

AGENDA
CONNECTICUT STATE DENTAL COMMISSION

Thursday, August 18, 2022 at 1:00 PM
Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

OFFICE OF LEGAL COMPLIANCE

Frank Podarsky, DDS – Petition No. 2021-390
Presentation of Consent Order – Joelle Newton, Staff Attorney, DPH

ADJOURN

This meeting will be held by video conference.

Connecticut State Dental Commission - Special Meeting via Microsoft Teams

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Meeting ID: 249 585 100 691

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CONSENT ORDER COVER SHEET

In re: Frank Podrasky, D.D.S.

Petition No. 2021-390

1. Frank Podrasky of East Haven, Connecticut ("respondent") graduated from Georgetown University and received his license to practice dentistry in 1984.

Respondent's license was previously disciplined per the attached Consent Orders.

2. The Department alleges the following:

From approximately 2020 through the present, respondent has or had physical, mental illnesses and/or emotional disorders ("diagnoses").

On multiple occasions from approximately 2000 through April 2021, respondent abused or utilized to excess alcohol.

Respondent's diagnoses and/or abuse or utilization to excess of alcohol does and/or may affect his practice of dentistry.

3. The proposed Consent Order includes four (4) years of probation with the following terms and conditions:

- Therapy reports monthly for the 1st and 4th years and quarterly for the 2nd and 3rd years;
- Urine screens weekly for the 1st and 4th years and monthly for the 2nd and 3rd years;
- Anonymous or support meetings 8 per month and provide quarterly attendance reports;
- Employer reports monthly for the 1st and 4th years and quarterly for the 2nd and 3rd years; and
- No solo practice.

4. The Department and respondent, through his counsel, respectfully request the Dental Commission to approve and accept the attached proposed Consent Order.

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO.

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Frank P. Podrasky, D.D.S.

Petition No. 911010-02-076

CONSENT ORDER

WHEREAS, Frank P. Podrasky, D.D.S., of Huntington, Connecticut, hereinafter referred to as the Respondent, has been issued license number 006522 to practice dentistry by the Department of Health Services, hereinafter the Department, pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and

WHEREAS the Department alleges that between January of 1987 and October of 1989 the Respondent submitted billings to the Connecticut Medicaid system for services which he did not provide and for which he received payments. These billings include services for dentures (26), fillings (130), osteoplasties (17), incision and drainages (80), and various procedures (22) to thirty-six (36) recipients; and

WHEREAS, in consideration of this Consent Order the Respondent has chosen not to contest the above allegations. The Respondent, while admitting no guilt or wrongdoing, and denying the Department's allegation agrees that for the sole purpose of proceedings before the Department that this Consent Order shall have the same force and effect as if ordered after a full hearing held pursuant to Connecticut General Statutes Sections 19a-10, 19a-17 and 20-103a(b); and

WHEREAS the Department stipulates and agrees that this Consent Order shall fully settle all disciplinary action the Department will or may bring as pertains to the Respondent's Medicaid billing practices during the period of January 1987 through

October of 1989, irrespective of the ultimate disposition of criminal charges brought against the Respondent in the Superior Court, Hartford, Connecticut found under Docket #JD90-388785.

NOW THEREFORE, pursuant to §19a-17 and §20-103a(b) of the General Statutes of Connecticut, Frank P. Podrasky stipulates and agrees that:

1. He waives his right to a hearing on the merits of this matter.
2. His license to practice dentistry in Connecticut is hereby suspended for one (1) year.
3. At the end of the period of suspension he shall be on probation for three (3) years under the following terms and conditions:
 - (a) he shall participate in regularly scheduled therapy with a licensed therapist approved by the Department. If the licensed therapist determines that therapy is no longer necessary before the period of probation has expired, said therapist shall immediately notify the Department of the therapist's intention to terminate therapy with documentation that therapy is being discontinued with the consent of the therapist. All therapy shall be at his own expense.
 - (b) He shall not provide dental services for fee(s) to any patient who would bill such service(s) to either Medicare or Medicaid.
 - (c) During the first year he has reentered the practice of dentistry there shall be a dentist, who shall be a board certified or board eligible, licensed by the state of Connecticut or such other state where the Respondent may practice dentistry and preapproved by the Department, who shall review a random sample of the Respondent's patient records to determine to his/her satisfaction that the Respondent is practicing Dentistry within an acceptable standard.

- i) This review shall be conducted for one (1) year, with a minimum of fifty (50) patient records to be reviewed within that time.
- ii) There shall be an initial review of thirty (30) cases within the first two months of the resumption of practice.
- iii) There shall be a second review of the remaining twenty (20) cases at a time chosen by said reviewing dentist within the first year of practice.
- iv) The reviewing dentist shall examine the dental records, selected by the reviewer, within the confines of the Respondent's office. If the review of the dental records does not demonstrate any problem on the Respondent's part with respect to the practice of dentistry and/or billing practices, then the reviewing dentist's report to the Department shall so state. If a problem in the practice of dentistry or in billing is identified, a copy of the actual record which demonstrates the problem, with the reviewer's covering memorandum, shall be forwarded to the Department, subject to the Department preserving the patient's right to privacy with respect to that record pursuant to the provisions of §1-19(b) of the Connecticut General Statutes. Any report filed by said reviewing dentist that indicates, directly or indirectly, that the Respondent is unable to practice dentistry with reasonable skill and safety and/or an impropriety with billing practices shall constitute a deviation from the terms of probation and shall result in the procedures listed in paragraph 5 below. Prior to the transmittal of any record for which the reviewing dentist identifies a problem, the Respondent shall be entitled

to receive a copy of the report and the record to be transmitted to the Department together with a copy of the reviewer's covering memorandum, and the Respondent shall have an opportunity to discuss the reviewer's report with the dentist examiner prior to its transmittal to the Department.

v. The Respondent hereby assumes full responsibility for the timely filing of the reports referred to in 3.C.iv above as well as any and all costs associated with the review process.

d. He shall comply with and fulfill all the terms and conditions of probation required by the Superior Court, County of Hartford in Docket No. JD90-388785 found in Hartford Superior Court.

e. He shall practice dentistry only where one or more other dentists are on staff. In no event shall he set up or engage in a solo practice of dentistry.

f. Sixty (60) days prior to the conclusion of the one (1) year period of suspension the Respondent shall submit to the Department for its prior approval a program of community service in which he shall provide three hundred (300) hours of free dental services on a regular basis to a community or charitable facility or agency, which community service shall be concluded within the period of probation.

g. The respondent shall notify the Department of Health Services in writing of the date he intends to resume his practice. Said three (3) year period of probation referenced in paragraph 3.A. above shall begin when the respondent actually resumes the practice of dentistry.

4. All correspondence and/or reports required under the terms of this Consent Order shall be sent to:

Lynne A. Hurley, Investigator
Division of Medical Quality Assurance
Public Health Hearing Office
150 Washington Street
Hartford, Connecticut 06106

5. Any deviation from the term(s) of probation without prior written approval by the Department shall constitute a violation of probation. A violation of any term(s) of probation specified above shall result in the right of the Department to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against his dentist's license. Any extension of time or grace period granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of disciplinary action shall be sent to the respondent's address of record, i.e., the most current address reported to the Licensure and Registration Section of the Department of Health Services. His license shall be suspended from one week after the notification of the alleged violation of probation is mailed until the decision of the Department on the violation of probation is rendered.
6. He understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Department (1) in which his compliance with this same order is at issue, or (2) in which his compliance with §20-114 of the General Statutes of Connecticut, as amended, is at issue.

7. 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. Further, that said 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 him of any rights that he may have under the laws of the State of Connecticut or of the United States.
8. 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.
9. This Consent Order is effective the first day of the next month after which the seal of the last signatory is fixed to this document.
10. He permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Connecticut Department of Health Services to present this Consent Order and the factual basis for said Consent Order to the Department. He understands that said Department has complete and final discretion as to whether or not an executed Consent Order is approved or granted. He further agrees that the pre-hearing review form signed by him is incorporated by reference into this Consent Order.
11. He has consulted with an attorney prior to signing this document.

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I, Frank P. Podrasky, D.D.S., have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Frank P. Podrasky
Frank P. Podrasky, D.D.S.

Subscribed and sworn to before me this 11th day of MAY 1993.

Barbara Peck
Notary Public or person authorized
by law to administer an oath or
affirmation COMMISSION NO. CC010749
NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP JUNE 18, 1994
BONDED THRU GENERAL INS. UND.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of Health Services on the 2nd day of

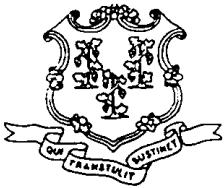
June 1993, it is hereby accepted and ordered.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the State Dental Commission on the 14th day of June, 1993, it is hereby ordered and accepted.

Barbara Peck
Connecticut State Dental Commission

RAS:cja
7844Q/13-19
2/93



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES BUREAU OF HEALTH SYSTEM REGULATION

1 July 1994

Frank Podrasky, D.M.D.
490 Summit Street
Bridgeport, CT 06606

Re: Petition No. 911010-02-076

Dear Dr. Podrasky:

Your eligibility for reinstatement from suspension to probation has been reviewed and your license will be reinstated effective July 1, 1994. The three year probationary aspect of your Consent Order will not become effective until you begin the practice of dentistry in Connecticut. You are required under the Consent Order to notify this Department in writing of the date that you intend to resume practice. In accordance with the Consent Order you may not engage in solo practice.

Renewal of your dental license is required by law annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application.

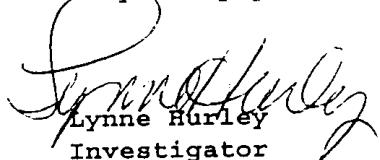
State law requires you to notify this office within (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 566-1027.

The written notification of the date you intend to return to practice should be forwarded to my attention at the address listed below:

The Department of Public Health and Addiction Services
Public Health Hearing Office
150 Washington Street
Hartford, CT 06106

Thank you for your anticipated cooperation.

Very truly yours,


Lynne Hurley
Investigator
Public Health Hearing Office

LAH/lah
9735Q/17
7/94

cc:Donna Buntaine Brewer, Chief, PHHO
John Boccaccio, Chief, L & R
Joseph Gillen, Chief, APEX

Phone: 566-4663 TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: ~~Frank P. Podrasky, D.D.S.~~

Petition No. 940718-02-092

CONSENT ORDER

WHEREAS, Frank P. Podrasky, D.D.S. of Hamden, Connecticut (hereinafter "respondent") has been issued license number 006522 to practice dentistry by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 370 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent admits that he has abused and/or used to excess controlled substances, including cocaine, crack cocaine, marijuana and/ or codeine.

WHEREAS, the above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes Section 20-114(a), including but not limited to Section 20-114(a)(10).

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 State Dental Commission (hereinafter "the Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §19a-9, §19a-14, and §20-103a(b) of the General Statutes of Connecticut.

WHEREAS, on June 14, 1993, the Commission approved and ordered a Consent Order in settlement of Petition No. 911010-02-076 (hereinafter "the 1993 Consent Order", attached hereto marked Attachment "A").

WHEREAS, pursuant to the terms of the 1993 Consent Order, respondent's license was suspended for one year, effective July 1, 1993 and, thereafter, immediately placed on probation for a period of three years commencing on the date respondent resumed the practice of dentistry, provided that respondent satisfied certain terms and conditions.

NOW THEREFORE, pursuant to §19a-17, §20-114 and/or §20-103a(b) of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees to the following:

1. The 1993 Consent Order shall be superseded by this Consent Order.
2. Respondent waives his right to a hearing on the merits of this matter.
3. His license to practice dentistry in Connecticut shall be placed on ~~probation~~ for five (5) years subject to the following terms and conditions:
 - (a) He shall participate in regularly scheduled therapy at his own expense with Jeffrey D. Callender, C.A.C., or other licensed therapist approved by the Department (hereinafter "therapist"), for the entire probationary period.
 - (b) He shall provide a copy of this Consent Order to his therapist.
 - (c) His therapist shall furnish written confirmation to the Department of his engagement in that capacity and of his receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

- (d) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions and/or respondent's transfer to another therapist. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor his controlled substance and alcohol free status by monitoring and reviewing the observed random urine screens for controlled substances and alcohol as described in paragraph 3(h) below, and by providing the reports described in paragraph 3(i) below.
- (e) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.
- (f) The therapist shall submit quarterly reports for the period of probation which shall address, but not necessarily be limited to, respondent's ability to practice dentistry in an alcohol and substance free state. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has expired.
- (g) Respondent shall refrain from the ingestion or use of alcohol and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drugs except as prescribed by his treating physician; in the event a medical condition arises requiring treatment utilizing controlled substances or legend drugs, respondent shall notify the Department and, upon request, provide such written documentation of the treatment by the treater, as is deemed necessary by the Department.

- (h) During the first two years of the period of probation, respondent shall submit to two weekly random observed urine screens for alcohol and for controlled substances and legend drugs; during the third year, he shall submit to one such screen on a weekly basis; and, during the fourth and fifth years, he shall submit to such screens twice each month. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist. Said screens shall be administered by a facility approved by the Department.
- (i) Respondent shall cause to have the facility referenced in paragraph 3(h) above provide monthly reports to the therapist and the Department on the urine screens for alcohol, controlled substances and legend drugs. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- (j) Respondent is hereby advised that the ingestion of poppy seeds has from time to time, been raised as a defense to positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances during the term of this

Consent Order. In the event respondent has a positive screen for morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.

- (k) Respondent shall notify each of his physicians of all medications prescribed for him by any and all other health care professionals.
- (l) Respondent shall attend "anonymous" or support group meetings on an average of eight (8) times per month, and he will provide monthly reports to the Department concerning his record of attendance.
- (m) During the period of probation, respondent shall not engage in the solo practice of dentistry.
- (n) Respondent shall provide a copy of this Consent Order to his current employer, Dr. William Markantonakis, within fifteen (15) days of the effective date of this Consent Order, and respondent shall obtain written approval from the Department prior to any change in employment.
- (o) In the event that respondent is no longer employed by Dr. Markantonakis, respondent shall provide his new employer, partners and/or associates at any hospital, clinic, partnership and/or association at which he is employed or with which he is affiliated, with a copy of this Consent Order within fifteen (15) days of respondent's commencing employment, and respondent shall cause to have such employer, partners and/or associates provide reports on a quarterly basis for the duration of the probationary period, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
- (p) Respondent's practice shall be supervised at all times by Dr. Markantonakis or other dentist licensed to practice in Connecticut and approved by the Department (hereinafter "supervisor"), for the first

eighteen (18) months of the probationary period. During the first six (6) months of the eighteen (18) month period, the supervisor shall examine each patient immediately after respondent has performed any procedure on such patient and shall check respondent's documentation and billing of any such procedures to see that such documentation and billing corresponds to the procedures performed and that the procedures are appropriate. During the remaining twelve (12) months of the eighteen (18) month period, the supervisor shall, on a random basis, examine 10 percent of the patients seen by respondent each month, or 15 patients per month, whichever number is greater. The supervisor shall, with respect to such patients, check respondent's documentation and billing of any procedure performed by respondent to see that such documentation and billing corresponds to the procedures performed and that the procedures are appropriate.

- (q) Respondent shall fully cooperate with the supervisor in providing the above-described monitoring. Respondent shall be responsible for providing written supervisor reports directly to the Department on a monthly basis for the first six (6) months of the eighteen (18) month period and on a quarterly basis for the remaining twelve (12) months of the eighteen (18) month period. Such supervisor's reports shall include documentation of the monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety and complying with accepted billing practices. The supervisor shall notify the Department immediately if any problem is identified.
- (r) Respondent shall not provide dental services for fee(s) to any patient who would bill such service(s) to either Medicare or Medicaid.
- (s) Respondent shall provide three hundred (300) hours of free dental services on a regular basis to a community or charitable facility or agency, which

community service shall be pre-approved by the Department and concluded within the period of probation. The community service shall be supervised by a monitor pre-approved by the Department. Respondent shall be responsible for providing the Department with quarterly written reports from the supervisor which shall include documentation of the number of hours of community service provided and a general statement of respondent's performance.

(t) All correspondence and reports are to be addressed to:

 Bonnie Pinkerton, Nurse Consultant
 Public Health Hearing Office
 Department of Public Health and Addiction Services
 150 Washington Street
 Hartford, CT 06106

(u) All reports required by the terms of this Consent Order shall be due according to the following schedule:

1. Monthly reports shall be due on the tenth business day of each month beginning with the report due on July 14, 1995.
2. Quarterly reports shall be due the tenth business day of every third month beginning with the report due in September 14, 1995.
3. That he shall assume all costs incurred to comply with this Consent Order.
4. That he shall comply with all state and federal statutes and regulations applicable to his licensure.
5. That he understands that this Consent Order is a matter of public record.
6. That 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) 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 5(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 by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Commission which shall make a final determination of the disciplinary action to be taken.
- (e) Evidence presented to the Commission 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.

8. That, in the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a dentist, upon request by the Department, with notice to the Commission, 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 his failure to cooperate with the Department's investigation

shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).

9. That, 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 Commission.
10. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
11. That this Consent Order is effective on the first day of the month immediately following the date said order is accepted and ordered by the Commission.
12. That respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Commission in which (1) his compliance with this Consent Order is at issue, or (2) his compliance with §20-114(a) of the General Statutes of Connecticut, as amended, is at issue.
13. That 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.
14. That 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. Further, that this 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.
15. That this Consent Order is a revocable offer of settlement which may be

modified by mutual agreement or withdrawn by the the Department at any time prior to its being executed by the last signatory.

16. That respondent permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance of the Department to present this Consent Order and the factual basis for this Consent Order to the Commission. Respondent understands that the Commission has complete and final discretion as to whether an executed Consent Order is approved or accepted.
17. That respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
18. That respondent has the right to consult with an attorney prior to signing this document.

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I, Frank P. Podrasky, 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.

Frank P. Podrasky, D.D.S.
Frank P. Podrasky, D.D.S.

Subscribed and sworn to before me this 22nd day of June 1995.

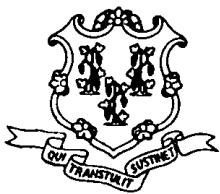
Janis M. Laliberte
Notary Public or person authorized
by law to administer an oath
affirmation Janis M. Laliberte
Commissioner of the Superior Court
For Fairfield County

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 23rd day of June 1995, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut State Dental Commission on the 26th day of June 1995, it is hereby ordered and accepted.

Leonard P. Long
Connecticut State Dental Commission



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 19, 2000

Frank Podrasky, DDS
31 Branhaven Drive
East Haven, Connecticut 06513

Re: Consent Order
Petition No. 940718-002-092
License No. 006522


Dear Dr. Podrasky:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective 7/1/2000.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Thank you for your cooperation during this process.

Very truly yours,



Bonnie Pinkerton, RNC
Division of Health Systems Regulation

cc: D. Tomassone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

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

In re: Frank Podrasky, DDS

Petition No. 2021-390

CONSENT ORDER

WHEREAS, Frank Podrasky of East Haven, Connecticut ("respondent") has been issued Connecticut dental license number 006522 by the Department of Public Health ("Department") pursuant to Connecticut General Statutes Chapter 379, as amended.

WHEREAS, the Department alleges:

1. From approximately 2020 through the present, respondent has or had physical, mental illnesses and/or emotional disorders ("diagnoses").
2. On multiple occasions from approximately 2000 through April 2021, respondent abused or utilized to excess alcohol.
3. Respondent's diagnoses and/or abuse or utilization to excess of alcohol does and/or may affect his practice of dentistry.
4. The above describe facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-114(a), including but not limited to
 - a. §20-114(a)(2);
 - b. §20-114(a)(9); and/or
 - c. §20-114(a)(10).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and denies any guilt or wrongdoing and agrees that for purposes of this or any future proceedings before the Connecticut State Dental Commission ("Commission"), 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 20-114(a).

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-114(a), respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this petition.
2. Respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a Connecticut licensed therapist, pre-approved by the Department ("therapist").
 - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of the therapist's 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.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) Respondent shall be responsible for the provision of written reports from respondent's therapist to the Department monthly for the first and fourth years of probation and quarterly for the second and third years of probation.

The reports shall address, but not necessarily be limited to, respondent's ability to practice dentistry in an alcohol and substance free state safely and competently. A report indicating that respondent is not able to practice safely and competently shall be deemed to be a violation of this Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary or probation has terminated.

- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues or terminates therapy.
- b. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said health care professional of respondent's substance abuse history.
 - (1) At respondent's own expense, respondent shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as Attachment 'A': Department Requirements for Drug and Alcohol Screens" at a testing facility approved by the Department. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
 - (2) Respondent shall be responsible for notifying the laboratory, therapist, the Department and respondent's prescribing practitioner of any drug(s)

respondent is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;
2. A list of controlled substance(s) prescribed by other providers;
3. An evaluation of the respondent's need for the controlled substance;
4. An assessment of the respondent's continued need for the controlled substance(s).

(3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation and at least two such screens and reports every month for the second and third years of probation.

(4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month for the first and fourth years of probation and at least (1) such random test and report every month for the second and third years of probation.

(5) All screens shall be negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall constitute a positive screen for the presence of alcohol under this Consent Order. Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.

- (6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (7) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

- c. During the entire period of probation, respondent shall attend "anonymous" or support group meetings at least eight times per month and shall provide quarterly reports to the Department concerning respondent's record of attendance.
- d. Respondent shall provide respondent's employer at each place where respondent practices dentistry throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from such employer monthly for the first and fourth years of probation and quarterly for the second and third years of probation. The reports shall state whether respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. A report indicating that respondent is not

practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.

- e. During the period of probation, respondent shall only practice in an office and practice setting that physically includes other licensed dentists on-site while respondent is practicing at said office and practice setting. Respondent shall not be self-employed.

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

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

4. 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.
5. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. 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 electronic or 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 a 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 Commission which shall make a final determination of the disciplinary action to be taken.
- e. Evidence presented to the Commission 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.

8. If, during the period of probation, respondent practices dentistry outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time 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 dentistry in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all probationary terms and conditions contained in paragraph 2 above.

9. 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 Commission.
10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
11. 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 Commission.

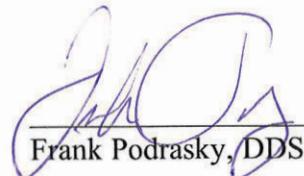
12. Respondent understands and agrees that this Consent Order is a public document and the above allegations shall be deemed true in any proceeding before the Commission in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-114(a), as amended, is at issue. 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.
13. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing dentistry, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, 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 Commission and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes §§4-182(c) and 19a-17(c). Respondent understands that the Commission has complete and final discretion whether a summary suspension is ordered.
14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from acting later. The Department shall not be required to grant future extensions of time or grace periods.
15. 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 Connecticut General Statutes §4-181a without the express consent and agreement of the Department. 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.

16. 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.
17. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Commission. Respondent understands that the Commission has complete and final discretion 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 Commission's discussions regarding whether to approve or reject this Consent Order and/or Commission member's participation during this process, through the Commission 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 Commission and/or a panel of the Commission and a final decision by the Commission.

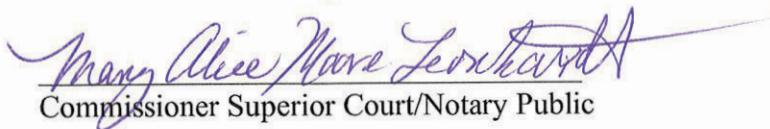
18. Respondent understands and agrees that respondent is responsible for satisfying all the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
19. Respondent consulted with his attorney prior to signing this Consent Order.
20. The execution 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.
21. 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, Frank Podrasky, 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.



Frank Podrasky, DDS

Subscribed and sworn to before me this 10 day of August 2022.



Mary Alice More Lorchard
Commissioner Superior Court/Notary Public

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 11th day of August 2022, 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 Connecticut State Dental Commission on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut State Dental Commission



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

SCHEDULE A

REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

In re: **Frank Podrasky, DDS Petition No. 2021-390**

Screening Monitor Information (Name, Address, Phone, Fax, and E-Mail):

Phone: _____ Fax: _____ E-Mail: _____

SCREENING MONITORS: PLEASE READ THE FOLLOWING CAREFULLY AND CONDUCT SCREENS ACCORDINGLY:

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), EtG, amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, opiates (test includes: hydrocodone, hydromorphone, codeine and morphine), oxycodone/oxymorphone, phencyclidine (PCP), meperidine, methadone, propoxyphene, and Tramadol. Screens for additional substances, such as Fentanyl, may also be required if so requested by the Department. Partial screens will not be accepted.
2. **Urine collections must be directly observed. The urine monitor must be in the room with the respondent and directly observe the donor providing the urine specimen into the cup.**
3. The frequency of screens is as follows: _____ thru _____ weekly; _____ thru _____ 2 times per month; and _____ thru _____ weekly
4. **Collections must be random. There must be no pre-arrangement between respondent and his or her employer, supervisor, therapist, screening monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays).** If a respondent's therapist is also serving as screening monitor, the specimen collection may not only occur on the same day as a therapy session.



Phone: (860)509-7458 * Fax: (860)509-8368 * VP: (860)899-1611

410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

5. Specimens will be collected as follows (**CHECK ONE**):

- The screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with ONE telephone number where s/he may be reliably reached. Respondent shall check calls and messages frequently. Respondent shall appear for specimen collections no later than five (5) hours from the time the screening monitor makes his or her call.

OR

- Respondent shall phone the screening monitor (pre-approved by the Department) every day, Monday through Friday, before 9 a.m., without exception, at which time s/he shall be advised of whether s/he must appear for a screen. Respondent shall appear for specimen collections no later than five (5) hours from the time s/he speaks with the screening monitor.

Respondent must appear for specimen collections within 2 - 5 hours of being notified. The clock starts ticking from the time the screening monitor places the call.

The screening monitor must provide immediate notice to the Department if respondent fails to phone the screening monitor before 9 a.m. (if applicable) or fails to arrive at the collection site within 5 hours of the screening monitor's call.

A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.

6. **Respondent will notify the screening monitor and the Department in writing at least two weeks prior to scheduled vacations.** Screens will be collected prior to and following periods of vacation at the Department's discretion. **Respondent will give the screening monitor a minimum of seventy-two hours' prior notice if s/he will be unavailable for a screen on a certain day. Absent notice, a missed screen will be considered to be a positive screen.**
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. **Respondent must document all medications s/he is taking on each Chain of Custody form (just find a blank space on the form).** Respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.
8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.
9. Lab analysis of urine specimens must be conducted at Lab Corp. To set up an account, and to reorder supplies, contact LabCorp at otsrarcustsvc@labcorp.com or (800) 437-4986. Always keep a minimum of six weeks supplies available at all times.