)

Malpractice History: None

Past History with DPH: 2011-161 Consent Order, for inappropriate prescribing of Vyvanse to eight patients who did not require the medication, and prescribing to girlfriend without maintaining appropriate medical records. The consent order provided for a reprimand, \$10,000 civil penalty, restriction on prescribing to self, family, and friends, and a two-year probation with record review, coursework in prescribing practices, physician/patient boundaries, documentation standards, and professional ethics.

Investigation Commenced: 2018-1142 – 10/4/2018. 2020-28- 3/26/21

**THIS CONSENT ORDER DISCIPLINE:**

- Civil Penalty of \$1,000
- Nine months of probation with record review and coursework in clinical record keeping

**DEPARTMENT SUMMARY OF THE CASE:**

- This Consent Order is for two petitions that were combined. Both petitions were initiated with a patient complaint.
- In 2018-1142, respondent provided care to two patients in 2013 and 2018. Respondent's care for these patients failed to meet the standard of care in that his records are illegible and/or his records do not adequately document a basis for one or more of the therapies he chose, including but not limited to choices of particular medications and/or dosing of medications.
- In 2020-28, respondent provided care to another patient in 2019 and 2020. Respondent's care for this patient failed to meet the standard of care in that his records are illegible.

**WILL THIS RESULT IN A REPORT TO THE N.P.D.B BANK?**

- Yes

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH  
CONNECTICUT MEDICAL EXAMINING BOARD**

In re: Murray Wellner, M.D.

Petition No. 2018-1142

**CONSENT ORDER**

WHEREAS, Murray Wellner, M.D., of West Hartford, Connecticut (hereinafter "respondent") has been issued physician and surgeon number 018806 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided care to Patients 1 and 2 at various times between 2013 and 2018. Respondent's care for Patients 1 and 2 failed to meet the standard of care in one or more of the following ways:
  - a. His records are illegible; and/or
  - b. His records do not adequately document a basis for one or more of the therapies he chose, including but not limited to choices of particular medications and/or dosing of medications.
2. Respondent provided care to Patient 3 at various times between 2019 and 2020. Respondent's care for Patient 3 failed to meet the standard of care in that his records are illegible.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut

Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

WHEREAS, respondent completed coursework in documentation standards and provided the Department with proof to the Department's satisfaction of the successful completion of these courses prior to effective date of this Consent Order.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's license shall be placed on probation for a period of nine months under the following terms and conditions:
  - a. All of respondent's patient records shall be transcribed contemporaneously with their dictation and countersigned by respondent or shall be written by a medical scribe and countersigned by respondent. Within fifteen days of the effective date of this Consent order, respondent shall provide written documentation to the Department of this implementation, satisfactory to the Department, of a dictation or medical scribe system.
  - b. Respondent shall obtain at his own expense, the services of a physician and surgeon who is board certified in internal medicine, pre-approved by the Department (hereinafter "supervisor"), to conduct a random review of twenty percent (20%) or twenty (20) of respondent's records of patients seen in the preceding thirty days, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.
    - (1) Respondent shall provide a copy of this Consent Order to his practice supervisor. Respondent's supervisor shall furnish written confirmation to the

Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

- (2) Respondent's supervisor shall conduct such review and meet with him not less than once every month for the first three months of his probationary period and not less than once every three months for the remainder of the probationary period.
  - (3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
  - (4) Respondent shall be responsible for providing written supervisor reports directly to the Department not less than once every month for the first three months of his probationary period and not less than once every three months for the remainder of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement as to whether respondent is practicing with reasonable skill and safety, in conformity to standards of documentation, and in accord with the provisions of this consent order. A supervisor report indicating that respondent is not practicing with reasonable skill and safety and/or not in conformity to standards of documentation or in accord with the provisions of this consent order, shall be deemed to be a violation of this Consent Order.
4. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant  
Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

5. All reports required by the terms of this Consent Order shall be due according to a



schedule to be established by the Department of Public Health.

6. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
  - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8.a. above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.
  - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
9. In the event respondent does not practice as a physician and surgeon for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice as a physician and surgeon, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a physician and surgeon without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's

return to practice. Respondent agrees that any return to practice as a physician and surgeon without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

10. If, during the period of probation, respondent practices as a physician and surgeon outside Connecticut, he shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a physician and surgeon in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
14. This Consent Order is a public document. Respondent understands and agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which his compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on his physician profile pursuant to Connecticut General Statutes 20-13j.
15. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological

evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

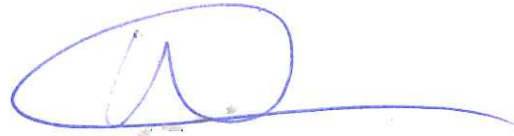
16. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
17. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.
18. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
19. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether

to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.

20. Respondent has the right to consult with an attorney prior to signing this document.
21. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
22. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

\* \* \* \* \*

I, Murray Wellner, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



\_\_\_\_\_  
Murray Wellner, M.D.

Subscribed and sworn to before me this 8<sup>th</sup> day of November 2021.



\_\_\_\_\_  
~~Notary Public or person~~ authorized  
by law to administer an oath or affirmation  
Commissioner of the Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29<sup>th</sup> day of November 2021, it is hereby accepted.



\_\_\_\_\_  
Christian D. Andresen, M.P.H., C.P.H., Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Kathryn Emmett, Esq., Chairperson  
Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD  
CONSENT ORDER COVER SHEET**

In re: Syed U. Hadi, M.D.

Petition No. 2019-1163

**BIOGRAPHICAL INFORMATION:**

Medical School: Baqai Medical College, Pakistan

Year of Graduation: 2004

07/01/2008-06/30/2010 Resident Saint Peter's University Hospital, NJ

07/01/2007-06/30/2008 Internship Saint Peter's University Hospital, NJ

Current employment: Hartford Hospital, Hospitalist

License: 048934 Issued: June 30, 2010

Type of Practice: Hospitalist

Board Certification: American Board of Internal Medicine

Malpractice History: This case resulted in a lawsuit against the respondent, another physician, and Bristol Hospital. It has since been settled against all parties.

Past History with Department: None

Other State Licenses: N/A

Investigation Commenced: October 17, 2019

**CONSENT ORDER DISCIPLINE:**

- Civil Penalty of \$5,000.00
- Respondent completed coursework in infection control which included the diagnosis and treatment of sepsis; communication with other healthcare providers; and documentation standards.

**DEPARTMENT SUMMARY OF THE CASE:**

This case was opened after a Facility License Investigation Section Inspection at Bristol Hospital. Multiple violations were found concerning the hospital as well as several healthcare providers.

On January 8, 2019, respondent was the physician providing care and treatment for Patient #1 who was admitted to Bristol Hospital on January 7, 2019. During this time, Patient #1 had a persistent fever, was tachycardic and bandemic and his blood culture tested positive for bacteria. Respondent never ordered antibiotics for Patient #1 who died from septic shock on January 9, 2019.

**WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?**

- Yes

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Syed Hadi, MD

Petition No, 2019-1163

**CONSENT ORDER**

WHEREAS, Syed Hadi of Wethersfield, Connecticut ("respondent") has been issued license number 048934 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Connecticut General Statutes Chapter 370, as amended.

WHEREAS, the Department alleges:

1. At all times herein mentioned, respondent practiced medicine as a hospitalist at Bristol Hospital.
2. On or about January 8, 2019, respondent was the physician providing care and treatment for Patient #1 who was admitted to Bristol Hospital on January 7, 2019. During this time, Patient #1 had a persistent fever, was tachycardic and bandemic and his blood culture tested positive for bacteria. Respondent never ordered antibiotics for Patient #1 who died from septic shock on January 9, 2019.
3. Respondent failed to meet the applicable standard of care in one or more of the following ways, in that he failed to:
  - a. timely and/or properly treat and/or diagnose Patient #1;
  - b. document abnormal and/or significant findings;
  - c. appreciate and /or respond to a report of a positive blood culture;
  - d. communicate and/or coordinate care with the oncoming and outgoing covering physician and/or other health care providers; and/or
  - e. obtain and/or properly review and/or analyze the patient's abnormal laboratory data.
4. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including, but not limited to §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees, while not admitting any wrongdoing, that for purposes of this or any future proceedings before the Connecticut Medical Examining Board ("the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-13c.

Whereas respondent successfully completed coursework in infection control which includes the diagnosis and treatment of sepsis; (2) communication and collaboration with other healthcare providers; and (3) documentation standards.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-13c, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of five dollars (\$5,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
4. Respondent shall pay all costs necessary to comply with this Consent Order.
5. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
6. This Consent Order is effective upon acceptance and order by the Board.
7. Respondent understands and agrees that this Consent Order is a public document and the above-referenced allegations shall be deemed true in any proceeding before the Board in




which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-13c, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.

8. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack, or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the Department's express consent and agreement. Respondent assumes all responsibility for assessing such actions prior to the execution of this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
9. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent understands that the Board has complete and final discretion whether this executed Consent Order is approved or accepted. Respondent waives any claim of error that could be raised that is related to or arises during the course

of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed and/or final decision by the Board and/or a panel of the Board.

11. Respondent consulted with his attorney prior to signing this Consent Order.
12. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
13. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated or made a part hereof.

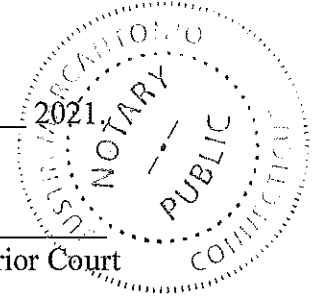
I, Syed Hadi, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
Syed Hadi

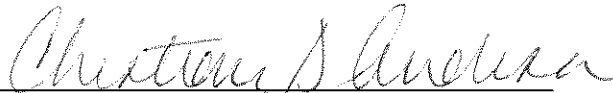
Subscribed and sworn to before me this 28<sup>th</sup> day of October 2021

**JUSTIN MARCANTONIO**  
NOTARY PUBLIC OF CONNECTICUT  
My Commission Expires 11/30/2025

  
\_\_\_\_\_  
Notary Public/Commissioner Superior Court



The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29<sup>th</sup> day of October 2021, it is hereby accepted.

  
\_\_\_\_\_  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, it is hereby ordered and accepted.

\_\_\_\_\_  
Connecticut Medical Examining Board