

AGENDA
CONNECTICUT STATE DENTAL COMMISSION

Wednesday, April 28, 2021 at 1:00 PM
Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

I. MINUTES

January 14, 2021

II. NEW BUSINESS

A. Provisional License Applications

- Reju P. Joy, BDS

Presented by Judith Bailey, License and Applications Analyst, DPH

B. Anthony Colandrea, DMD – Petition No. 2014-811

Respondent's Motion for Hearing

C. Oral Argument – Proposed Memorandum of Decision

Anthony Colandrea, DMD – Petition No. 2014-811

ADJOURN

This meeting will be held by video conference.

Connecticut State Dental Commission 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**](tel:+18608402075) - Phone Conference ID: 403 763 825#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT STATE DENTAL COMMISSION
MINUTES OF MEETING
January 14, 2021**

The Connecticut State Dental Commission held a meeting by video conference on January 14, 2021.

COMMISSION MEMBERS PRESENT: Peter Katz, DMD, Chairman
Sarita Arteaga, DMD
Monica Cipes, DMD
Deborah Dodenhoff, RN
Mark Longobardi, DMD
Steven Reiss, DDS
Anatoliy Ravin, DDS
Robert Zager

COMMISSION MEMBERS ABSENT: Steven Reiss, DDS
Barbara Ulrich

Dr. Katz called the meeting to order at 1:00 p.m. All participants were present via the Microsoft TEAMS application.

I. MINUTES

The minutes from the December 16, 2020 meeting were reviewed and unanimously approved on a motion by Ms. Dodenhoff seconded by Dr. Ravin.

II. NEW BUSINESS

A. License Reinstatement Application – Donald Weeks, DMD

Stephen Carragher, Public Health Services Manager, Department of Public Health presented a license reinstatement application for Donald Weeks, DMD.

Dr. Ravin made a motion, seconded by Dr. Katz to recommend that the Department of Public Health reinstate Dr. Weeks' license

Following discussion the motion was amended by Dr. Katz, seconded by Dr. Ravin, to recommend license reinstatement without the need for any specific requirements to be completed. The motion passed with all in favor except Ms. Dodenhoff who was opposed.

B. Ararn Agadjanian, D.D.S.; Petition No. 2018-351

David Tiles, Staff Attorney, Department of Public Health presented a motion to withdraw the Statement of Charges in this matter based on respondent having agreed to not to renew or reinstate his license. Dr. Katz made a motion, seconded by Dr. Ravin, to grant the motion to withdraw the Statement of Charges. The passed unanimously.

C. Update - Commission on Dental Competency Assessments

David Perkins, DMD provided an update of examinations administered by the Commission on Dental Competency Assessments.

Dr. Cipes left the meeting at 1:45 p.m.

D. Declaratory Ruling - Digital Dental Impressions

Assistant Attorney General Kerry Colson was present to provide counsel to the Commission regarding this matter

The Commission considered the following questions:

May licensed dental hygienists in the State of Connecticut take digital impressions of the teeth for the purpose of fabricating crowns, bridges and implants or for orthodontic treatments under General Statutes § 20-126/?

May licensed dentists in the State of Connecticut delegate to dental assistants and expanded function dental assistants the taking of digital impressions of the teeth for the purpose of fabricating crowns, bridges or implants or for orthodontic treatments under General Statutes § 20-112a?

Following discussion Dr. Katz made a motion, seconded by Mr. Zager, that the Commission take no action regarding these questions. The motion passed unanimously.

III. ADJOURN

As there was no further business the meeting was adjourned at 2:26 p.m.

Respectfully submitted,
Peter Katz, DMD - Chairman
Connecticut State Dental Commission



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: REJU Last Name: JOY MI: P Maiden Name: _____

Social Security No.: _____ E-mail: reju@hotmail.co.uk

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: REJU P JOY

Address: 2 Hopkins Plaza , Unit 1302

City, State, Zip: Baltimore, Maryland, 21201

Daytime Phone Number: (734) 6040580 Date of Birth: 09 / 21 / 1968 Gender: Male

PROFESSIONAL EDUCATION:

INSTITUTION: MANIPAL COLLEGE OF DENTAL SCIENCES

ADDRESS: LIGHT HOUSE HILL ROAD MANGALORE KARNATAKA, INDIA 575001
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 01/18/1988 TO: 06/01/1992

DEGREE/DIPLOMA RECEIVED: Bachelor of Dental Surgery DATE RECEIVED: 01/06/1995

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: NBDE PART2 - 02/23/2021

Have you taken, or do you plan to take a Regional Board Examination? Yes No . If yes, indicate the date and name of the examination: PLAN - MARCH 2022

Please indicate specialty area of practice, if applicable Oral and Maxillofacial surgery

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
<input type="radio"/> MICHIGAN	2901021812	08/31/2018		✓

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:

On this 13 day of February 2021,

Reju P. Joy (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Reju P. Joy

SIGNATURE OF APPLICANT

Sworn to before me this 13 day of February 2021.

[Signature]

SIGNATURE OF NOTARY PUBLIC

My commission expires _____

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2024

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph

111

CERTIFIED To be A True & EXACT COPY OF ORIGINAL



We, the Chancellor, the Vice-Chancellor and the members of the Senate of Mangalore University

do hereby make known that

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commision Expires June 11, 2024

Reju P. Jay

has been admitted to the Degree of

BACHELOR OF DENTAL SURGERY
(B. D. S.)

at the Convocation held on the Tenth day
of January 1995 on being duly certified by competent
examiners as qualified to receive the same after passing the prescribed
examinations held in the year 1992 and on being placed by them
in the Second class.



Given under the Seal of the University

MANGALAGANGOTRI, Karnataka State, INDIA

Reg.No. 8755087

MHE
VICE-CHANCELLOR ✓

Date 14.2.1995

Sl. No 25335 192

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FACULTY OF MEDICINE

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2004

Whereas it has been certified by duly appointed examiners that

Reju .P. Joy

is qualified to receive the Degree of Master of Dental Surgery (M. D. S.)

he/she having been placed in Second Class

with Grade 'B' at the Examinations held in April-2000

(Reg. No. 41)

The Senate of the University of Calicut hereby confers on him/her the Degree of

Master of Dental Surgery

(Branch I Oral & Maxillofacial Surgery)

with all the Rights, Privileges and Honours thereunto appertaining.

Given under the seal of the University.



CALICUT UNIVERSITY

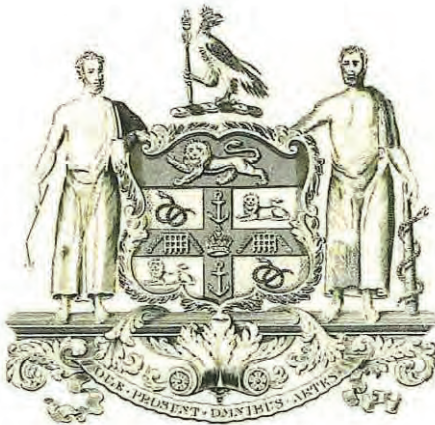
673 635

Date 13 DEC 2000

VICE-CHANCELLOR

[Handwritten initials]

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We, The Board of Examiners
for the
Membership of the Faculty of Dental Surgery
of

The Royal College of Surgeons of England

having examined

Reju P Joy

find the above-named to be qualified for admission to
Membership of the Faculty

As witness my hand this 22nd day of May 2003

J. Fortune

Chairman, MFDS Examiners

We, The Royal College of Surgeons of England

do hereby admit the above-named as a

Member of the Faculty of Dental Surgery

As witness our Common Seal this 30th day of January 2004

M. J. Morris

President

J. L. Khan

Dean

A. C. de Zoete

Secretary



Signature of Member



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The University of Sheffield

It is hereby certified that

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2024

Reju Palakatt Joy

*having fulfilled the requirements prescribed by Ordinances
and after due examination was awarded the degrees of*

Bachelor of Medicine and Bachelor of Surgery

*of this University
on 5 June 2009*



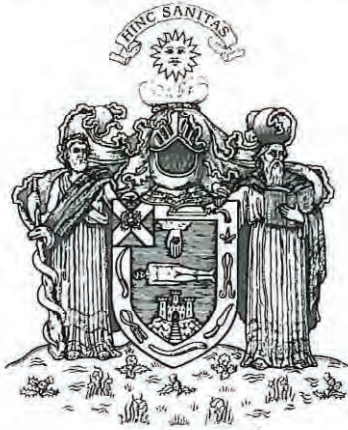
Professor Keith Burnett
Vice-Chancellor



Dr David Fletcher
Registrar and Secretary

The Royal College of Surgeons

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of Edinburgh

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2024

*The President and Fellows of the
Royal College of Surgeons
of Edinburgh*

hereby admit to the Membership of the College

Reju Palakatt Joy

*who has met the necessary entry criteria determined
by the Council of the College*



Date 5 September 2014
President Jan K Kitchin
Secretary Colum Hayer

HA

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University of Michigan

certifies

Reju Palakatt Joy, B.D.S., M.B.Ch.B., M.R.C.S.

Has successfully completed the Residency program in
Oral and Maxillofacial Surgery
in the

Department of Surgery
Section of Oral and Maxillofacial Surgery

June 17, 2016 – June 30, 2017

Chief Resident

June 17, 2016 – June 30, 2017

Paul Eunzoon Yang

Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2024

Marshall S. Runge

Marshall S. Runge, M.D., Ph.D.
Executive Vice President for Medical Affairs,
Dean Medical School

Brent B. Ward

Brent B. Ward, M.D., D.D.S.
Section Head, Oral & Maxillofacial Surgery



David A. Spahlinger

David A. Spahlinger, M.D.
President, University of Michigan Health System,
Executive Vice Dean for Clinical Affairs

Sean P. Edwards

Sean P. Edwards, M.D., D.D.S.
Program Director, Section of Oral & Maxillofacial Surgery

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University of Maryland Medical Center

BALTIMORE, MARYLAND



Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2024

This certifies that

**Reju Palakatt Joy, BDS, MDS, MChD,
MBCChB, MRCS**

has served as

**Fellow in Oral-Head and Neck Surgery / Microvascular Surgery
July 1, 2018 - June 30, 2020**

in the following hospital(s)

**University of Maryland Medical Center, Baltimore
R Adams Cowley Shock Trauma Center**



PROGRAM DIRECTOR

CHAIRMAN

DESIGNATED INSTITUTIONAL OFFICIAL

PRESIDENT AND CHIEF EXECUTIVE OFFICER

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The University of Michigan

Microsurgery Training Center

Ann Arbor, Michigan

This is to certify that

Reju Joy, MDS, MChB, MRCS

Has successfully completed a Training Microsurgery Techniques Course

From: July 1 , 2016

To: June 30 , 2017

And is hereby awarded this certificate

Brent Ward, DDS, MD.
Chairman, Oral & Maxillofacial Surgery



Wen X. Zhang, MD.
Director, Microsurgery Training Course

American Board of Oral and Maxillofacial Surgery



ADMINISTRATIVE OFFICE
625 NORTH MICHIGAN AVENUE
SUITE 1820
CHICAGO, IL 60611-3177
TEL (312) 642-0070
FAX (312) 642-8584
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LOMA LINDA, CALIFORNIA

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LEXINGTON, KENTUCKY

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DURAM, NORTH CAROLINA

EXECUTIVE VICE PRESIDENT

ERIN E. KILLEEN
CHICAGO, ILLINOIS

Dr. Reju Joy
2 Hopkins Plz.
Apt 1504
Baltimore, MD 21201
USA


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March 13, 2019

Dear Dr. Joy:

I am pleased to inform you that you have passed the 2019 Qualifying Examination of the American Board of Oral and Maxillofacial Surgery (ABOMS). This represents a significant accomplishment toward Board Certification and, on behalf of the Board of Directors, I congratulate you.


You are now eligible to apply for and take the Oral Certifying Examination, the final step to Board Certification. You will be eligible for this examination for the next three consecutive years. Application information for the 2020 Oral Certifying Examination will be available on our website (www.aboms.org) in June of this year.

Board Certification from ABOMS demonstrates your knowledge of the skills central to our specialty and is a signal to the public that you have met a standard in the specialty of oral and maxillofacial surgery. We wish you continued success as you pursue the remaining steps to Board Certification.

Should you have questions, please do not hesitate to contact our administrative office at (312) 642-0070.

Sincerely,

Alan S. Herford, DDS, MD
ABOMS Board President


Paul Eunzoon Yang
NOTARY PUBLIC
HOWARD COUNTY
STATE OF MARYLAND
My Commission Expires June 11, 2019

REJU. P. JOY

H-2 Hopkins Plaza, Apt 1302, Baltimore, MD 21201

T (734) 604-0580

E reju@hotmail.co.uk

Qualifications

● Fellowship	2020	University of Maryland, Baltimore
● Certificate in OMFS	2017	University of Michigan
● MRCS	2014	Royal College of Surgeons of England
● MBChB	2009	Sheffield Medical School, UK
● MFDS	2003	Royal College of Surgeons of England
● MDS	2000	GDC, Kozhikode, Kerala, India
● BDS	1995	MCODS, Mangalore, India

WORK EXPERIENCE

● 08/2020-	Post Doctoral Fellow, University of Maryland, Baltimore
● 07/2018 – 06/2020	Fellowship trainee, University of Maryland, Baltimore
● 07/2017 – 06/2018	Clinical Faculty in OMFS, University of Michigan
● 06/2016 – 06/2017	Chief Resident in OMFS, University of Michigan
● 10/2013- 05/2016	Specialty Doctor in OMFS, Royal Preston Hospital, UK
● 10/2011 – 08/2013	Core surgical trainee - Severn Deanery/Oxford Deanery
● 08/2009 – 08/2011	Foundation Trainee at South Thames Foundation School, London
● 09/2003 – 07/2009	Medical Student at University of Sheffield, UK
● 02/2001- 08/2003	Senior House Officer in OMFS, United Kingdom
● 07/1997- 04/2000	Resident in OMFS Government Dental College, Calicut, India
● 09/1994 – 08/1996	Lecturer in OMFS College of Dental Surgery, Mangalore, India

Courses / Certifications

- Microvascular Surgery Course – University of Michigan, June 2017
- Advances in Craniomaxillofacial surgery – Stryker Course, Tampa, March 2017
- PALS – Michigan, 2017
- ATLS- Michigan- 2017
- Microsurgical skills course, Royal Preston Hospital, April 2016
- ACLS- Michigan 2018
- Care of critically ill surgical patient –York 2013
- AO Hands on course on maxillofacial trauma, Hong Kong, November 2006

AUDITS

- Timing of the 1st dose antibiotics & choice following diagnosis of sepsis, Darrent Valley 09
- Coding of surgical procedures, Blackpool Victoria Hospital ‘2007
- Dental implants in alveolar bone grafts at Salisbury district general hospital ‘2001

SCIENTIFIC PRESENTATIONS

- Scientific paper titled ‘**Evaluation of airway and obstructive sleep apnea in cleft lip and cleft palate adolescents using CBCT - A retrospective study**’ at the 23rd International Conference on Oral and Maxillofacial Surgery Hong Kong, April 2017
- Poster presentation titled ‘**Genioglossus advancement Surgery – A modified technique using virtual surgical planning and custom cutting guide**’ at the 23rd International Conference on Oral and Maxillofacial Surgery Hong Kong, April 2017
- Poster presentation titled “**Evaluation of the Adult Pre-Surgical Obstructive Sleep Apnea Airway Using Cone Beam Computed Tomography: A Retrospective Analysis**” at the ACOMS and CAOMS Joint Scientific Conference, Vancouver, BC May 3-5, 2017.
- Poster presentation titled “**Utility of AlloDerm© (Acellular Dermal Matrix) in the replacement of the temporomandibular joint disc and assessment of its postoperative outcomes**” at the ACOMS and CAOMS Joint Scientific Conference, Vancouver, BC May 3-5, 2017
- Poster presentation titled “**Stage migration in Head and Neck Cancer**” BAOMS Annual Scientific Meeting held from 8 - 10 June 2016-in Brighton, United Kingdom
- Poster presentation titled “**An audit to determine timing of first dose antimicrobial administration and choice following diagnosis of sepsis**” at British Society for Antimicrobial Chemotherapy, Birmingham, UK, 2010

- Poster presentation titled **“Experience of a single center in the use of F-fluorodeoxyglucose positron emission tomography and computed tomography with histopathologic correlation in the staging of head and neck cancer”** at the 18th International Conference on Oral and Maxillofacial Surgery Bangalore, November 2007
- Scientific paper titled **“Monte Carlo or Bust – A tale of NHS coding”** at the BAOMS/AAOMS Annual Scientific Meeting, Aviemore, Scotland 13-16, June 2007
- Scientific paper titled **“Implants in alveolar bone grafts - a clinical study”** at the South West UK Cleft Audit at Salisbury General Hospital, 02/07/01
- Scientific paper titled **“Correction of facial deformities secondary to cleft lip - palate surgery”** at the 24th national conference of Association of Maxillo-Facial surgeons of India held at Kochi, India, 22/01/99
- Scientific paper titled **“Extended sliding genioplasty for the correction of facial asymmetry”** at the 25th National conference of Association of Maxillo-Facial surgeons of India held at Chandigarh, India, 14/01/00
- Scientific paper titled **“Myopericytoma involving the mandible”** at MSOMS annual meeting, Baltimore, Maryland, March 2020

Local presentations

-
- Multiple Synchronous Primary tumors – A case report. Grand Rounds – Sinai Hospital, Baltimore 2/25/2019
 - Management of Verrucous carcinoma in an elderly patient. Grand Rounds – Sinai Hospital, Baltimore 01/27/2020
 - Cardiac Arrhythmia's to the adult medicine directorate at Darrent Valley Hospital, UK, 02/10/09
 - Enterococcal endocarditis to the adult medicine directorate at Darrent Valley Hospital, UK 28/05/10
 - Primary Pulmonary Hypertension to the adult medicine directorate at Darrent Valley Hospital, UK, 04/12/09
 - Cardiogenic Syncope to the adult medicine directorate at Darrent Valley Hospital, UK, 11/09/09
 - Pelvic fractures to foundation trainees at Croydon University Hospital, UK, 2010

Courses / Certifications

-
- Microvascular Surgery Course – University of Michigan, June 2017
 - Advances in Craniomaxillofacial surgery – Stryker Course, Tampa, March 2017
 - PALS – Michigan, 2017

- ACLS- Michigan 2018
- ATLS- Michigan- 2017
- Microsurgical skills course, Royal Preston Hospital, April 2016
- Care of critically ill surgical patient –York 2013
- AO Hands on course on maxillofacial trauma, Hong Kong, November 2006

PUBLICATIONS

- Awaiting Submission- Chapter titled **“Soft Tissue Management in Gunshot Wounds” in Oral and Maxillofacial clinics of North America.**
- Co- Author of abstract **“Opioid use practices for perioperative pain management of fibula free flaps: Comparison of International Practices”** submitted to American Head and Neck Society
- Co-Author of Scientific paper titled **“Impact of the Novel Coronavirus 2019 (COVID-19) Pandemic on Head and Neck Cancer Care”** submitted to journal of Otolaryngology-Head and Neck Surgery
- First Author of Textbook chapter titled **“Genioglossus advancement”** in the Book **“Modern Management of Obstructive Sleep Apnea”**
- Scientific paper titled **“Coding – An audit of its accuracy and implications”** in the bulletin of the annals of the Royal College of Surgeons, England, March 2008
- Scientific paper titled **“Correction of Facial Deformities Secondary to Cleft Lip and Palate Repair”** published in the Indian Journal of OMFS 1998, Volume 8, Special issue, 37-40

RESEARCH

Dissertation submitted to the University of Calicut, India, in partial fulfillment, to obtain the degree of Master of Dental Surgery titled **“Soft tissue changes following Sagittal split osteotomy and set back of the mandible- a clinical study”**

Memberships

- Fellow of International association of Oral & Maxillofacial Surgeons
- Member of American Association of Oral & Maxillofacial Surgeons
- Member of CJ Lyons Society of Oral and Maxillofacial Surgeons

REFERENCES

Sean P. Edwards, DDS, MD
Professor
Chief, Pediatric Oral and Maxillofacial Surgery
University of Michigan, Ann Arbor
Email: seanedwa@umich.edu

Joseph I Helman, DMD, PhD
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Stephen E Feinberg, DDS, MS, PhD
Professor
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University of Michigan, Ann Arbor
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Fulwood, Preston
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Joshua Lubek, MD, DDS, FACS
Associate Professor, Fellowship Director
Dept of Oral and Maxillofacial Surgery
University of Maryland Dental School
650 W Baltimore St, Rm 1281
Baltimore, MD 21201
JLubek@umaryland.edu

APPLICATION FOR DENTAL PROVISIONAL LICENSE

To whom it concerns

Dear sir/madam,

I hereby submit my application towards Dental Provisional license for employment as faculty in the Department of Oral and Maxillofacial surgery at University of Connecticut. I have enclosed the completed application form along with required fees. I have also included notarized copies of all my degrees/ diplomas and evidence of training along with a copy of my resume. A list of all the copies is also attached. I have instructed my Dental College in India to forward a copy of official transcripts to the Connecticut board. I have also applied to ECE (Foreign credential evaluation) to submit reports to the board as well. I previously held a provisional dental license in the state of Michigan while I was faculty at University of Michigan and have requested the Michigan licensing board to send the details to the Connecticut board.

A letter supporting my application towards the license is also anticipated.

Please let me know if you require any further details.

Yours sincerely,



Reju P Joy, BDS, MDS, MFDS, MBChB, MRCS

2 Hopkins Plaza

Unit 1302, Baltimore

MD, 21201

reju@hotmail.co.uk

734-604-0580

List of Documents attached

1) BDS - Bachelor of Dental Surgery

School – Manipal college of dental sciences, Mangalore, India

Awarding University- Mangalore University

2) MDS - Master of Dental Surgery

School – Government Dental College, Calicut, India

Awarding University – University of Calicut, India

3) MFDS – Diploma of Membership of the Faculty of Dental Surgery

Description – Post graduate Diploma in the Field of dentistry

Awarding institution – The Royal College of Surgeons of England

4) MBChB- Bachelor of Medicine and Bachelor of Surgery

Awarding institution – University of Sheffield, United Kingdom

5) MRCS – Post graduate Diploma in the Field of General Surgery

Awarding institution – The Royal College of Surgeons of Edinburgh, United Kingdom

6) Graduation certificate from the University of Michigan OMFS residency program

7) Graduation certificate from the University of Maryland Head and Neck Oncology program

8) Certificate of training from Microsurgery course from University of Michigan

9) Letter from American board of oral and maxillofacial surgeons towards passing the written part of Board certification Exam.

10) Resume

Report Date: 03/16/2021

DENTPIN : 17232000

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
Joy, Reju	17232000	1995	School Not Listed

Integrated National Board Dental Examination**National Board Dental Examination Part II**

Test Date	Exam Type	Score ‡	Status
02/26/2021	NBDE II		Pass

National Board Dental Examination Part I

Test Date	Exam Type	Score ‡	Status
07/31/2020	NBDE I		Pass

† The year listed is the candidate's self reported year of graduation.

‡ A numerical score is reported only for candidates who tested prior to January 1, 2012.



Educational Credential Evaluators®

P.O. Box 514070 Milwaukee, WI 53203, USA
414.289.3400 ECE.org

THIS OFFICIAL COPY
WAS ISSUED ON

FEB 18 2021

COURSE BY COURSE EVALUATION REPORT

Name: Reju Palakait JOY

Reference: 870382/MCD

Date of Birth: 21 September 1968

Purpose: Employment

Date: 18 February 2016

U.S. Equivalence: Completion of five years of study in a dentistry program

Grade Average: 2.61 (Comprehensive); 3.06 (Best Result)

Comprehensive Grade Average includes all qualitative grades received (A, B, C, D and F).

Best Result Grade Average includes qualitative grades received (A, B, C, D and F), but excludes those for repeated subjects with identical or lower grades.

Credential: Bachelor of Dental Surgery, confirming completion of a dentistry program in India

Institution: Mangalore University

Country: India

Date: 1993

Comments: This coursework is the U.S. equivalent of study completed at an institution that has regional academic accreditation.

Admission to this program required completion of the United States equivalent of a high school diploma.

This credential is equivalent in level to at least a bachelor degree in the United States, but it represents a professional field of study not offered in bachelor degree programs in the U.S.

The academic work completed in this program can be converted to U.S. credits and grades as follows:

Courses	U.S. Credits	U.S. Grades
General Human Anatomy including Histology	7.50	B
General Human Physiology including Biochemistry	7.50	B
Dental Materials (12)	[7.50]	F
Dental Materials	7.50	B
General & Dental Pharmacology (12)	[7.50]	F
General & Dental Pharmacology	7.50	B
General Pathology & Bacteriology	7.50	B

The face of this document has a colored background — not a white background.



Educational Credential Evaluators®

P.O. Box 514070 Milwaukee, WI 53203 USA
 414.289.3400 ECE.org

Courses	U.S. Credits	U.S. Grades
Pre-Clinical Prosthetic Dentistry	2.50	B
Pre-Clinical Operative Dentistry	2.50	B
Medicine (12)	[7.50]	F
Medicine (4)	7.50	B
Surgery (4)	7.50	B
Oral Pathology & Microbiology (4)	7.50	B
Preventive & Community Dentistry (4)	7.50	B
Dental Prosthesis including Crown & Bridge Prosthesis (4)	7.50	B
Conservative Dentistry including Endodontics (4)	7.50	B
Pedodontics (4)	7.50	B
Oral Surgery (4)	7.50	B
Periodontics (4)	7.50	B
Orthodontics (4)	7.50	B
Oral Medicine, Oral Diagnosis, & Radiology (4)	7.50	B
Total semester hours of credit: 132.50		

This program also included a one-year compulsory rotating internship.

Footnote(s)

- (12) Work duplicated
- (4) Upper level course

Summary

It is the judgment of Educational Credential Evaluators, Inc. that Reju Palakatt JOY has the United States equivalent of:

~ Completion of five years of study in a dentistry program

This evaluation report is based on original and/or authenticated educational documents.

MCD/gjh

The face of this document has a colored background — not a white background.



MANIPAL COLLEGE OF DENTAL SCIENCES

MANGALORE

(A constituent unit of MAHE, Manipal)

Date: 17.02.2021

TRANSCRIPT OF MARKS

Name of the Candidate: **DR. REJU P. JOY**

Name of the Course: **B.D.S.**

Year Of Joining : **1987**

Registration No. : **8755087**

Marks secured at the University Examinations:

EXAMINATION SUBJECTS	MARKS THEORY (200)	OBTAINED PRACTICAL (100)	YEAR OF PASSING
FIRST B.D.S. :			
Human Anatomy Including Histology	104	66	Dec. 1988
Human Physiology and Biochemistry	104	69	Dec. 1988
Dental Materials	103	72	June.1989
SECOND B.D.S. :			
General Pathology & Microbiology	100	61	Dec. 1989
Oral Anatomy & Histology	121	62	Dec. 1989
General & Dental Pharmacology	115	58	June.1990
Pre-Clinical Prosthetic Dentistry	--	58	Dec. 1989
Pre-Clinical Conservative Dentistry	--	53	Dec. 1989
THIRD B.D.S. :			
General Medicine	100	50	June.1991
General Surgery	105	50	Dec. 1990
Oral Pathology & Microbiology	110	55	Dec. 1990
Preventive and Community Dentistry	107	58	Dec. 1990
FINAL B.D.S. :			
Dental Prosthesis including Crown and Bridge	103	52	June. 1992
Conservative Dentistry Including Endodontics	100	55	June. 1992
Pedodontics	100	50	June. 1992
Oral Srgery	103	53	June. 1992
Periodontics	110	59	June. 1992
Orthodontics	103	66	June. 1992
Oral Medicine	113	65	June. 1992

23 FEB 2021

Verified & Found Correct

[Signature]
Dr. Madhukar Mallya H.
Deputy Registrar-Evaluation
Manipal Academy of Higher Education

[Signature]
DEAN
Manipal College of Dental Sciences
MANGALORE - 575 001



Manipal College of Dental Sciences, Light House Hill Road, Mangalore - 575 001, Karnataka, India.

Tel. 91 824 2428716, 2422271 Fax. 91 824 2422653 Email. codsmng@manipal.edu Web. www.manipal.edu



We, the Chancellor, the Vice-Chancellor and the members of the Senate of Mangalore University do hereby make known that

Reju. P. Jay

has been admitted to the Degree of

BACHELOR OF DENTAL SURGERY
(B. D. S.)

at the Convocation held on the 11th day of January 1995 on being duly certified by competent examiners as qualified to receive the same after passing the prescribed examinations held in the year 1992 and on being placed by them in the Second class.



Given under the Seal of the University

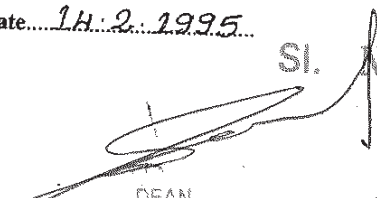
MANGALAGANGOTRI, Karnataka State, INDIA

Reg.No. 8755087

MHC
VICE-CHANCELLOR ✓

Date 14.2.1995

Sl. No 25335 192


DEAN
Mangal College of Dental Sciences
MANGALORE - 575 001

March 15, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Reju Joy
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Reju Joy will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective May 7, 2021. Dr. Joy has been offered a non-tenure, in-residence track position as Assistant Professor in the Division of Oral and Maxillofacial Surgery. His appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Joy received his BDS degree from the Mangalore College of Dental Surgery in Mangalore, India in 1995. He subsequently completed residency training in Oral and Maxillofacial Surgery and in Oral Medicine at the Government Dental College in Calicut, India, where he received the Master of Dental Science degree. Dr. Joy then emigrated to the United Kingdom where he completed another residency program in Oral and Maxillofacial Surgery and served as senior house officer; at the completion of this training he was granted a postgraduate diploma of Membership of the Faculty of Dental Surgery (MFDS) by the Royal College of Surgeons of England in 2003. Consistent with the educational pathways in Great Britain, Dr. Joy completed medical school at the University of Sheffield, receiving the Bachelor of Medicine (MBChB) degree in 2009, followed by additional specialty training in OMFS as well as core surgical training, which resulted in the granting of a MRCS, or diploma of the Royal College of Surgeons.

After a period of practice as an Oral and Maxillofacial Surgeon in the United Kingdom, Dr. Joy joined the University of Michigan School of Dentistry as Chief Resident, and then completed fellowship training in oncology and microvascular surgery at the University of Maryland School of Dentistry. At the completion of his fellowship training in Maryland, Dr. Joy was asked to remain as a postdoctoral fellow, where he is currently completing research on the localized delivery of immunotherapy drugs used in head and neck cancer therapy using innovative bionanotechnology.

Dr. Joy has presented over ten scientific papers and posters at several international conferences and has authored a textbook chapter. He has successfully completed Part I and Part II of the NBDE.

The School of Dental Medicine is very fortunate to be able to recruit someone with Dr. Joy's training and background as a faculty member in Oral & Maxillofacial Surgery, particularly considering the nationwide challenges in filling faculty vacancies in certain specialty disciplines.

It is the sincere opinion of the School of Dental Medicine that Dr. Reju Joy possesses the requisite qualifications for provisional licensure in Connecticut and I am respectfully requesting that the Commission act favorably upon Dr. Joy's application. If I can offer any additional information or support for Dr. Joy's application, please do not hesitate to contact me by phone at 860-679-2808 or by email at lepowsky@uchc.edu.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven M. Lepowsky". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Steven M. Lepowsky, D.D.S.

Dean

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE AND SAFETY BRANCH
CONNECTICUT STATE DENTAL COMMISSION**

In re: Anthony Colandrea, DMD – Petition No. 2014-811

April 21, 2021

RESPONDENT’S MOTION FOR HEARING

The Respondent, Anthony Colandrea, DMD, moves for a hearing based on the ex-parte communication between.

I. BACKGROUND

After the January 23, 2020 hearing, panel member Deborah Dodenhoff, R.N., telephoned, and spoke with, the Department’s prosecuting attorney, David Tilles, in violation of CONN. GEN. STAT. § 4-181(a), which **prohibits ex parte communications by hearing officers and agency members in contested cases**. On March 30, 2020, the Respondent moved to dismiss the proceeding based on the communication and the violation of the Respondent’s right to due process. Notwithstanding the ex parte communication and the pending motion to dismiss, no factual findings have been made regarding the substance or motivation behind that communication. To date, the Department has failed to rebut the presumption of prejudice. On March 11, 2020, panel member Deborah Dodenhoff, RN, recused herself from participating in the hearing decision based on an ex parte communication she had made with Attorney Tilles. She has been replaced by Commission Member Anatoliy Ravin, DDS.

For the reasons detailed below, the Commission cannot adopt the Proposed Memorandum of Decision until such time when the Department meets its burden rebutting the presumption of prejudice resulting from the ex parte communication that Panel Member Deborah Dodenhoff,

RN, had with the Department's prosecuting attorney, David Tilles, and until such time as Dr. Colandrea has had the opportunity to cross-examine the witnesses.

II. Law and Argument

A. **The Commission cannot adopt the Proposed Memorandum of Decision until the Department rebuts the presumption of prejudice that resulted from the ex-parte communication between panel member Deborah Dodenhoff, R.N. and David Tilles.**

After the January 23, 2020 hearing, panel member Deborah Dodenhoff, R.N., telephoned, and spoke with, the Department's prosecuting attorney, David Tilles, in violation of CONN. GEN. STAT. § 4-181(a). The statute **strictly prohibits the receipt of ex parte communications by hearing officers and agency members in contested cases.** Rogers v. Board of Educ. of City of New Haven, 252 Conn. 753, 764, 749 A.2d 1173 (2000). The statute provides, in relevant part:

... no hearing officer or member of an agency who, in a contested case, is to render a final decision or to make a proposed final decision shall communicate, directly or indirectly, in connection with any issue of fact, with any person or party, or, in connection with any issue of law, with any party or the party's representative, without notice and opportunity for all parties to participate.

Id.

"[O]nce it has been demonstrated that an improper ex parte communication has occurred, a presumption of prejudice arises. ...[t]he burden of showing that a prohibited ex parte communication between a commission and an applicant has not prejudiced a party must be allocated to those seeking to uphold the validity of the commission's decision." Blaker v. Planning & Zoning Commission, 212 Conn. 471, 480, 562 A.2d 1093 (1989). "[A] fundamental requirement of a fair administrative hearing is that the one who decides shall be bound in good conscience to consider the evidence, to be guided by that alone, and to reach his conclusion uninfluenced by extraneous considerations....Nothing can be treated as evidence which is not

introduced as such.” Henderson v. Dept. of Motor Vehicles, 202 Conn. 453, 458, 521 A.2d 1040 (1987) (internal citations omitted).

On March 30, 2020, the Respondent moved to dismiss the proceeding based on the communication and the violation of the Respondent’s right to due process. Notwithstanding the ex parte communication and the pending motion to dismiss, no factual findings have been made regarding the substance or motivation behind that communication. To date, the Department has failed to rebut the presumption of prejudice, which is statutorily required.

III. Conclusion

For the aforementioned reasons, the Respondent, Anthony Colandrea, DDM, requests a hearing on the motion to dismiss based on the ex-parte communication between David Tilles and Deborah Dodenhoff, R.N.

THE RESPONDENT,
ANTHONY COLANDREA, DDM

By: /s/ A. Paul Spinella
Paul Spinella, Esq.
Spinella & Associates
1 Lewis Street
Hartford, CT 06103
Attorneys@spinella-law.com
Tel: (860) 728-4900
Fax: (860) 728-4909

CERTIFICATION

I hereby certify that a copy of the above was mailed or electronically delivered on April 14, 2021 to all counsel and pro se parties of record and that written consent for electronic delivery was received from all counsel and pro se parties of record who were electronically served:

Department of Public Health
Attn: Jeffrey A. Kardys
Administrative Hearing Specialist
410 Capitol Avenue, MS #13 PHO
P O Box 340308
Hartford, CT 06134

Department of Public Health
Attn: David Tilles, Esq.
Administrative Hearing Specialist
410 Capitol Avenue, MS #13 PHO
P O Box 340308
Hartford, CT 06134

/s/ A. Paul Spinella
A. Paul Spinella, Esq.

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

In re: Anthony Colandrea, D.M.D.

Petition No. 2014-811

April 19, 2021

**OBJECTION BY DEPARTMENT OF PUBLIC HEALTH
TO RESPONDENT'S MOTION FOR FORMAL HEARING**

For the reasons stated herein, the Department of Public health (hereinafter "Department") objects to respondent's motion for a formal hearing relating to a communication between Commissioner Dodenhoff and Department Staff Attorney David Tilles.¹ There is no information at all that the communication related to any issue of fact or law in the petition. Furthermore, Commissioner Dodenhoff is recused from any part of the deliberation or decision by the Commission in this petition. Therefore, the communication is not an *ex parte* communication as defined by section 4-181(a) of the Connecticut General statutes.

The Department agrees with respondent that section 4-181(a) controls here. To reiterate, the statute states in pertinent part:

... no hearing officer or member of an agency who, in a contested case, is to render a final decision or to make a proposed final decision shall communicate, directly or indirectly, in connection with any issue of fact, with any person or party, or, in connection with any issue of law, with any party or the party's representative, without notice and opportunity for all parties to participate.

On January 23, 2020, after the Commission closed the hearing, and decided to postpone fact-finding until after it had received the transcripts, Commissioner Dodenhoff called Attorney

¹ Attorney Tilles is no longer employed as a staff attorney for the Department. In the event that the Commission decides to conduct a hearing as to the facts pertinent to respondent's motion, Attorney Tilles will be available to testify under oath.

Tilles. The call was disclosed by email to the Commission and to counsel for respondent, at 1:16 on January 23, 2020 by Principal Attorney Matthew Antonetti, as follows:

Good Afternoon,

Please see the email below from Attorney David Tilles concerning an unsolicited call he received this afternoon from Commissioner Dodenhoff of the State Dental Commission. While apparently no issue of fact or law was discussed, the Office of Legal Compliance is providing notice to respondent's counsel and the Public Health Hearing Office of this occurrence.

The disclosure included the following email from Attorney Tilles:

Matt,

Deborah Dodenhoff called me at approximately 12:12 and left a voice message asking me to call her back. She was one of the panelists in the Colandrea hearing that we completed this morning. I had not in any way solicited or expected the call. I called her back at approximately 12:30, when I checked my voice mail. I immediately said that I could not talk about anything related to the Colandrea case. She said it was not about the case, so I said ok. She then complimented me on the way I had presented the case. I said, "Thank you but I cannot discuss the case." We hung up.

While this conversation was *ex parte* in the sense that it took place outside the hearing and without the participation of Dr. Colandrea or his counsel, it was not an *ex parte* communication as defined by the applicable statute. It did not discuss any issue of fact or law in the petition.

Second, on March 11, 2020, Commissioner Dodenhoff was recused from all participation in the decision of this petition. Thus, she is not, to quote the statute, "[a] hearing officer or member of an agency who, in a contested case, is to render a final decision nor is to make a proposed final decision."

Thus neither prong of the statute is met, and the Commission should deny respondent's motion.

The Department of Public Health

4/19/21

/s/Brittany Petano

Date

By: Brittany C. Petano, Staff Attorney
Office of Legal Compliance

CERTIFICATION

This is to certify that on this 19th day of April 2021, a copy of the Department's Objection to Respondent's Motion was sent via electronic mail to the Department of Public Health, Public Health Hearing Office, ATTN: Jeffrey Kardys at jeffrey.kardys@ct.gov; and to Respondent's counsel, Attorney Paul Spinella at attorneys@spinella-law.com.

/s/Brittany Petano

Brittany C. Petano, Staff Attorney

Office of Legal Compliance

brittany.petano@ct.gov

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lantoni
Governor
Susan Bystewicz
Lt. Governor

CONNECTICUT STATE DENTAL COMMISSION

April 14, 2021

A. Paul Spinella, Esq.
Peter White, Esq.
Spinella & Associates
One Lewis Street
Hartford, CT 06103

VIA EMAIL ONLY

Barbara Cass, RN, Bureau Chief
Healthcare Quality & Safety Branch
Department of Public Health
410 Capitol Avenue, MS #12HSR
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Anthony Colandrea, DMD - Petition No. 2014-811

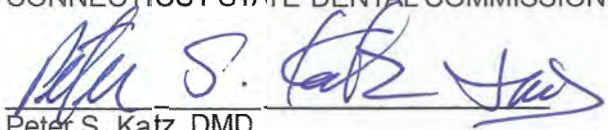
The Commission will consider and hear oral argument on the respondent's motion for hearing at the Commission's meeting on April 28, 2021 at 1:00 p.m. Any response from the Department of Public Health to the respondent's motion for hearing shall be filed by on or before April 22, 2021.

Briefs and exceptions to the proposed decision by the parties shall remain due on April 21, 2021.

Depending on the Commission's ruling on the respondent's motion for hearing, the parties should be prepared at the Commission's April 28, 2021 meeting to have a hearing on respondent's motion to dismiss related to the alleged ex parte communication and/or address the proposed decision of the panel, including the panel's proposed rulings on the respondent's motions to dismiss.

This order is a scheduling order only and intimates no opinion on the respondent's motion for hearing.

FOR: CONNECTICUT STATE DENTAL COMMISSION

BY: 
Peter S. Katz, DMD
Chairperson

c: Kerry Colson, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
David Tilles, Staff Attorney, Office of Legal Compliance



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Hartford, Connecticut 06134-0308
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CONNECTICUT STATE DENTAL COMMISSION

April 12, 2021

A. Paul Spinella, Esq.
Peter White, Esq.
Spinella & Associates
One Lewis Street
Hartford, CT 06103

VIA EMAIL ONLY

Barbara Cass, RN, Bureau Chief
Healthcare Quality & Safety Branch
Department of Public Health
410 Capitol Avenue, MS #12HSR
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Anthony Colandrea, DMD - Petition No. 2014-811

**NOTICE OF ORAL ARGUMENT ON
PROPOSED MEMORANDUM OF DECISION**

This notice is to inform you that respondent has requested oral argument on the proposed Memorandum of Decision in the above-referenced matter.

Oral argument will be before the Connecticut State Dental Commission at its meeting scheduled for **April 28, 2021, at 1:00 p.m.**

The meeting will be held by video conference at the following:

Connecticut State Dental Commission 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](tel:+18608402075) - Phone Conference ID: 403 763 825#

The time allowed for argument is not to exceed ten (10) minutes for each party. There **will not** be a court reporter present for these proceedings.

FOR: CONNECTICUT STATE DENTAL COMMISSION

BY: /s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
Hartford, CT 06106
Tel. (860) 509-7566 FAX (860) 707-1904

c: Kerry Colson, Assistant Attorney General
Olinda Morales, Hearing Officer
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH



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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CONNECTICUT STATE DENTAL COMMISSION

March 25, 2021

A. Paul Spinella, Esq.
Spinella & Associates
One Lewis Street
Hartford, CT 06103

VIA EMAIL ONLY

Barbara Cass, RN, Bureau Chief
Healthcare Quality & Safety Branch
Department of Public Health
410 Capitol Avenue, MS #12HSR
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Anthony Colandrea, DMD - Petition No. 2014-811

PROPOSED MEMORANDUM OF DECISION

Attached is the proposed Memorandum of Decision in the above referenced matter. Pursuant to § 4-179 of the Connecticut General Statutes, both parties will be afforded the opportunity to file exceptions and present oral argument before the Connecticut State Dental Commission. The Commission will consider this proposed Memorandum of Decision at its meeting scheduled for **April 28, 2021 at 1:00 p.m.** The meeting will be held by video conference via the Microsoft Teams application.

If you wish to exercise this opportunity to present oral argument, please notify this office no later than **April 9, 2021**. The time allowed for argument is not to exceed ten (10) minutes for each party. There will not be a court stenographer present for these proceedings.

Any briefs or exceptions must be filed no later than on **April 21, 2021** and shall be filed electronically to phho.dph@ct.gov.

FOR: CONNECTICUT STATE DENTAL COMMISSION

BY: /s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904

c: Kerry Colson, Assistant Attorney General
Olinda Morales, Hearing Officer
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH



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**STATE OF CONNECTICUT
CONNECTICUT STATE DENTAL COMMISSION**

Anthony Colandrea, D.M.D.
License No: 005449

Petition No. 2014-811

MEMORANDUM OF DECISION

I

Procedural Background

The Department of Public Health (“Department”) presented the Connecticut State Dental Commission (“Commission”) with a Statement of Charges (“Charges”), dated May 22, 2019, against Anthony Colandrea, D.M.D. (“Respondent”), who is the holder of dental license number 005449. Commission (“Comm.”) Ex. 1. The Charges allege that Respondent’s license is subject to disciplinary action pursuant to Conn. Gen. Stat. § 20-114(a)(2). *Id.*

The Department sent to Respondent by certified mail, return receipt requested, and by via email, the Charges and a Notice of Hearing (“Notice”), scheduling a hearing in this matter for November 25, 2019. Comm. Ex. 1. The Notice advised the parties that the hearing would be held before a duly authorized panel of the Commission comprised of Peter Katz, D.M.D., Deborah Dodenhoff, R.N., and Steven Reiss, D.D.S. (“panel”). *Id.*

On October 29, 2019, Attorney Paul Spinella on Respondent’s behalf, filed a letter, seeking a Request for a More Specific Statement of Charges and a continuance of the hearing that was scheduled for November 25, 2019. Comm. Ex. 3. On October 30, 2019, the Department, through its Attorney David Tilles, filed an objection. Comm. Ex. 3.

On November 5, 2019, Attorney Spinella on Respondent’s behalf, filed an Answer to the Charges (“Answer”), with *Res Judicata* as a special defense. Comm. Ex. 2. Thereafter, the Department filed its Answer to Respondent’s Special Defense of *Res Judicata*. Comm. Ex. 5.

On November 13, 2019, the Commission granted the motion for continuance.¹ The hearing was continued to January 21, 2020, and in case of inclement weather, on January 23, 2020. Comm. Ex. 3.

¹ On November 13, 2019, the parties were also notified that the Commission had granted the Motion for More Definite Statement. Comm. Ex. 3. However, the granting of the Motion for More Definite Statement was in error. Tr. 1-21-2020, p. 27.

On or about January 17, 2020, the Department mailed and emailed to the parties a Notice of Hearing Time Change. Comm. Ex. 4.

On January 21, 2020, Respondent filed a Motion to Dismiss (Comm. Ex. 6), which was denied. Transcript (“Tr.”) 1/21/2020, pp. 29-30. On the same date, Respondent also filed a Motion to Preclude the Department’s Exhibits (Comm. Ex. 7), which was denied. Tr. 1/21/2020, pp. 62-63.

On January 21, 2020 and January 23, 2020, the panel conducted an administrative hearing in accordance with Conn. Gen. Stat. § 4-166 *et seq.*, and the Conn. Agencies Regs. § 19a-9a-1 *et seq.* Respondent appeared at the hearing with Attorney Spinella as his legal counsel. Attorney Tilles represented the Department. *Id.* Both the Department and Respondent presented evidence, conducted cross-examination, and provided argument on all issues.

On or about January 27, 2020, Respondent filed a second motion to dismiss, which was denied on March 25, 2021.²

On March 11, 2020, panel member Deborah Dodenhoff recused herself from participating in the hearing decision and was replaced by Commission Member Anatoliy Ravin, DDS.³

All panel members involved in this decision attest that they have either heard the case or read the record in its entirety. The Commission reviewed the panel’s proposed final decision in accordance with the provisions of Conn. Gen. Stat. § 4-179. This decision is based entirely on the record and the specialized professional knowledge of the Commission in evaluating the evidence. The Commission relied on the training and experience of its members in making its findings of fact and conclusions of law. *Pet v. Department of Health Services*, 228 Conn. 651, 670 (1994).

II

Allegations

1. In paragraph 1 of the Charges, the Department alleges that Anthony Colandrea, D.M.D., of Rocky Hill, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 005449.

² The January 27, 2020 Motion to Dismiss is hereby marked as Comm. Ex. 9 and entered into the record.

³ The March 11, 2020 letter is hereby marked as Comm. Ex. 8 and entered into the record.

2. In paragraph 2 of the Charges, the Department alleges that subsequent to a date in 2014, and with knowledge of the Department's request for patient records as part of an ongoing investigation, Respondent failed to maintain appropriately treatment records for multiple patients.
3. In paragraph 3 of the Charges, the Department alleges that the above described facts constitute grounds for disciplinary action pursuant to Conn Gen. Stat. § 20-114(a)(2).

III

Findings of Fact

1. Anthony Colandrea, D.M.D., of Rocky Hill, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 005449. Department ("Dept.") Ex.1, p. 1; Comm. Ex. 2.
2. In 2013, Verisk Health Management ("Verisk"), an auditing firm for United Healthcare Dental, a health insurance provider, attempted to obtain patient dental records from Respondent in its audit of Respondent's billing practices. Based on its audit of Respondent's claims submitted for reimbursement, Verisk found suspect billing patterns. After numerous requests from Verisk were ignored, Verisk contacted the State of Connecticut Office of the Attorney General ("OAG") regarding the possibility that Respondent was engaging in fraudulent billing practices. The OAG referred Verisk to the Department. Dept. Ex. 1, p. 1.
3. On August 27, 2014, the Department initiated an investigation of Respondent's alleged fraudulent billing activities. Dept. Ex. 3, p. 1 and Exhibit A.
4. On December 10, 2014, the Department hand delivered a letter to Respondent, informing Respondent of Verisk's referral from the OAG to the Department. The letter requested the complete copies of all the patient records that Verisk had requested previously. Dept. Ex. 1, pp. 1-2.
5. Respondent did not comply with the Department's request. Dept. Ex. 1, p. 2.
6. On November 16, 2015, the Department, pursuant to Conn. Gen. Stat. § 19a-14(10), issued a *Subpoena Duces Tecum* ("Subpoena"). The Subpoena was served on Respondent on November 24, 2015 by State Marshal for Respondent to produce 31 specified patient records. Dept. Ex. 1, p. 2; Dept. Ex. 2; Dept. Ex. 3, Exhibits A and B; Dept. Ex. 5, Exhibit A.
7. Respondent did not comply with the Subpoena. Dept. Ex. 1, p. 2; Dept. Ex. 3; Dept Ex. 5, Exhibit A.
8. On December 17, 2015, the OAG, on behalf of the Department, filed a Petition for Enforcement of the November 16, 2015 Subpoena in Hartford Superior Court. Dept. Ex. 1, p. 2; Dept. Ex. 3; Dept. Ex. 8, p. 2.

9. On January 25, 2016, the Superior Court held a hearing regarding the Petition for Enforcement. After hearing arguments from both parties, the Court granted the Department's Petition for Enforcement of the Subpoena, ordering Respondent to produce the subpoenaed patient records to the Department. Dept. Ex. 1, p. 2; Dept. Ex. 4.
10. On February 17, 2016, Respondent appealed the Superior Court's decision, and on August 1, 2017, the Connecticut Appellate Court affirmed the Superior Court's decision. Dept. Ex. 5, Motion for Contempt dated August 8, 2017, Exhibit A.
11. Upon release of the Appellate Court decision upholding the order granting the petition for enforcement, the OAG requested Respondent, through his legal counsel, to provide the 31 subpoenaed patient records to the Department by August 4, 2017, which Respondent failed to do so. Dept. Ex. 5, Motion for Contempt dated August 8, 2017, Exhibit A.
12. On or about August 8, 2017, the OAG filed a Motion for Contempt. Dept. Ex. 5.
13. On August 25, 2017, Respondent filed a petition for certification to the Connecticut Supreme Court, which was denied on November 8, 2017. Dept. Ex. 1, p. 2; Dept. Ex. 5, Exhibit A; Dept. Ex. 8, p. 2.
14. On November 13, 2017, the OAG emailed Respondent's legal counsel and requested the subpoenaed patient records be provided to the Department by the close of business on November 16, 2017. Dept. Ex. 5, Motion for Contempt dated November 20, 2017, Exhibit A. The Respondent did not provide the records. *Id.*
15. On or about November 20, 2017, the OAG filed a Motion for Contempt for failing to comply with the subpoenaed patient records and Court's Orders. Dept. Ex. 5.
16. On December 10, 2017, the Motion for Contempt was granted.⁴ The Superior Court found that Respondent willfully and deliberately refused to comply with the Court's Order, without legal excuse. The Court based this finding upon "prima facie evidence of noncompliance produced at the hearing." The Court also drew an adverse inference from the Respondent's assertion of his Fifth Amendment privilege against self-incrimination when called to testify about the existence and whereabouts of the subpoenaed records. The Superior Court also ordered Respondent to pay a "coercive" fine of \$1,000 per day to the OAG from the date of the Order until the subpoenaed documents were delivered to the Department. Dept. Ex. 6.
17. On December 15, 2017, Respondent's counsel filed a Motion to Vacate the Order of Contempt. Dept. Ex. 7; Dept. Ex. 8, p. 3.
18. In Respondent's December 15, 2017 Motion to Vacate the Order of Contempt, Respondent conceded that he had failed to produce the 31 subpoenaed patient records because they no longer existed. Dept. Ex. 1, p. 2.

⁴ The Court at the hearing on the motion for contempt denied the Respondent's motion for protective order. Dept. Ex. 8, p. 3.

19. Hearings were held before the Court on the Respondent's motion on January 11, May 17 and June 25 of 2018. On January 11, 2018, Respondent testified, in a hearing in Superior Court on the Motion to Vacate the Order of Contempt, that the 31 subpoenaed records were accidentally destroyed after getting wet and contaminated with mold as a result of a flood in Respondent's office basement. Dept. Ex. 1, p. 2.
20. Respondent also testified that there were no electronic copies or duplicate paper copies of the records that were destroyed. Joint Ex. 2, p. 64; Tr. 1/21/20, p. 101.
21. On January 2, 2019, the Superior Court issued a memorandum of decision on the motion to vacate. The Superior Court upheld its prior determination of contempt but vacated its order regarding the imposition of a civil penalty (\$1,000) for each day of noncompliance. Dept. Ex. 8.
22. The Superior Court issued supplement orders requiring Respondent to make available to the Department within 30 days from the date of the Order, any records, electronic or paper, that were in his possession and control that related to the 31 patient records identified in the November 26, 2015 subpoena. Dept. Ex. 8, p. 15.
23. The Superior Court also ordered Respondent, within 60 days from the date of the Order, access to Respondent's dental offices at 80 Old Main Street, Rocky Hill, CT (including the basement) for the purposes of inspecting and verifying the manner of storage, existence and location of stored patient records and other documents. Dept. Ex. 8, p. 16.
24. The Court found that testimony that the materials stored in the basement were discarded, including the patient records responsive to the November 16, 2015 Subpoena, was not proven by clear and convincing evidence and the remedy imposed was the most appropriate remedy to cut through the "factual fog that Dr. Colandrea has thrown over the question of his patient records and get to the bottom of what records actually exist. . . ." Dept. Ex. 8, p. 8, 14.
25. The Superior Court also found that Respondent's explanation of events shows "a lack of candor toward the court and counsel, continuing a pattern of obfuscation, delay and deception found throughout the case." The Superior Court likened the case to the "ongoing game of 'hare and hounds'" between Respondent and the Department. Dept. Ex. 8, p. 13.
26. The Superior Court's decision was affirmed by the Appellate Court on February 23, 2021. See *Colandrea v. Department of Public Health*, 202 Conn. App. 815 (2021).
27. Additionally, on January 17, 2018, the Department issued a second Subpoena to Respondent requesting the production of an additional 20 patient records that Verisk requested. Dept. Ex. 1, p. 2; Dept. Ex. 10.
28. On February 14, 2018, Respondent filed an Application to Quash the Subpoena. Dept. Ex. 1, p. 2.
29. On March 5, 2018, the Court ordered Respondent to produce to the Superior Court the additional 21 subpoenaed patient records by March 26, 2018. *Id.*

30. On April 13, 2018, Respondent filed a notice with the Superior Court that the subpoenaed records no longer existed. *Id.*
31. On January 21, 2020, Respondent testified at the hearing before the panel that sometime after receiving the Department's Subpoena, he separated the United Healthcare patient records under subpoena from his other patient records and stored them in a corrugated file box in the office basement. Tr., 1/21/09, p. 84.
32. On January 21, 2020, Respondent testified that on July 28, 2016, his staff notified Respondent that the basement storage area in his dental office was flooded. The Respondent testified that the flooding was caused by a water-cooled vacuum pump in the basement that leaked. Tr. 1/21/2020, pp. 85-89.
33. On January 21, 2020, Respondent testified that on July 29, 2016, Patterson Dental made a temporary repair to the vacuum pump to stop the leak. Tr. 1/21/2020, p. 86.
34. On January 21, 2020, Respondent testified that on August 10, 2016, Patterson Dental made permanent repairs to the vacuum pump. Tr. 1/21/2020, pp. 86-87.
35. On January 21, 2020, Respondent testified that on February 19, 2017, his staff notified him that there was flooding in the basement caused by a leak from the hot water heater. Tr. 1/21/2020, p. 91.
36. On January 21, 2020, Respondent testified that on February 20, 2017, Patterson Dental replaced the hot water heater. Tr. 1/21/2020, pp. 91-92.
37. On January 21, 2020, Respondent testified that on February 20, 2017, Respondent's property manager, his son, discovered black mold growing on various items in the basement. Tr. 1/21/2020, p. 92.
38. On January 21, 2020, Respondent testified on or about February 20, 2017, he instructed his son to clean the basement, disinfected the area with bleach a couple of times and discarded any items that were contaminated with mold. Respondent testified that the contaminated items, including the patient records subject to the Subpoena, were reportedly thrown into a dumpster that was next door to Respondent's office by his son. Tr. 1/21/2020, pp. 92, 94-96.
39. The Respondent's explanation regarding the reason the records no longer exist, i.e, they were discarded on February 20, 2017 due to mold, is found not to be credible.
40. On January 21, 2020, Respondent testified at the hearing before the panel that he had taken risk management courses and that as part of risk management a licensed dentist is required to make copies of original patient records, maintain originals safely and provide copies when requested. Tr. 1/23/2020, pp. 32-33.
41. Subsequent to date in 2014, and with knowledge of the Department's request for patient records as part of an ongoing investigation, Respondent failed to maintain appropriately treatment records for multiple patients. Dept. Ex. 1, p. 2.

IV

Discussion and Conclusions of Law

Section 19a-17 of the General Statutes provides, in pertinent part, that the Commission may take any of the actions listed in § 19a-17(a), singly or in combination upon finding of good cause. Such actions include, among other things, revocation of a practitioner's license and assessment of a civil penalty up to twenty-five thousand dollars.

Conn Gen. Stat. § 20-114 provides, in pertinent part, that:

(a) The Dental Commission may take any of the actions set forth in section 19a-17 for any of the following causes . . . (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients;

In the instant case, the Department is alleging that the Respondent, of Rocky Hill, Connecticut, is and has been at all times referenced in the Charges the holder of Connecticut dentist license number 005449 (Charges, ¶ 1) and that subsequent to a date in 2014, and with knowledge of the Department's request for patient records as part of an ongoing investigation, Respondent failed to maintain treatment records appropriately for multiple patients (Charges, ¶ 2). The Department has the burden of proof by preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 227 (2013). The Department sustained its burden of proof regarding the allegations contained in paragraphs 1 and 2 of the Charges. The Respondents admits paragraph 1 of the Charges. Comm. Exh. 2. As to paragraph 2 of the Charges, the records at issue were subject to a Subpoena issued by the Department in connection with the Department's investigation of allegations concerning Respondent's billing practices. Enforcement of the Subpoena was upheld by the Court and Respondent was found in contempt for not providing the subpoenaed records. Respondent testified that the records that are the subject of the Department's subpoena no longer exist and that he did not maintain copies of the records. Respondent does not dispute that the records existed when the Department commenced its investigation and issued its Subpoena, and the Court ordered him to produce the records. Thus, Respondent clearly had knowledge of the Department's request for patient records a part of its on-going investigation. Respondent's counsel also admitted at the hearing that the records do not exist. Tr. 1/21/20, p. 61.

The Commission based on its own expertise and specialized knowledge finds that standard of care requires a licensed dentist in Connecticut to maintain appropriately patient records. This standard of care is also reflected in the Public Health Code provisions governing

medical records for licensed dentists. Under the Public Health Code, a licensed dentist is required to maintain its patient's treatment records for a period of 7 years from the date of last treatment or if there is claim of unprofessional conduct or negligence with respect to a patient then all records must be retained until such matter is resolved. See Regs., Conn. Stat. Agencies §§ 19a-14-41, 19a-40-42, 19a-14-43.

Here, the Respondent did not maintain patient records that were subject to an ongoing investigation conducted by the Department into his billing practices. The Commission finds that the failure to appropriately maintain the treatment records of these patient constitutes incompetency or negligent conduct toward patients. The purpose of patient records is to provide critical information regarding treatment provided to patients, patient history and progress and information to other dental providers should the patient transfer or should the dentists not be available for some reason. Without such records, patient care may suffer. The Commission therefore finds Respondent's failure to appropriately maintain treatment records with the knowledge that the Department has requested these records as part of its ongoing investigation constitutes grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-114(a)(2).

Furthermore, the Department showed good cause for the Commission to impose disciplinary action on Respondent's license in accordance with Conn. Gen. Stat. § 19a-17. Here, Respondent failed to maintain specific patient records that were subject to the Subpoena and a Court ordering such records to be produced. These records ceased to exist during the course of the Department's ongoing investigation and the court proceedings. The Commission does not find Respondent's explanation regarding the reason the records no longer exist, i.e, they were discarded on February 20, 2017 due to mold, to be credible.

Respondent's story simply does not add up. Knowing that there had been an initial water leak in the basement and the importance of these records, Respondent does not move these records to another location for safeguarding. Respondent does not have copies of these records as instructed by risk management. When instructing his son to throw away anything in the basement with black mold on it in a dumpster, Respondent fail to mention to his son that such items may contain patient records, which records contain confidential protected patient information, or records subject to the Subpoena he had placed in the basement. Respondent does not instruct his son to open the boxes to see if they contain patient records and whether the contents in the boxes have mold on them before discarding. Such records in his basement not only included the records at issue in the Subpoena but also included records for patients that had

left his practice, were deceased and/or other active patient records. Joint Ex. 2, p. 4, Joint Ex. 3, pp. 73-74, 86. Respondent only raised the issue regarding the existence of the records on his Motion to Vacate the Court's Order of Contempt, ordering him to pay a coercive fine of \$1,000 per day to the OAG from the date of the Court's contempt order until the documents subject to the Subpoena had been delivered, but at no time before.

The Commission finds that Respondent was not a credible witness and that his explanations and conduct were contrived and intentional.

V

Conclusion

Based on the totality of the evidence, the Commission finds that the Department proved by a preponderance of the evidence that Respondent "has been guilty of incompetence or negligence toward patients;" See Conn. Gen. Stat. § 20-114(a)(2). The Department showed good cause for the Commission to issue the following order in accordance with Conn. Gen. Stat. § 19a-17.

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, the Commission finds, with respect to Respondent's license number 005449, filed in Petition No. 2014-811, that the conduct admitted, in conjunction with the Department's sustaining its burden of proof, renders Respondent's license subject to sanctions, including among others, revocation, suspension, probation or assessment of a civil penalty. See, Conn. Gen. Stat. § 19a-17 (a)(1), (2) and (7). The Commission hereby orders, with respect to Respondent's license number 005449, the following:

1. Respondent shall pay a civil penalty of \$10,000.00 by certified or cashier's check payable to "Treasurer, State of Connecticut." (The civil penalty is based on \$50.00 for each of the 200 patient treatment records⁵ discarded.) The check shall reference Petition No. 2014-811 on the face of the check and shall be payable within 30 days of the effective date of this Memorandum of Decision.
2. Respondent's license number 005449 is hereby revoked.

⁵ On May 17, 2018, Respondent testified in 2014 that he had stored approximately active 200 patient treatment records in the basement of his office. Joint Ex. 3, pp. 73-74, 86.

3. This Decision is effective on the date it is signed by the Commission.

Dated at Hartford, Connecticut this _____ day of _____, 2021.

Connecticut State Dental Commission

By: _____
Peter Katz, DMD
Chairman

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE AND SAFETY BRANCH
CONNECTICUT STATE DENTAL COMMISSION**

In re: Anthony Colandrea, DDM – Petition No. 2014-811

April 15, 2021

**RESPONDENT’S OPPOSITION
TO PROPOSED MEMORANDUM OF DECISION**

The Respondent, Anthony Colandrea, DDM, opposes the Proposed Memorandum of Decision and takes the following exceptions thereto.

I. BACKGROUND

A. Factual Background

During 2013-2014, United Health Care contracted with auditing firm Verisk Health Management to audit the billing practices of healthcare providers, including those of the Respondent, Anthony Colandrea, DDM. Verisk ultimately referred the matter to Department of Public Health. DPH initiated an investigation and subpoenaed the records of thirty-one of Dr. Colandrea’s patients. On December 10, 2015, DHP petitioned the Superior Court to enforce the subpoena. In January 2016, the Court ordered Dr. Colandrea produce the records to DPH. The trial court’s order was affirmed on appeal in Comm’r of Pub. Health v. Colandrea, 175 Conn. App. 254 (2017).

On remand, on December 10, 2017, the trial court found Dr. Colandrea in willful contempt for failing comply with the 2015 subpoena. Dr. Colandrea moved to vacate the contempt order. At the January 11, 2018 hearing on the motion, Dr. Colandrea testified that after learning of the United Healthcare/ Verisk investigation, before he had been served with the subpoena, he had segregated his United Healthcare patient records “separately in a corrugated file box which is suited for that purpose, and I placed them in the basement of my office” along

with the inactive files of patients that had left the practice or who were deceased. Dr. Colandrea testified on direct examination that on July 28, 2016, his staff notified him that when they attempted to retrieve a patient's dental models they found the floor was flooded with water from a broken water-cooled vacuum pump that supplied suction to all the office dental equipment. Dr. Colandrea instructed the staff to contact a dental technical service, Patterson Dental, who arrived the next day to repair the pump. Dr. Colandrea submitted invoices that documented the repair by Patterson Dental, one dated July 29, 2016, a second dated August 2, 2016, and a third dated August 10, 2016. However, those records had been damaged during basement flooding that occurred in July 2016 and February 2017 and had become contaminated with black mold.

A second flooding incident occurred February 19, 2017, when Dr. Colandrea's staff notified him that there was water on the basement floor from a leaking water heater. The unit was replaced on February 20, 2017. Dr. Colandrea provided an invoice from Douglas Plumbing Heating & Air Conditioning, dated February 20, 2017, in the amount of \$1,768.60, to "replace water heater and power vent."

Following the February flooding, Dr. Colandrea asked his son, John Colandrea, to mop the water from the basement. When John Colandrea inspected the basement, he reported that the basement was contaminated with black mold. The presence of mold was a serious health hazard to Dr. Colandrea, who had undergone heart transplant on September 13, 2015, and was "currently on lifetime antirejection meds, which means my immune system is depressed. And doctor's orders are to stay away from mold, mold spores, and a whole host of restrictions concerning anything infectious... Just inhaling mold spores would -- could result in a massive pulmonary infection, which would be life threatening." Dr. Colandrea ordered his son to "To get rid of the mold immediately" and "to spray everything with a bleach solution to destroy all the

mold, and after that discard any of the items in the area that had mold on it into the dumpster,” which his son did immediately. John Colandrea informed his father that he had thrown “out anything in that area that was covered with mold. . . . He did not look into the boxes for the contents, just immediately tossed everything. When asked, “what was his state of mind about the mold?” he responded, “He was very upset and hysterical because he knows my condition and how grave it is.” After being called by Defendant’s counsel, John Colandrea corroborated the presence of black mold, his father’s health concerns, and the actions he took to clean the basement.

The trial court ultimately approved the sanctions against Dr. Colandrea for failing to produce the patient records, and the matter was affirmed on appeal. Colandrea v. State of Connecticut, Comm’r of Public Health, Appellate Court, Docket No. A.C. 42475 (February 23, 2021), cert. denied April 6, 2021.

B. The DPH initiates a second proceeding against Dr. Colandrea.

On May 22, 2019, shortly after Dr. Colandrea had appealed the trial court’s decision, the DPH initiated a second proceeding against Dr. Colandrea, the Statement of Charges charged the Respondent with identical conduct as in the first proceeding, negligent failure to maintain patient records. The Notice sought disciplinary sanctions pursuant to Conn. Gen. Stat. § 20-114(a)(2) (“proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients”). The matter was scheduled for a hearing on January 20, 2020, and January 23, 2020.

C. Respondent’s Motion to Dismiss.

On October 22, 2019, the Respondent requested for a more specific statement of the charges, including the date of each file alleged to have been inadvertently maintained, the patient

being treated, and the type of treatment provided. Respondent argued that the Statement of Charges failed to identify the dates and which patient treatment record the Respondent failed to appropriately maintain as required by Conn. Gen. Stat. §§ 4-177, 19a-10, 19a-13(6), 19a-14a, and that without this knowledge, the Respondent was not effectively defend the charges against him. The Commission issued a notice granting the request on November 13, 2019; however, the DPH never amended the charges. At the January 21, 2020 hearing, the Respondent moved to dismiss the Petition based on the Department's failure to comply with the order. Despite the November 13, 2019 granting of the order for a more specific statement, the Commission, on the day of the hearing, reversed its ruling and ordered that the hearing go forward.

D. Respondent's Motion to Dismiss based on administrative res judicata

Prior to the hearings of January 20 and 23, 2020, the Respondent also moved to dismiss the proceeding based on the Special Defense of administrative res judicata. On March 31, 2021, the Department issued its Proposed Memorandum of Decision. As of this date, there has been no ruling on the motion.

E. Ex Parte Communication between panel member Deborah Dodenhoff, RN, and David Tilles.

After the January 23, 2020 hearing, panel member Deborah Dodenhoff, R.N., telephoned, and spoke with, the Department's prosecuting attorney, David Tilles, in violation of CONN. GEN. STAT. § 4-181(a), which **prohibits ex parte communications by hearing officers and agency members in contested cases**. On March 30, 2020, the Respondent moved to dismiss the proceeding based on the communication and the violation of the Respondent's right to due process. Notwithstanding the ex parte communication and the pending motion to dismiss, no factual findings have been made regarding the substance or motivation behind that communication. To date, the Department has failed to rebut the presumption of prejudice. On

March 11, 2020, panel member Deborah Dodenhoff, RN, recused herself from participating in the hearing decision based on an ex parte communication she had made with Attorney Tilles. She has been replaced by Commission Member Anatoliy Ravin, DDS.

For the reasons detailed below, the Commission should reject the Department's Proposed Memorandum of Decision, because 1) this proceeding should have been dismissed under the doctrine of administrative res judicata, 2) the Commission cannot adopt the Proposed Memorandum of Decision until such time when the Department meets its burden rebutting the presumption of prejudice resulting from the ex parte communication that Panel Member Deborah Dodenhoff, RN, had with the Department's prosecuting attorney, David Tilles, and until such time as Dr. Colandrea has had the opportunity to cross-examine the witnesses, and 3) even if the Panel were to adopt the decision, the sanction of revocation is out of proportion to the violation, where no patient suffered as a result of Dr. Colandrea's conduct.

II. Law and Argument in Opposition to the Proposed Memorandum of Decision

A. This proceeding must be dismissed under the doctrine of administrative res judicata, because the Department had the full opportunity to litigate its Charges in the earlier proceeding.

"[A] valid and final adjudicative determination by an administrative tribunal has the same effects under the rules of res judicata, subject to the same exceptions and qualifications, as a judgment of a court." New England Rehabilitation Hosp. of Hartford, Inc. v. Commission on Hospitals and Health Care, 226 Conn. 105, 627 A.2d 1257 (1993), citing 2 Restatement (Second), Judgments § 83(1) (citations omitted). Res judicata is based on the public policy that "a party should not be allowed to relitigate a matter which it already has had an opportunity to litigate." Id. (internal citations omitted). Under the doctrine, "[a] valid, final judgment rendered on the merits by a court of competent jurisdiction is an absolute bar to a subsequent action

between the same parties ... upon the same claim or demand." Gaynor v. Payne, 261 Conn. 585, 595-96, 804 A.2d 170 (2002). Moreover, under res judicata, *prevents the pursuit of any claims relating to the cause of action which were actually made or might have been made.*" LaSalla v. Doctor's Associates, Inc., 278 Conn. 578, 590, 898 A.2d 803 (2006) (emphasis added).

The Department is accordingly barred from pursuing additional sanctions against Dr. Colandrea, because this claim was fully adjudicated in Connecticut, Department of Public Health v. Colandrea, Superior Court, judicial district of Hartford, Docket No. HDCV156064393S, aff'd, Colandrea v. State of Connecticut, Comm'r of Public Health, Appellate Court, Docket No. A.C. 42475 (February 23, 2021), cert. denied April 6, 2021. In that prior proceeding, the Department sought, and obtained sanctions against Dr. Colandrea for failing to maintain patient records. Indeed, sanctions were imposed for failing to maintain the patient records in that proceeding. Consequently, res judicata prohibits the Department from litigating that identical claim in this proceeding. The doctrine of claim preclusion expresses "no more than the fundamental principle that once a matter has been fully and fairly litigated, and finally decided, it comes to rest." Mazziotti v. Allstate Ins. Co., 240 Conn. 799, 812-13, 695 A.2d 1010 (1997). "The doctrines of res judicata and collateral estoppel protect the finality of judicial determinations, conserve the time of the court, and prevent wasteful relitigation. The doctrines apply to this administrative proceeding- the Department was given a full and fair opportunity to obtain sanctions against Dr. Colandrea in that earlier administrative proceeding. Res judicata prohibits the Department from relitigating that same claim. Accordingly, the Panel should reject the Proposed Memorandum of Decision and dismiss this proceeding.

- B. The Commission cannot adopt the Proposed Memorandum of Decision until the Department rebuts the presumption of prejudice that resulted from the ex-parte communication between panel member Deborah Dodenhoff, R.N. and David Tilles.**

After the January 23, 2020 hearing, panel member Deborah Dodenhoff, R.N., telephoned, and spoke with, the Department's prosecuting attorney, David Tilles, in violation of CONN. GEN. STAT. § 4-181(a). The statute **strictly prohibits the receipt of ex parte communications by hearing officers and agency members in contested cases.** Rogers v. Board of Educ. of City of New Haven, 252 Conn. 753, 764, 749 A.2d 1173 (2000). The statute provides, in relevant part:

... no hearing officer or member of an agency who, in a contested case, is to render a final decision or to make a proposed final decision shall communicate, directly or indirectly, in connection with any issue of fact, with any person or party, or, in connection with any issue of law, with any party or the party's representative, without notice and opportunity for all parties to participate.

Id.

"[O]nce it has been demonstrated that an improper ex parte communication has occurred, a presumption of prejudice arises. ...[t]he burden of showing that a prohibited ex parte communication between a commission and an applicant has not prejudiced a party must be allocated to those seeking to uphold the validity of the commission's decision." Blaker v. Planning & Zoning Commission, 212 Conn. 471, 480, 562 A.2d 1093 (1989). "[A] fundamental requirement of a fair administrative hearing is that the one who decides shall be bound in good conscience to consider the evidence, to be guided by that alone, and to reach his conclusion uninfluenced by extraneous considerations....Nothing can be treated as evidence which is not introduced as such." Henderson v. Dept. of Motor Vehicles, 202 Conn. 453, 458, 521 A.2d 1040 (1987) (internal citations omitted).

On March 30, 2020, the Respondent moved to dismiss the proceeding based on the communication and the violation of the Respondent's right to due process. Notwithstanding the ex parte communication and the pending motion to dismiss, no factual findings have been made

regarding the substance or motivation behind that communication. To date, the Department has failed to rebut the presumption of prejudice. Consequently, the Dental Commission is prohibited from adopting the Proposed Memorandum of Decision until the Department meets that burden, and until such time as Dr. Colandrea has the opportunity to cross-examine David Tilles and Deborah Dodenhoff, R.N regarding the substance of the communication.

C. The Panel must reject the sanction of revocation as grossly out of proportion to the alleged violation of failure to maintain patient records.

The Department's May 21, 2019 Notice of Charges states only that "subsequent to a date in 2014, and with knowledge of the Department's requests for patient records as part of an ongoing investigation, the Respondent failed to maintain treatment records for multiple patients." The Department asks for the ultimate sanction of revocation of the Respondent's license to practice, pursuant to Conn. Gen. Stat. § 20-114(a)(2): "**Respondent's license number 005449 is hereby revoked.**" Proposed Memorandum of Decision, p. 9.

Chapter 379 of the General Statutes governs the practice of dentistry in the State. Conn. Gen. Stat. § 20-114(a)(2), the relevant statute in this proceeding, outlines the types of conduct that warrant sanctions, which include:

- Proof that a practitioner has become unfit or incompetent
- Proof that a practitioner was cruel to patients
- Proof that a practitioner was incompetent toward patients
- Proof that a practitioner was negligent toward patients;
- Proof that a practitioner committed "indecent conduct" toward patients .

Indeed, the range of sanctions authorized by Conn. Gen. Stat. § 19a-17(a), ranging from revocation of a license to a simple reprimand, **contemplates that the punishment must be proportional to the violation.** For example, "cruelty" and "indecenty" would warrant harsh

sanctions, while lesser violations would correspondingly less drastic remedies, such as censure or reprimand.

Revocation of the Respondent's license is grossly disproportionate the alleged conduct. The Department never alleged, much less proved, Dr. Colandrea was unfit to practice, or that he was guilty of cruelty, indecency, or that he had been incompetent. The Department never alleged, much less offered any evidence, that any of Dr. Colandrea's patients suffered as a result of his conduct. Indeed, the Department concedes that no patient was harmed by Dr. Colandrea's conduct, stating, "Without such records, patient care may suffer." Proposed Memorandum of Decision, p. 9 (emphasis added). Accordingly, failure to maintain records should not be grounds for the ultimate sanction of revocation. Any of the lesser sanctions could reasonably be imposed, including censure, reprimands, suspension for period of time. Id. Accordingly, the Commission should reject the sanction as overly harsh to the alleged conduct and consider a lesser sanction of a reprimand or limited suspension.

D. The Panel should reject the Proposed Memorandum of Decision request for money fines as arbitrary.

On May 22, 2019, the Department issued the Notice of Charges against the Respondent. On October 22, 2019, the Respondent requested for a more specific statement of the charges, including the date of each file alleged to have been inadvertently maintained, the patient being treated, and the type of treatment provided. The Commission granted the request on November 13, 2019.

Notwithstanding the fact that the current Statement of Charges fails to identify the dates and which patient treatment record the Respondent failed to appropriately maintain, the Department seeks " a civil penalty of \$10,000.00 ... based on \$50.00 for each of the 200 patient treatment record discarded."

The Department never offered any evidence and therefore failed to meet its burden that would warrant this arbitrary penalty. Accordingly, the Panel should reject this sanction.

III. Conclusion

For the aforementioned reasons, the Respondent, Anthony Colandrea, DDM, requests that:

- 1) The Panel dismiss this proceeding under the doctrine of administrative res judicata,
- 2) The Panel reject the Proposed Memorandum of Decision pending a hearing on the motion to dismiss based on the ex-parte communication between David Tilles and Deborah
- 3) The Panel reject the sanction of revocation as grossly out of proportion to the alleged violation of failure to maintain patient records;
- 4) The Panel reject the civil penalty based on the Department's failure to meet its burden of proof.

THE RESPONDENT,
ANTHONY COLANDREA, DDM

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CERTIFICATION

I hereby certify that a copy of the above was mailed or electronically delivered on April 15, 2021 to all counsel and pro se parties of record and that written consent for electronic delivery was received from all counsel and pro se parties of record who were electronically served:

Department of Public Health
Attn: Jeffrey A. Kardys
Administrative Hearing Specialist
410 Capitol Avenue, MS #13 PHO
P O Box 340308
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Department of Public Health
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/s/ A. Paul Spinella
A. Paul Spinella, Esq.

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

In re: Anthony Colandrea, D.M.D.
April 19, 2021

Petition No. 2014-811

**DEPARTMENT OF PUBLIC HEALTH REPLY TO
RESPONDENT’S OPPOSITION TO PROPOSED MEMORANDUM OF DECISION**

The Department has no objection to the proposed Memorandum of Decision.

Respondent opposes on two grounds: (a) the hearing process did not afford him due process; and (b) the revocation and civil penalty are disproportionate to the misconduct. Respondent does not object that the proposed findings of fact are incorrect or unsupported by substantial evidence in the record. As discussed below, the respondent’s opposition misunderstands the law and misapplies the facts.

I. Due Process

A. More Definite Statement

On or about October 22, 2019, respondent filed a motion for a continuance and for a more definite statement of the charges. On or about October 30, 2019, the Department filed an objection to both requests. On or about November 7, 2019, the Public Health Hearings Office (hereinafter, “PHHO”) granted both of Respondent’s motions, but the Department never received notice of the granting of the request for a more definite statement. In any event, the PHHO has no authority to grant that motion and neither the hearing panel nor the Commission as a whole knew of the request until the first day of hearing. During the first day of hearing, after argument by both parties, the panel orally denied the motion for a definite statement.¹

¹ See, Tr. Jan. 21, 2020, p.27. Based on the PHHO granting of the motion for a more definite statement, respondent presented a motion to dismiss at the hearing. The basis of that motion was the Department’s failure to supply a more definite statement. Based on its denial of a more definite statement, the panel also orally denied the motion to dismiss. See, Tr. Jan. 21, 2020, pp. 28-29.

Respondent's motion in 2019 and opposition now particularly takes issue with paragraph 2 of the Statement of Charges:

“Subsequent to a date in 2014 and with knowledge of the Department's request for patient records as part of an ongoing investigation, respondent failed to appropriately maintain treatment records for multiple patients.”

Under the Administrative Procedures Act, in a contested case, the agency must inform the licensee of the general nature of the charges. The Act expressly does not require specificity; the courts in many cases have noted the generality of the notice provisions; and no court has held to the contrary. Moreover, the agency must provide the licensee with the proposed charges and give an opportunity to demonstrate compliance before commencing a contested case; that is, to use the commonly employed language; to give a compliance conference. In the present case, respondent was given such an opportunity, and indeed attended a compliance conference and discussed the charges for some two hours.

The particularity of the date or the name of the patients is unnecessary to the statement of the allegation. In any event, respondent already knew exactly which patients and exactly which dates, as the Department had served him two subpoenas for records, identifying the patients, and he had been resisting the Attorney General's efforts in court to enforce the subpoenas. Indeed, respondent offered in to evidence transcripts from those very court proceedings, and ultimately transcripts and memoranda of decision by various judges were entered into the hearing record as joint exhibits.

B. Res Judicata

Res judicata is a doctrine of convenience that the courts have developed to prevent duplication of litigation. Basically, it means that the matter (“res”) has already been decided (“judicata”) in a previous litigation between the parties. At the time that the Department filed its statement of charges with the Commission, the Department's effort to enforce its subpoenas, and respondent's effort to resist the subpoenas, was still in litigation in Superior Court (indeed, the

final level of appellate review was decided only in the past few weeks). Respondent argues, “In that prior proceeding [*Connecticut Department of Public Health v. Colandrea*, Superior Court, judicial district of Hartford, Docket No. HDCV156064393S, aff’d, *Colandrea v. State of Connecticut, Comm’r of Public Health*, Appellate Court, Docket No. A.C. 42475], the Department sought, and obtained sanctions against Dr. Colandrea for failing to maintain patient records. [...] The doctrines apply to this administrative proceeding – the Department was given a full and fair opportunity to obtain sanctions against Dr. Colandrea in that earlier administrative proceeding.” While of course the parties are the same in the Superior Court action as in the contested case before the State Dental Commission, and while there is a large overlap of evidence and findings of fact, respondent overlooks two of the central, mandatory considerations in the application of the doctrine; the litigation in the first forum (here, the court) must be completed, and (b) the judgment in the first forum precludes litigation in a second forum that seeks a judgment that could have been sought in the first forum. As to the first requirement, the Superior Court’s imposition of sanctions for contempt were not complete. Respondent was appealing them. As to the second requirement, the Superior Court had no power to issue any order regarding Dr. Colandrea’s license, and the Commission had no power to enforce a subpoena, let alone issue a contempt sanction against Dr. Colandrea. One notes also, contrary to respondent’s casting of the event, that the Department did not seek sanctions against Dr. Colandrea in court. The Department sought enforcement of its subpoena. The court imposed sanctions for contempt once Dr. Colandrea refused to comply with the court’s order enforcing the subpoena.

C. Ex Parte Communication

After the hearing, Commissioner Dodenhoff had a brief telephone conversation with Attorney Tilles. The Department’s objection to respondent’s request for a formal hearing, filed separately, elaborates the discussion of this issue.

Briefly, respondent’s argument fails as Commissioner Dodenhoff is not participating in the decision process, and because there was no discussion of any issue of fact or law in the telephone call.

II. Proportionality Of The Remedy

Respondent argues that revocation is uncalled for in the absence of harm to any patient, or in the absence of a finding of incompetence. One notes that the proposed memorandum finds that respondent's conduct was incompetent and a violation of the standard of care (PMOD, pp. 7-8). Furthermore, the proposed memorandum specifically notes a finding that the respondent's conduct was "contrived and intentional." (PMOD, p.9).

The Department is unaware of any judicial decision on appeal of a disproportionality claim following revocation by the Dental Commission. In similar proceedings before the Medical Examining Board, the courts have upheld revocations in several instances, and have never reversed or remanded a revocation of a physician's license on grounds of disproportionality. *See, Sternstein v. Connecticut Med. Examining Bd.*, No. CV116013072S, 2013 WL 5663257 (Conn. Super. Ct. Sept. 18, 2013); *Solomon v. Connecticut Med. Examining Bd.*, 85 Conn. App. 854, 859 A.2d 932 (2004), cert. denied, 273 Conn. 906, 868 A.2d 748 (2005); *Bristol v. Connecticut Med. Examining Bd.*, No. HHBCV125015602S, 2014 WL 279687 (Conn. Super. Ct. Jan. 2, 2014).

Respondent's sole objection to the civil penalty is that there is no evidence to support it. To the contrary, the proposed memorandum cites the evidence, namely respondent's own testimony.²

III. Conclusion

For the reasons discussed herein, the Department urges the Commission to adopt the Proposed Memorandum of Decision.

The Department of Public Health

4/19/21

/s/Brittany Petano

Date

By: Brittany C. Petano, Staff Attorney
Office of Legal Compliance

² The Department is unaware of any previous decision by the State Dental Commission in which the Commission both revokes the license and imposes a civil penalty. The Medical Examining Board has both revoked and imposed a civil penalty in several cases, notably the *Sternstein* and *Bristol* petitions that are cited above, and also In re: Edwin Njoku, M.D., Petition No. 2012-106.

CERTIFICATION

This is to certify that on this 19th day of April 2021, a copy of the Department's Objection to Respondent's Motion was sent via electronic mail to the Department of Public Health, Public Health Hearing Office, ATTN: Jeffrey Kardys at jeffrey.kardys@ct.gov; and to Respondent's counsel, Attorney Paul Spinella at attorneys@spinella-law.com.

/s/Brittany Petano

Brittany C. Petano, Staff Attorney

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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE AND SAFETY BRANCH
STATE DENTAL COMMISSION**

In re: Anthony Colandrea, DMD
April 21, 2021

Petition No. 2014-811

**RESPONDENT’S SUR-REPLY
TO PROPOSED MEMORANDUM OF DECISION**

The Respondent, Anthony Colandrea, DDM, submits this Sur-Reply to the Department’s Reply to the Opposition to the Proposed Memorandum of Decision and takes the following exceptions thereto.

I. Law and Argument in Reply to the Department’s Reply to the Proposed Memorandum of Decision

- A. The Commission cannot adopt the Proposed Memorandum of Decision until the Department rebuts the presumption of prejudice that resulted from the ex-parte communication between panel member Deborah Dodenhoff, R.N. and David Tilles.**

Contrary to the Department’s assertion en brief that no hearing is required “as Commissioner Dodenhoff is not participating in the decision process, and because there was no discussion of any issue of fact or law in the telephone call,” the Department’s disavowal of the contents of the communication is insufficient to overcome the presumption of prejudice. Once there has been a showing that a violation of § 4-181 has occurred, the burden shifts to the agency to prove that no prejudice has resulted from the prohibited ex parte communication between Attorney Tilles and Deborah Dodenhoff, R.N. Martone v. Lensink, 207 Conn. 296, 301 (1988). The statute **strictly prohibits the receipt of ex parte communications by hearing officers and agency members in contested cases.** Rogers v. Board of Educ. of City of New Haven, 252 Conn. 753, 764, 749 A.2d 1173 (2000).

Here, the Department seeks to avoid or deflect the application of § 4-181 by characterizing the communication as letter as a "brief." An *ex parte* communication does not, however, acquire respectability merely because the agency that receives it regards it as inconsequential, and did not involve "discussion of any issue of fact or fact." Regardless, there is a presumption that the phone call, accepted *ex parte* in violation of the law and regulations, prejudiced the rights of the plaintiff. Martone v. Lensink, *supra*. Moreover, the fact that Dodenhoff is not participating does not change Attorney Tilles' involvement.

"[O]nce it has been demonstrated that an improper *ex parte* communication has occurred, a presumption of prejudice arises. ...[t]he burden of showing that a prohibited *ex parte* communication between a commission and an applicant has not prejudiced a party must be allocated to those seeking to uphold the validity of the commission's decision." Blaker v. Planning & Zoning Commission, 212 Conn. 471, 480, 562 A.2d 1093 (1989). Consequently, the Dental Commission is prohibited from adopting the Proposed Memorandum of Decision until the Department meets that burden, and until such time as Dr. Colandrea is given the opportunity to cross-examine David Tilles and Deborah Dodenhoff, R.N regarding the substance of the communication.

B. Res Judicata is not simply a "doctrine of convenience" as the Department contends but operates as a legal bar to this disciplinary proceeding.

The Panel cannot, as a matter of convenience, reject the Respondent's res judicata defense exercising its objective and independent judgment to determine if the doctrine applies. Notwithstanding the Department's attempt to characterize res judicata as a "doctrine of convenience," res judicata bars this disciplinary proceeding against Dr. Colandrea, because the issue could have been litigated in the earlier proceeding. Res judicata "*prevents the pursuit of any claims relating to the cause of action which were actually made or might have been*

made." LaSalla v. Doctor's Associates, Inc., 278 Conn. 578, 590, 898 A.2d 803 (2006) (emphasis added).

Applied in this case, at any point during the prior administrative proceeding, the Department could have sought sanctions for Dr. Colandrea's failure to adequately maintain patient records. The fact that the Department sought to enforce the subpoena in the Superior Court is of no consequence. The Department is from pursuing the charge for violation of Conn. Gen Stat. § 20-114(a)(2) against Dr. Colandrea, **because it could have brought this claim in the earlier administrative proceeding that began during the Department's 2014**

investigation. The doctrine of claim preclusion expresses "no more than the fundamental principle that once a matter has been fully and fairly litigated, and finally decided, it comes to rest." Mazziotti v. Allstate Ins. Co., 240 Conn. 799, 812-13, 695 A.2d 1010 (1997).

Administrative res judicata is not a doctrine of "convenience" but one of judicial economy. If the requirements for res judicata are met, as they are in this proceeding, then the doctrine applies, and the Department is precluded from litigating it now. Accordingly, the Panel must reject the Proposed Memorandum of Decision and dismiss this proceeding.

C. The Respondent takes the following exception to the Department's Proposed Findings of Fact and Conclusions of Law.

1. The Department's findings of fact are not conclusive simply because they were included in the Proposed Memorandum of Decision.

As with the res judicata defense, due process requires the Panel to exercise its unbiased, objective judgment to accept or reject those findings of fact. Dr. Colandrea takes exception to findings of fact Nos. 16, 25, 39, and 41. Dr. Colandrea testified as to why it was impossible for him to produce the patient records because they were destroyed as the result of basement flooding. Dr. Colandrea's testimony, the corroborated testimony of his son, John Colandrea and

documentary evidence, established that Dr. the failure to produce the patient records was not willful. Dr. Colandrea he was unable to comply with the subpoena because his son had disposed of those because they had been contaminated by mold because of basement flooding. The testimony was detailed and quoted at length below. Dr. Colandrea testified on direct cross-examination that in 2014 when he learned of the United Healthcare/ Verisk investigation, he segregated the patient records in his office basement, prior to the November 2015 subpoena:

Q. When did you first bring them down to the basement?

A. Right after I was notified that the --by the Department of Health that they were -- that this case was under investigation. It was, I believe, sometime in 2014.

Q. Isn't it true that you weren't served a subpoena in this matter until November 16, 2015?

A. I'm not sure when that span was, but I was aware of the case going on prior to the Department of Health through United Healthcare.

Q. But you didn't separate those records until you got the subpoena. Correct?

A. No. I separated them when United Healthcare was investigating me.

Respondent's Exhibit 2, Trans. January 11, 2018, p.p. 28-29.

These records Dr. Colandrea had segregated included the ones requested by Verisk in 2013 as well as the records identified in the DPH November 2015 subpoena. Dr. Colandrea testified that his staff and son had disposed of the patient records subject to the subpoena after a basement flooding, because they had become contaminated with mold:

A. I instructed [my son, John Colandrea] to discard [the mold contaminated records] in the dumpster

* * * * *

Q. ... You -- did you instruct him to discard specific boxes or did you instruct him to discard something else generally?

A. I instructed him to toss anything that had mold on it ... Whether they were boxes, items, anything that was stored in that area ...

Respondent's Ex. 2, Trans. January 11, 2018, p. 17.

The presence of mold was a serious health hazard to Dr. Colandrea, who had recently had heart transplant surgery. "And doctor's orders are to stay away from mold, mold spores, and a whole host of restrictions concerning anything infectious... Just inhaling mold spores would -- could result in a massive pulmonary infection, which would be life threatening." **Id.**, at 13, 14.

Dr. Colandrea's son, John Colandrea, corroborated the presence of mold, and submitted invoices documenting the cleanup following flooding that had occurred in July 2016 and February 2017. **Respondent's Ex. 1, Invoices, Ex. 2, Trans. January 11, 2018, p.p. 16, 36.** Dr. Colandrea's testimony about the loss of the records due to flooding and mold contamination established his good faith inability to comply with the subpoena. His testimony was detailed, consistent, and was corroborated in every respect by his son and by documentary evidence. Moreover, the testimony was not refuted in any way by the State. According, the Panel should reject the Departments proposed findings of fact.

2. The Panel should reject the Department's justification for the overly harsh sanction of revocation of the Respondent's license.

Here, the Department's only rebuttal argument is that the severity of the sanction is **warranted by existing case law. However, A review of these cases shows** that the sanction is overly harsh. Each case the Department cites involved a range of conduct that warranted harsher sanctions. Sternstein v. Connecticut Medical Examining Bd., judicial district of New Britain, Docket No. CV-116013072S (September 18, 2013, Cohn, J.) involved a medical doctor who prescribed "increasingly high doses of oxycodone without addressing tolerance and potential

lethal toxicity... Respondent prescribed an excessive amount of opioids (oxycodone) to K.R. Respondent failed to inform, or adequately inform K.R. of risks inherent to his prescribed controlled substance intake.” Solomon v. Connecticut Medical Examining Bd., 85 Conn.App. 854, 857, 859 A.2d 932 (2004) involved a medical doctor who “ had administered contraindicated medications to patients” thereby endangering patient lives. Bristol v. Connecticut Medical Examining Bd., Superior Court, judicial district of New Britain, Docket No. CV-125015602S (January 2, 2014, Prescott, J.) involved a medical doctor who had improper personal and sexual relationship with a patient.

Here, the sanction imposed must be commensurate with the offense. The range of sanctions authorized by Conn. Gen. Stat. § 19a-17(a), ranging from revocation of a license to a simple reprimand, **contemplates that the punishment must be proportional to the violation.** Revocation of the Respondent’s license is grossly disproportionate the alleged conduct. The Department never alleged, much less proved, Dr. Colandrea was unfit to practice, or that he was guilty of cruelty, indecency, or that he had been incompetent. The Department never alleged, much less offered any evidence, that any of Dr. Colandrea’s patients suffered as a result of his conduct. Indeed, the Department concedes that no patient was harmed by Dr. Colandrea’s conduct, stating, “Without such records, patient care **may** suffer.” Proposed Memorandum of Decision, p. 9 (emphasis added). Accordingly, failure to maintain records should not be grounds for the ultimate sanction of revocation. Any of the lesser sanctions could reasonably be imposed, including censure, reprimands, or suspension for period of time. Id. Accordingly, the Commission should reject the sanction as overly harsh to the alleged conduct and consider a lesser sanction of a reprimand or limited suspension.

II. Conclusion

For the reasons, the Respondent, Anthony Colandrea, DDM, requests that:

- 1) The Panel dismiss this proceeding under the doctrine of administrative res judicata,
- 2) The Panel reject the Proposed Memorandum of Decision pending a hearing on the motion to dismiss based on the ex-parte communication between David Tilles and Deborah
- 3) The Panel reject the sanction of revocation as grossly out of proportion to the alleged violation of failure to maintain patient records;
- 4) The Panel reject the civil penalty based on the Department's failure to meet its burden of proof.

THE RESPONDENT,
ANTHONY COLANDREA, DDM

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CERTIFICATION

I hereby certify that a copy of the above was mailed or electronically delivered on April 21, 2021 to all counsel and pro se parties of record and that written consent for electronic delivery was received from all counsel and pro se parties of record who were electronically served:

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