

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) formerly known as the CONSUMER LAWYERS
OF HAWAII (CLH) IN SUPPORT OF H.B. NO. 1540**

February 10, 2009

To: Chairman Ryan Yamane and Members of the House Committee on Health:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in strong support of H.B. No. 1540.

Purpose of Bill

This bill calls for greater transparency of information collected by the DCCA Board of Medical Examiners (BME) on Hawaii's physicians and requires publication of the information on their website. The categories of information include standard facts such as contact information and status of licensure, biographical facts such as medical education and academic appointments, business-related facts such as insurance carrier, hospital affiliations, medical practice specialty areas, and malpractice awards, and profession-related data such as disciplinary actions and criminal convictions.

The Patient's Right to Know

This bill is aptly called the "Patient's Right to Know Act." In Hawaii, very little information is readily accessible to the public about the 7400 physicians who treat our residents and visitors. Our body is so important that we require food manufacturers to list ingredients, nutrition, and the identity of the manufacturer on packaging so that consumers can decide whether to ingest the food product. Yet, when it comes to choosing a doctor to heal our body, we ask patients to take their qualifications on faith. We don't require doctors to provide even the most basic information about themselves,

such as how long they've practiced medicine and whether they are certified in a medical specialty!

Hawaii residents are starved for information about physicians so that they can make informed decisions about medical providers. It is no wonder that the "Best Doctors" edition of the Honolulu magazine is one of the most sought after and widely read publication. For patients, there is some comfort in selecting a doctor because his/her name appears on a "best" list even if no other data is provided in the article. And doctors must also believe there is a need to provide information about themselves because their advertisements include biographical facts, years of experience, medical specialties, and personal attributes such as hobbies and community activities.

DCCA Board of Medical Examiners Collects, But Does Not Publicly Release, Essential Physician Data

Currently, the BME provides two pieces of information on its website: status and dates of current license and cryptic descriptions of disciplinary action. If a patient can figure out how to access license information by clicking on an obscure label called "online services," the patient will eventually be rewarded with a screen that describes that information. (See, sample Attachment 1) And if a patient is savvy enough to click on the label "Office of Administrative Hearings" the patient may discover a list of 39 disciplinary decisions published between 1995 and 2007.

Despite the dearth of available public information, doctors and other private and governmental entities are required to submit certain information to the BME, which collects the data but does not release it. Specifically, the following data is submitted and collected:

Physician's license application: medical education and training, hospital affiliation, licensed in other jurisdictions, disciplinary action in other jurisdictions, malpractice claims, denial of malpractice insurance, criminal convictions. Physician has a continuing duty to update information and report new events to the BME, including malpractice settlements, claims, and awards.

Affiliated Hospitals: confirmation or denial of staff privileges, disciplinary actions taken in a training program, actions relating to safe practices, adverse decisions of peer review committees (HRS §453-7.5).

Court system: certain criminal convictions (HRS §329-44) and malpractice judgments (HRS §453-8.7).

Insurance carriers: medical malpractice settlements, judgments and awards (HRS §671-5).

MCCP: malpractice awards (HRS §671-15).

This bill simply requires the BME to publish the information that it already collects.

Hawaii's Physician Information System Doesn't Work is and Inadequate

Most patients are given a doctor's name by a friend or family member or by a referring physician. However, for serious illnesses or sensitive conditions, patients should not have to rely on the word of another. Instead, before a patient is forced to sign an "informed consent" form, the patient should also make an "informed decision" about the medical provider. That's why this bill is necessary. Under Hawaii's current system, it is not sufficient to know that a doctor has a current license to practice medicine. Even though cryptic disciplinary action information appears to be provided, a

patient cannot rely on the absence of disciplinary information as assurance that the doctor is competent to deliver services.

Here are two cases on point.

First, a check of the licensure status of Richard Bost, MD, indicates that his license is "current, valid & in good standing" and expires on 1/31/2010. Any patient reading that information would have no reason to look further by clicking on the standard language "complaint history" link. Yet, the complaint history reveals two disciplinary actions taken, in 2003 and 2006, both for failure to disclose disciplinary action in another jurisdiction or agency. The 2003 action is not reported as one of the 39 published disciplinary decisions. The 2006 action placed Dr. Bost on probation for 1095 days, with a compliance date of 11/03/09. The actual disciplinary order reveals that he was disciplined in Florida and failed to report that disciplinary action to Hawaii BME, resulting in a three year probation. Based on the disciplinary order, it appears that Dr. Bost should still be on probation until November 30, 2009. Yet the license status is "current, valid & in good standing." (See, Attachment 1)

Second, Robert Ricketson, MD, is the doctor who implanted a screwdriver rod instead of medically appropriate titanium rods, during spinal surgery on Arturo Iturralde at Hilo Medical Center in February 2001. The rod broke, and Iturralde suffered intense pain and loss of certain bodily functions as he underwent several surgeries to correct the problems. Iturralde died in June 2003. In March 2006, a jury found that Dr. Ricketson committed malpractice. During the 2006 trial, evidence emerged that Dr. Ricketson had a history of drug abuse, was disciplined in the late 1990's by Oklahoma for writing false prescriptions for drugs which he took, and his medical license was

revoked by Texas in 2000 for unprofessional conduct likely to deceive or injure the public. Dr. Ricketson testified that he was re-credentialed by Hilo Medical Center even though it knew about his prior disciplinary actions and drug abuse. Further, trial evidence revealed that Dr. Ricketson's file at Hilo Medical Center contained eight complaints of malpractice.

While Dr. Ricketson's malpractice is shocking, his disciplinary history in Hawaii tells a troubling story of a system that protects the doctor, not the public. Dr. Ricketson fled to Hawaii and obtained a license to practice here in 1998. In May 1999, he entered an agreement with the Hawaii Medical Association (HMA) to refrain from taking illegal drugs. Eighteen months later, in November 2000, after being charged with failure to report disciplinary action by another jurisdiction, Dr. Ricketson entered into a settlement agreement with BME to be placed on probation for 4 years, and to abide by the same terms as his prior agreement with HMA. Six years later, in July 2006, (four months after the widely publicized malpractice trial returned a verdict against Dr. Ricketson), the BME initiated disciplinary action against Dr. Ricketson for violation of probation in 2002 when he ingested cocaine in an attempt to commit suicide. Over one year later, the BME revoked Dr. Ricketson's medical license.

The published records on his disciplinary actions are vaguely described on the website "complaint history" page as three complaints, but only the 2007 revocation action is posted as a disciplinary decision. (See, Attachment 2) Neither the settlement agreement with HMA nor the probationary action appears to have been publicly disclosed at the time; these facts were described in the 2007 revocation decision. Clearly, the system protected Dr. Ricketson from public disclosure of his disciplinary

history, both here in Hawaii and in other states. In this case, the system failed to protect the patient and the public.

This transparency bill addresses the deficiencies identified by the Bost and Ricketson cases, and properly puts patient safety first.

Hawaii Needs to Keep Up with Transparency Laws Enacted in Other States

Many states recognize that patient safety and preventative practices will do more toward reducing the high costs of health care, litigation, and malpractice insurance than tort remedies designed to close the courthouse door to victims of medical malpractice. These states have enacted transparency laws that require physician profiles be published on the agency's website.

A sampling of physician profiles from other states is attached for the committee's review.

New York – Attachment 3

Florida – Attachment 4

Massachusetts – Attachment 5

California – Attachment 6

Rhode Island – Attachment 7

Connecticut – Attachment 8

Colorado – Attachment 9

Maine – Attachment 10

Conclusion

Patient's rights and patient safety must be Hawaii's highest priority in the delivery of health care services. The pendulum has swung from the policy of "buyer beware" to "buyer be aware" as the consumer protection movement has grown over the years and consumers demand more information before making a choice. This bill gives licensing and enforcement agencies an opportunity to play an important role in building patient confidence that there is reliable information about doctors available for them to make informed decisions on medical providers.

Thank you for the opportunity to testify on this measure and we ask this committee to pass this bill.

ATTACHMENT

1

Professional and Vocational Licensing (PVL) Search - General Licensee

GENERAL LICENSEE	
LIC ID: MD-8776	Active/Inactive:
NAME: RICHARD M BOST	
TRADE NAME:	
STATUS: CURRENT, VALID & IN GOOD STANDING	
ENTITY: INDIVIDUAL	BUSINESS CODE:
ORIG LIC DATE: 05/27/1994	EXPIRE DATE: 01/31/2010
CLASS PREFIX:	SPECIAL PRIVILEGE:
RESTRICTION:	EDUCATION CODE:
CONDITIONS AND LIMITATIONS:	
BUSINESS ADDR:	
MAILING ADDR:	

[Click here to enter search criteria for prior complaints history ->](#)

For prior complaints and disciplinary history, contact licensing and business information center at (808) 587-3295.

License information on this site reflects information in the Professional and Vocational Licensing Division as of January 18, 2009; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays.

The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery to the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for particular purpose. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.



Current as of 01/18/2009 15:02

Complaint History Report

NOTE: PLEASE CONTACT THE CONSUMER RESOURCE CENTER AT (808) 587-3222 IF YOU HAVE A QUESTION ABOUT THIS REPORT. THE FOLLOWING INFORMATION PERTAINS TO COMPLAINT HISTORY ONLY. FOR LICENSING INFORMATION, PLEASE CALL (808) 587-3222 OR CHECK THE PROFESSIONAL & VOCATIONAL LICENSING DIVISION WEBSITE AT <http://pvl.ehawaii.gov/pvlsearch/app>. TO SEARCH FOR BUSINESS INFORMATION PLEASE VISIT THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS NAME SEARCH AT <http://hbe.ehawaii.gov/documents/search.html>.

The business & licensee complaints history database is designed to serve as a neutral repository of complaints filed with OCP or RICO. Users should judge a business' complaints history on the outcome of the complaints and not on the number of complaints or on the fact that a complaint was filed.

<i>Summary of Names</i>	
COMPANY OR PROPER NAME	BOST, RICHARD M. (M.D.)
ASSOCIATED NAMES	NONE KNOWN AT THIS TIME
OTHER NAMES	NONE KNOWN AT THIS TIME

COMPANY OR PROPER NAME BOST, RICHARD M. (M.D.)

ASSOCIATED NAMES

COMPLAINT NO: **MED- 2006- 0242L**

ALLEGATION: FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.

ALLEGATION: DISCIPLINARY ACTION TAKEN IN OTHER JURISDICTION.

ACTION: PRE-PETITION SETTLEMENT AGREEMENT FILED

OUTCOME: SETTLEMENT AGREEMENT AND ORDER

DATE: 11/03/2006

REMEDY:

LICENSE PROBATION: EFFECTIVE DATE: 11/03/2006
TERMS: 1095 DAYS

MONETARY SANCTIONS:

FINE: \$1,000.00
COMPLIANCE DATE: 11/03/2009

COMPLAINT NO: **MED- 2003- 0045L**

ALLEGATION: FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.
ALLEGATION: DISCIPLINARY ACTION TAKEN IN OTHER JURISDICTION.
ACTION: PRE-PETITION SETTLEMENT AGREEMENT FILED
OUTCOME: SETTLEMENT AGREEMENT AND ORDER
DATE: 10/08/2004

REMEDY:

LICENSE CENSURE: EFFECTIVE DATE: 10/08/2004

MONETARY SANCTIONS:

FINE: \$1,000.00
COMPLIANCE DATE: 11/15/2004

The information is provided by the State of Hawaii Department of Commerce and Consumer Affairs (DCCA) from its website as a public service and is intended to be used solely as reference material. No posted information is intended to constitute legal or professional advice and this report is NOT an official record. The records available through this web site are NOT official records. Assessing the accuracy and reliability of information contained herein is the user's responsibility. The information obtained from the DCCA website DOES NOT comprise all information from official DCCA records available to the public. Please consult the DCCA website for additional terms and conditions of use.

DARIA A. LOY-GOTO 6175
DENISE P. BALANAY 5526
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF MEDICAL EXAMINERS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the) MED 2006-242-L
License to Practice Medicine of)
RICHARD M. BOST, M.D.,) SETTLEMENT AGREEMENT PRIOR TO
Respondent.) FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER;
EXHIBIT "1"
[EXHIBIT 1 redacted for publication purposes]

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Respondent RICHARD M. BOST, M.D. (hereinafter "Respondent"), and the Department of Commerce and Consumer Affairs, through its Regulated Industries Complaints Office (hereinafter "RICO"), through its undersigned attorneys enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. Respondent is licensed by the Board of Medical Examiners (hereinafter the "Board") as a physician under License Number MD 8776. Said license was issued on May 27, 1994 and currently has an expiration date of January 31, 2008.

2. The last known address for Respondent is 650 Fern Street, West Palm Beach, Florida 33401.

3. RICO received information that a Uniform Disciplinary Citation, accepted July 6, 2005, was issued against Respondent by the Florida Department of Health (hereinafter the "Florida Citation"). A true and correct copy of the Florida Citation is attached as Exhibit "1."

4. The Florida Citation concluded the Respondent failed to notify the Department of Health of a change of address.

5. Pursuant to the Florida Citation, Respondent was fined \$339.00.

6. Respondent failed to report the Florida Citation to the Board within thirty (30) days, as required by Hawaii Revised Statutes (hereinafter "HRS") §§ 436B-19(15) and 453-8(14). Respondent disclosed the Florida Citation to the Board on a December 8, 2005 renewal application.

7. RICO is prepared to file a petition for disciplinary action against the Respondent for his failure to comply with HRS §§ 436B-19(15) and 453-8(14).

8. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that he has the right to be represented by an attorney of his choosing in this matter and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely and voluntarily and under no coercion or duress.

3. Respondent has been informed of his right to have a hearing to determine the issues in RICO's investigation. Pursuant to HRS § 91-9(d), Respondent voluntarily waives his right to a hearing and agrees to a disposition of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a physician by the Board acknowledges that he is subject to penalties including but not limited to, revocation, suspension or limitation of his license and civil fines, if the foregoing violations are proven at hearing.

5. Respondent does not admit that he has violated any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against his license to practice medicine.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. MED 2006-242-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's license to practice medicine in the State of Hawaii is hereby placed on probation for a period of three (3) years. During the probationary period, Respondent agrees to the following terms and conditions:

2. Compliance with Law Relating to Reporting of Disciplinary Actions. Respondent agrees to report to the Hawaii Board any future disciplinary actions against any license to practice medicine held by the Respondent within thirty (30) days of the issue date of the disciplinary action as required by law. Respondent understands notice to the Hawaii Board must be in

writing. Any mailing must be postmarked by the 30th day to be in compliance with this Settlement Agreement.

3. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). Said payment shall be made by **cashier's check or money order made payable to "State of Hawaii - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Denise P. Balanay, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

4. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of probation as set forth in paragraphs C. 1, C.2 , and C.3 above, Respondent's license to practice medicine shall be automatically revoked for a period of five (5) years upon RICO's filing of an affidavit with the Hawaii Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of his licensure to the Executive Officer of the Hawaii Board within ten (10) days after receipt of notice of the revocation. Upon completion of the revocation period, Respondent understands that he will need to apply to the Hawaii Board for a new license pursuant to and subject to the requirements and conditions set forth in HRS § 436B-21.

5. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of physicians in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

6. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.7, C.8, C.9 and C.10 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

7. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither he nor any attorney that he may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against him on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

8. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

9. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

10. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

[West Palm Beach]
DATED: _____, **[Florida]**, **[October 10, 2006]**.
(CITY) (STATE)

/s/ RICHARD M. BOST, M.D.

RICHARD M. BOST, M.D.
Respondent

DATED: Honolulu, Hawaii, **[October 17, 2006]** _____.

/s/ DENISE P. BALANAY

DARIA A. LOY-GOTO
DENISE P. BALANAY
Attorneys for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE OF RICHARD M. BOST,
M.D.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO.
MED 2006-242-L

APPROVED AND SO ORDERED:
BOARD OF MEDICAL EXAMINERS
STATE OF HAWAII

/s/ H. ROGER NETZER, M.D.

H. ROGER NETZER, M.D. –
Chairperson

[November 3, 2006]

DATE

/s/ MARIA BRUSCA PATTEN, D.O.

MARIA BRUSCA PATTEN, D.O. -
Vice-Chairperson

/s/ BRIAN E. CODY

BRIAN E. CODY

/s/ RONALD H. KIENITZ, D.O.

RONALD H. KIENITZ, D.O.

/s/ JOHN T. McDONNELL, M.D.

JOHN T. McDONNELL, M.D.

/s/ M. PIERRE K.W. PANG, M.D.

M. PIERRE K. W. PANG, M.D.

/s/ FEREYDOUN DON PARSA, M.D.

FEREYDOUN DON PARSA, M.D.

BEN K. AZMAN, D.O.

G. MARKUS POLIVKA

PETER A. MATSUURA, M.D.

DANNY M. TAKANISHI, JR.,
M.D.

PVL 07/01/06

STATE OF [Florida])
) SS.
COUNTY OF [Palm Beach])

On this [10th] day of [October], 2006, before me personally appeared
[Richard M. Bost], to me known to be the person described and who executed the
foregoing instrument and acknowledged the same as his/her free act and deed.

[Signature redacted]
Name: [Terrie L. Vanover]
Notary Public – State of [Florida]

My commission expires: _____

ATTACHMENT

2

Professional and Vocational Licensing (PVL) Search - General Licensee

GENERAL LICENSEE	
LIC ID: MD-10248	Active/Inactive:
NAME: ROBERT RICKETSON	
TRADE NAME:	
STATUS: REVOKED	
ENTITY: INDIVIDUAL	BUSINESS CODE:
ORIG LIC DATE: 05/11/1998	EXPIRE DATE: 01/31/2008
CLASS PREFIX:	SPECIAL PRIVILEGE:
RESTRICTION:	EDUCATION CODE:
CONDITIONS AND LIMITATIONS:	
BUSINESS ADDR:	
MAILING ADDR:	

Click here to enter search criteria for prior complaints history ->
For prior complaints and disciplinary history, contact licensing and business information center at (808) 587-3295.

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Current as of 01/18/2009 14:32

Complaint History Report

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<i>Summary of Names</i>	
COMPANY OR PROPER NAME	RICKETSON, ROBERT (M.D.)
ASSOCIATED NAMES	NONE KNOWN AT THIS TIME
OTHER NAMES	NONE KNOWN AT THIS TIME

COMPANY OR PROPER NAME RICKETSON, ROBERT (M.D.)
 ASSOCIATED NAMES

COMPLAINT NO: MED- 2006- 0076L

ALLEGATION: FAILURE TO ABIDE BY CONDITIONS OF LICENSE/ REGISTRATION.
 ALLEGATION: FAILURE TO COMPLY WITH CHAPTER OR THE RULES AND REGULATIONS.
 ACTION: PETITION FILED
 OUTCOME: FINAL ORDER
 DATE: 07/13/2007

REMEDY:

LICENSE REVOCATION: EFFECTIVE DATE: 07/13/2007
TERMS: 1825 DAYS
COMPLIANCE DATE: 07/13/2017

COMPLAINT NO: MED- 2003- 0086L

ALLEGATION: FAILURE TO COMPLY WITH CHAPTER OR THE RULES AND REGULATIONS.
OUTCOME: PRIOR ACTION TAKEN
DATE: 09/18/2007

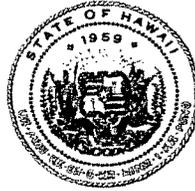
COMPLAINT NO: MED- 2000- 0003L

ALLEGATION: FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.
ACTION: PRE-PETITION SETTLEMENT AGREEMENT FILED
OUTCOME: SETTLEMENT AGREEMENT AND ORDER
DATE: 11/17/2000

MONETARY SANCTIONS:

FINE: \$500.00
COMPLIANCE DATE: 11/17/2004

The information is provided by the State of Hawaii Department of Commerce and Consumer Affairs (DCCA) from its website as a public service and is intended to be used solely as reference material. No posted information is intended to constitute legal or professional advice and this report is NOT an official record. The records available through this web site are NOT official records. Assessing the accuracy and reliability of information contained herein is the user's responsibility. The information obtained from the DCCA website DOES NOT comprise all information from official DCCA records available to the public. Please consult the DCCA website for additional terms and conditions of use.



BOARD OF MEDICAL EXAMINERS
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the License to)	MED-2006-76-L
Practice Medicine of)	
)	BOARD'S FINAL
ROBERT RICKETSON, M.D.,)	ORDER
)	
Respondent.)	
)	
)	
)	

BOARD'S FINAL ORDER

On or about May 18, 2007, the duly appointed Hearings Officer submitted his Findings of Fact, Conclusions of Law, and Recommended Order in the above-captioned matter to the Board of Medical Examiners ("Board"). Copies of the Hearings Officer's recommended decision were also transmitted to the parties. On June 13, 2007, Respondent Robert Ricketson, M.D., ("Respondent") filed exceptions to the recommended order. Neither party requested an opportunity to present oral arguments.

Upon review of the entire record of this proceeding, the Board adopts the Hearings Officer's recommended decision as the Board's Final Order. Accordingly, the Board finds and concludes that the preponderance of the evidence established that Respondent violated the terms of the Settlement Agreement and Order and Hawaii Revised Statutes §436B-19(17).

For the violation found, the Board orders that Respondent's medical license be revoked and that Respondent be required to immediately submit all indicia of licensure as a physician in the State of Hawaii to the Executive Officer of the Board.

DATED: Honolulu, Hawaii: [July 13, 2007]

/s/ H. ROGER NETZER, M.D.
H. ROGER NETZER, M.D.
Chairperson

/s/ MARIA BRUSCA PATTEN, D.O.

MARIA BRUSCA PATTEN, D.O.
Vice-Chairperson

/s/ BRIAN E. CODY

BRIAN E. CODY
Board Member

/s/ RONALD H. KIENITZ, D.O.

RONALD H. KIENITZ, D.O.
Board Member

/s/ JOHN T. McDONNELL, M.D.

JOHN T. MCDONNELL, M.D.
Board Member

DANNY M. TAKANISHI, JR., M.D.

Board Member

M. PIERRE K.W. PANG, M.D.

Board Member

FEREYDOUN DON PARSA, M.D.

Board Member

/s/ BEN K. AZMAN, M.D.

BEN K. AZMAN, M.D.
Board Member

/s/ G. MARKUS POLIVKA

G. MARKUS POLIVKA
Board Member

/s/ PETER A. MATSUURA, M.D.

PETER A. MATSUURA, M.D.
Board Member

Board's Final Order; *In re Robert Ricketson, M.D.*; MED-2006-76-L.



2007 MAY 18 A 11:39

BOARD OF MEDICAL EXAMINERS
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the License to)	MED-2006-76-L
Practice Medicine of)	
)	HEARINGS OFFICER'S
ROBERT RICKETSON, M.D.,)	FINDINGS OF FACT,
)	CONCLUSIONS OF LAW,
Respondent.)	AND RECOMMENDED
)	ORDER
)	

HEARINGS OFFICER'S FINDINGS OF FACT,
CONCLUSIONS OF LAW, AND RECOMMENDED ORDER

I. INTRODUCTION

On July 25, 2006, the Department of Commerce and Consumer Affairs, through its Regulated Industries Complaints Office ("Petitioner"), by and through its attorney, John T. Hassler, Esq., filed a petition for disciplinary action against the medical license of Robert Ricketson, M.D. ("Respondent"). The matter was duly set for hearing, and the notice of hearing and pre-hearing conference was transmitted to the parties.

On February 13, 2007, the hearing in the above-captioned matter was convened by the undersigned Hearings Officer pursuant to Hawaii Revised Statutes ("HRS") Chapters 91, 92 and 453. Petitioner was represented by its attorney, John T. Hassler, Esq. Respondent appeared by telephone.

Having reviewed and considered the evidence and arguments presented at the hearing, together with the entire record of this proceeding, the Hearings Officer hereby renders the following findings of fact, conclusions of law and recommended order.

II. FINDINGS OF FACT

1. Respondent has been licensed to practice medicine by the Board of Medical Examiners (“Board”), License No. MD 10248, since 1998.
2. On May 20, 1999, Respondent and the Hawaii Medical Association (“HMA”), entered into a Memorandum of Understanding (“MOU”).
3. In the MOU, Respondent agreed to, among other things, refrain from taking mind-altering drugs or alcohol on any occasion unless he was hospitalized as a patient or under treatment by a physician.
4. On November 17, 2000, the Board approved a Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order (“Settlement Agreement and Order”) in *the Matter of the License to Practice Medicine of Robert Ricketson, M.D.; Case No. MED-2000-3-L*.
5. In Paragraph 5, Probation, of the Settlement Agreement and Order, Respondent agreed, among other things, to be placed on probation for 4 years “with the terms and conditions of the probation to be the same as provided in the [MOU].
6. In Paragraph 6, Automatic Revocation for failure to comply, of the Settlement Agreement and Order, Respondent agreed that if he failed to comply with Paragraph 5 of the MOU, his license would be automatically revoked without further hearing upon the filing of an affidavit by RICO attesting that he had violated the provisions of the Settlement Agreement and Order.
7. In or about February 2002, while residing in Hawaii and during the period of probation under the Settlement Agreement and Order, Respondent ingested cocaine in an attempt to commit suicide.

III. CONCLUSIONS OF LAW

The Petition charges Respondent as follows:

The conduct described [in the Petition] is grounds for automatic revocation of Dr. Ricketson’s license under the terms of the Final Order and RICO is prepared to file an affidavit to be submitted to the Board. Furthermore, Dr. Ricketson’s conduct in failing to comply with the terms of the Final Order violated Hawaii Revised Statutes section 436B-19(17) [sic] (violating an order of the licensing authority).

HRS §436B-19(17) provides:

§436B-19 Grounds for refusal to renew, reinstate or restore and for revocation, suspension, denial, or condition of licenses. In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore, or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

* * * *

(17) Violating this chapter, the applicable licensing laws, or any rule or order of the licensing authority.

The evidence was sufficient to prove that Respondent violated the Settlement Agreement and Order by ingesting cocaine in 2002.

IV. RECOMMENDED ORDER

Based on the foregoing findings and conclusions, the Hearings Officer recommends that the Board find and conclude that the preponderance of the evidence established that Respondent violated the terms of the Settlement Agreement and Order and HRS §436B-19(17).

For the violation found, the Hearings Officer recommends that Respondent's medical license be revoked¹ and that Respondent be required to immediately submit all indicia of licensure as a physician in the State of Hawaii to the Executive Officer of the Board.

DATED at Honolulu, Hawaii: [MAY 18, 2007]

/s/ CRAIG H. UYEHARA

CRAIG H. UYEHARA
Administrative Hearings Officer
Department of Commerce
and Consumer Affairs

¹ Although Respondent testified that his ingestion of cocaine in 2002 was an isolated incident and that he remains competent to practice medicine, no objective evidence to support these contentions was presented.

ATTACHMENT

3

Physician Search
By Physician
By License Number
By License Type
By Effective Date

Professional Misconduct and Physician Discipline

Physician Information

Physician Name: Joseph John Altieri, MD
Address: Address Redacted
License Number: 157995
License Type: MD
Year of Birth: 1956
Effective Date: 09/19/2008
Action: The physician has agreed to never activate his registration or reapply for a license to practice medicine in New York State.
Misconduct Description: The physician did not contest the charge of having been disciplined by the Florida State Board of Medicine based on failing to practice medicine with an acceptable level of care, skill and treatment; prescribing, administering, mixing, or otherwise preparing a legend drug including controlled substances and failing to maintain accurate patient records.

License Restrictions:
Board Order:



lc157995.pdf

[Return to Professional Misconduct and Professional Discipline](#)
[Return to Welcome Page](#)

Send questions or comments to:
opmc@health.state.ny.us

[Home Page](#) / [From the Commissioner](#) / [Directory Services](#) / [Vital Records](#) /
[Info for Consumers](#) / [Info for Providers](#) / [Info for Researchers](#) /
[Public Health Forum](#) / [What's New](#) / [HELP!](#) / [Search our Web Site](#)

Search for a Physician

- About the Physician Profile
- Search Tips
- Dictionary
- Disclaimers
- Contact Us
- Give Us Your Feedback

Leave this site:

- Link to NYS DOH Home Page, or
- Link to NYS DOH Center for Consumer Health Care Information

Physician

[Back to Search Results](#)

[Select items to print](#)

John Joseph Altieri

NYS License Number: 173102
 Date of NYS Licensure: 11-30-1987

Office Locations:
 None reported

- [Education](#)
- [Practice Info](#)
- [Legal Actions](#)
- [Professional Activities](#)
- [Statement](#)
- [Malpractice](#)
- [NY Licensee Actions](#)
- [Out-of-State Actions](#)
- [Current Limitations](#)
- [Hospital Restrictions](#)
- [Criminal Convictions](#)

Malpractice [TO TOP](#)

None reported

Note: Malpractice information continues to be collected and reviewed. You should check periodically to see if information has been added or updated.

NY Licensee Actions [TO TOP](#)

The Department of Health Office of Professional Medical Conduct (OPMC) is responsible for taking action on a doctor's medical license if the doctor is found to be guilty of Professional Misconduct. If you would like to see if there have been any license actions taken against this doctor over the past 10 years, you may click here: [OPMC](#). This will take you to the OPMC Web site. If there have not been any license actions against this doctor in New York over the past ten years, the OPMC screen will tell you that. When you want to return to this Physician Profile you must click on the X in the upper right corner of the OPMC window.

Out-of-State Actions [TO TOP](#)

Last Updated 11-17-2008

Date	State	Action
02-16-2007	FL	BASED ON NYS ACTION OF 9/16/05. LETTER OF CONCERN.

Summary:

Current Limitations [TO TOP](#)

Last Updated 11-17-2008

Limitation

NY: Censure and reprimand with probation for five years. Effective September 16, 2005.

Hospital Privilege Restrictions [TO TOP](#)

None reported

Criminal Convictions

 [TO TOP](#)

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Physician

[Back to Search Results](#)

[Select items to print](#)

John Joseph Altieri

Office Locations:
None reported

NYS License Number: 173102
Date of NYS Licensure: 11-30-1987

• Education	• Practice Info	• Legal Actions	• Professional Activities	• Statement
• Medical School	• Graduate Medical Education	• Board Certifications		
• Professional Memberships				

Medical School [TO TOP](#)

Graduated from ST GEORGE'S UNIVERSITY, SCHOOL OF MEDICINE, ST GEORGE'S, GRENADA, 1982

Note: This information cannot be used by healthcare organizations to meet their credentialing requirements as set forth by accrediting bodies such as the Joint Commission or National Committee for Quality Assurance (NCQA).

Graduate Medical Education [TO TOP](#)

Sponsor	Completion Date	Specialty
ST MICHAEL'S MED CTR	06-30-1988	CARDIOVASCULAR DISEASE
ST MICHAEL'S MED CTR	06-30-1986	CRITICAL CARE MEDICINE (INTERNAL MEDICINE)
ST MICHAEL'S MED CTR	06-30-1985	INTERNAL MEDICINE
ST MICHAEL'S MED CTR	06-30-1984	INTERNAL MEDICINE
ST MICHAEL'S MED CTR	06-30-1983	INTERNAL MEDICINE

Note: This information cannot be used by healthcare organizations to meet their credentialing requirements as set forth by accrediting bodies such as the Joint Commission or National Committee for Quality Assurance (NCQA).

Board Certifications [TO TOP](#)

Name of Board	Specialty/Subspecialty	Certification Date	Expiration Date
*AM BRD OF INTERNAL MEDICINE		09-15-1988	
*AM BRD OF INTERNAL MEDICINE	Cardiovascular Disease	06-23-2005	12-31-2015
*AM BRD OF INTERNAL MEDICINE	Cardiovascular Disease	11-04-1993	12-31-2003

1. Note: The state of New York recognizes the specialty boards that are members or components of the ABMS, AOA, RCPSC or CFPC. Certification by member boards or components of these umbrella organizations is the responsibility of the member organization.

2. Note: For certification dates, a default value of "01" appears in the month field if the specific month was not provided by ABMS.

*ABMS Copyright 2009 American Board of Medical Specialties. All rights reserved.

Search for a Physician

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Leave this site:

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Physician

[Back to Search Results](#)

[Select items to print](#)

John Joseph Altieri

Office Location
None report

NYS License Number: 173102
Date of NYS Licensure: 11-30-1987

• Education	• Practice Info	• Legal Actions	• Professional Activities	• Statement
• Field of Medicine	• Offices	• Languages Available	• Health Plans	
• Medicaid and Other Government Insurance Programs	• Hospital Privileges			

Field of Medicine [TO TOP](#)
 Last Updated 11-17-2008
 Internal Medicine/Cardiovascular Disease

Offices (optional) [TO TOP](#)
 The physician did not supply this information

Languages Available [TO TOP](#)
 None reported

Medicaid and Other Government Insurance Programs [TO TOP](#)
 Last Updated 11-17-2008

Program	Does the doctor accept this insurance?
Medicaid	At all locations
Medicare	At all locations
Child Health Plus	At no locations
Family Health Plus	At no locations

Note:Contact the doctor's office to see if this information has changed.

Health Plans (optional) [TO TOP](#)
 The physician did not supply this information

Hospital Privileges [TO TOP](#)
 None reported

Search for a Physician

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Leave this site:

- Link to NYS DOH Home Page, or
- Link to NYS DOH Center for Consumer Health Care Information

Physician

 [Back to Search Results](#)

 [Select items to print](#)

John Joseph Altieri

Office Locations:
None reported

NYS License Number: 173102
Date of NYS Licensure: 11-30-1987

- Education
- Practice Info
- Legal Actions
- Professional Activities
- Statement
- Teaching Responsibilities
- Professional & Community Service Activities
- Publications

Teaching Responsibilities  [TO TOP](#)

Last Updated 11-17-2008

Institution	Beginning Date	End Date
SUNY AT BUFFALO SCHOOL OF MEDICINE & BIOMEDICAL SCIENCE, BUFFALO, NY		
SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE, NY		

Professional & Community Service Activities (Optional)  [TO TOP](#)

The physician did not supply this information

Publications (Optional)  [TO TOP](#)

The physician did not supply this information

 [Go back to previous page](#)

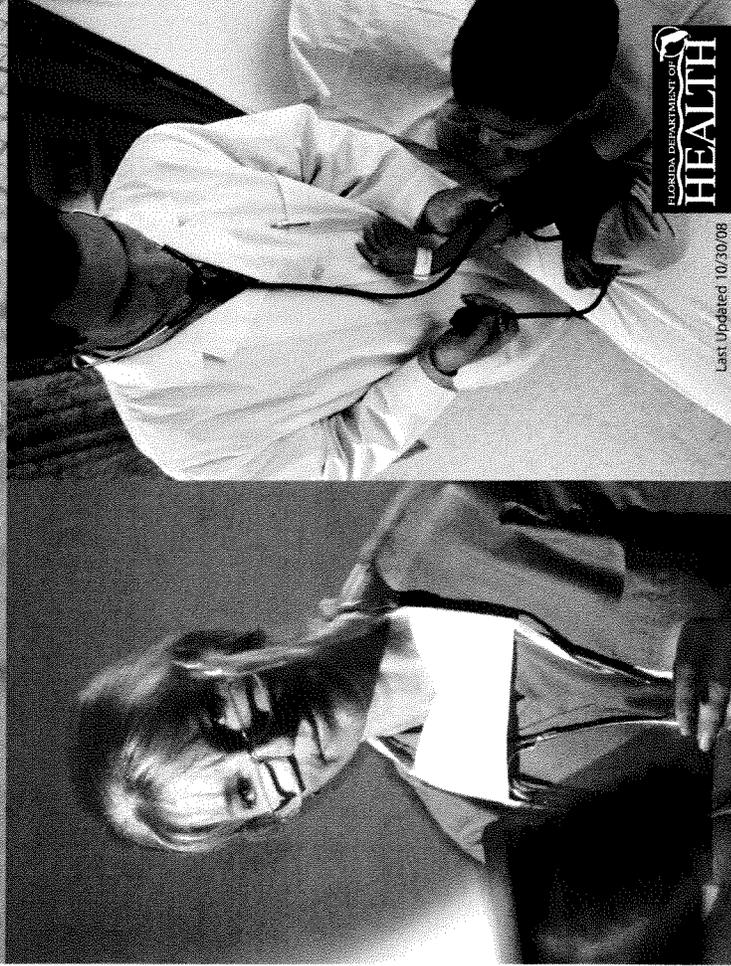
ATTACHMENT

4

A GUIDE TO THE FLORIDA PRACTITIONER PROFILE

Division of
Medical Quality Assurance

MQA



UNDERSTANDING PROFILING

In 1997, the Florida Legislature passed a law requiring the Department of Health to maintain profiles on certain health professionals licensed in Florida. The law also specified the information to be maintained, how it was to be reported, and other requirements dealing with compiling and updating the information in the profiles.

Which professions are required to have profiles?

Practitioner profiles are required for all Medical Doctors (M.D.s), Osteopathic, Chiropractic and Podiatric Physicians, and Advanced Registered Nurse Practitioners licensed in Florida.

Are profiles available for other professions?

No; however, licensure verification is available for all health care professionals currently or previously licensed in Florida. This information can be found by clicking on the "License Lookup" button at www.doh-mqaservices.com

How can I find a profile?

Like licensure verification, profiles can be accessed by clicking on the "License Lookup" button at www.doh-mqaservices.com. If the health professional is licensed in one of the profiled professions, a "Practitioner Profile" tab will be available on the licensure verification screen.

What information is included in the profile?

The profile contains required and optional information from the practitioner. Required information includes:

- the practitioner's education and training, including other health-related degrees, professional and post graduate training specialty
- the practitioner's current practice and mailing addresses
- the practitioner's staff privileges and faculty appointments
- the practitioner's reported financial responsibility
- legal actions taken against the practitioner
- board final disciplinary action taken against the practitioner
- any liability claims filed against Podiatric Physicians which exceed \$5,000
- any liability claims filed against M.D.s and osteopathic physicians which exceed \$100,000

Optional information may include committees/memberships, professional or community service awards, and publications the practitioner has authored.

Is all of the information in the profile verified by the Department of Health?

No. This guide shows what information is verified, as well as the source of the information and whether it is optional or mandatory.

PRACTITIONER PROFILE FACT SHEET

General Information	Description	Reported By	Reporting Requirement	Verification
Primary Practice Address	The primary practice address for the practitioner.	Self-Reported	Mandatory	Not verified by DOH
Secondary Address(es)	The address of a secondary practice.	Self-Reported	Mandatory	Not verified by DOH
Medicaid	Indicates whether or not the practitioner participates in the Medicaid program.	Self-Reported	Optional	Not verified by DOH
Staff Privileges	A list of licensed hospitals, Health Maintenance Organizations, Prepaid Health Clinics, and Ambulatory Surgical Centers that the practitioner holds staff privileges.	Self-Reported	Mandatory except for Advanced Registered Nurse Practitioners	Information is verified by DOH at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.
E-Mail Address	The practitioner's e-mail address.	Self-Reported	Optional	Not verified by DOH
Other State Licensure	A list of states in which the practitioner received a professional license and the license type.	Self-Reported	Mandatory	Information is verified by DOH at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.
Year Began Practicing	The year the practitioner received a license in this or any other jurisdiction.	Self-Reported	Mandatory	Not verified by DOH

Education and Training	Description	Reported By	Reporting Requirement	Verification
	Provides the name of the school or training program attended by the practitioner, dates of attendance, date of graduation, and a description of all graduate medical or professional education completed.	Supporting documentation received from a primary source	Mandatory for M.D.s and Osteopathic, Chiropractic and Podiatric Physicians; not required for Advanced Registered Nurse Practitioners.	Information is verified by DOH at the time of initial licensure.
Other Health Related Degrees	Provides information about other health related degrees received by the practitioner.	Self-Reported	Optional for M.D.s and Osteopathic, Chiropractic and Podiatric Physicians; not required for Advanced Registered Nurse Practitioners.	Not verified by DOH
Professional and Postgraduate Training	Provides information about professional and postgraduate training attended by the practitioner.	Self-Reported	Mandatory	Information required for licensure is verified by DOH at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.
Academic Appointments	Description	Reported By	Reporting Requirement	Verification
	Provides information about faculty appointments the practitioner received within the past 10 years.	Self-Reported	Mandatory	Not verified by DOH
Specialty Certification	Description	Reported By	Reporting Requirement	Verification
	Provides information on specialty certifications received by the practitioner.	Self-Reported	Mandatory	Not verified by DOH

Financial Responsibility	Description	Reported By	Reporting Requirement	Verification
	Information on how the practitioner has elected to comply with financial responsibility requirements.	Self-Reported	Mandatory	Not verified by DOH
Proceedings and Actions	Description	Reported By	Reporting Requirement	Verification
Criminal Offenses	Description of any criminal offenses of which the practitioner has been found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or nolo contendere.	Self-reported by the practitioner or reported by the Florida Department of Law Enforcement/ Federal Bureau of Investigation (FBI) in response to a criminal background check conducted by DOH	Mandatory	Information is verified by DOH at the time of initial licensure through FDLE and FBI. Changes post-licensure may be self-reported by the practitioner or updated based on a report received from the FDLE. DOH conducts statewide criminal background checks every two years, immediately following a renewal cycle for the practitioner.
Final Disciplinary Actions (Within last 10 years).	Indicates final actions taken by the the last ten years.	Self-reported by the practitioner and reported by DOH	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
Final disciplinary action taken by a specialty board within the previous 10 years.	Indicates final action taken by a specialty board recognized by DOH	Self-Reported	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
Final disciplinary action taken by a licensing agency within the previous 10 years.	Indicates final actions taken by a licensing agency regulating the practitioner's license in Florida or any other jurisdiction.	Self-reported by the practitioner as well as directly from the source.	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
Final disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center within the previous 10 years.	Indicates final action taken by an institution, such as a health maintenance organization, clinic or nursing home.	Self-reported by the practitioner as well as directly from the source.	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.

Proceedings and Actions (cont'd.)	Description	Reported By	Reporting Requirement	Verification
Resigned from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center.	Indicates information related to restriction, resignation or revocation of staff privileges to settle a pending disciplinary action.	Self-Reported	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
Liability Claims Exceeding \$100,000 (Within last 10 years).	Indicates any action or claim providing the date, county, case number, settlement date, amount and policy amount for personal injury alleged to have been caused.	Self-reported by the practitioner and reported directly to the department from the Office Insurance Regulation.	Mandatory for M.D.s and Osteopathic physicians to report to the Office of Insurance Regulation. DOH is required to publish all claims received from the Office of Insurance Regulation.	Information is verified by DOH through the National Practitioner Data Bank.
Liability Claims Exceeding \$5,000 (Within last 10 years).	Indicates any action or claim providing the date, county, case number, settlement date, amount and policy amount for personal injury alleged to have been caused.	Self-reported by the practitioner and reported directly to DOH from the Office of Insurance Regulation	Mandatory for Podiatric physicians to report to the Office of Insurance Regulation. DOH is required to publish all claims received from the Office of Insurance Regulation.	Information is verified by DOH through the National Practitioner Data Bank.
Bankruptcies	Indicates any bankruptcy information received by the department against the practitioner. If no bankruptcy information has been received, this field will not show in the profile.	Self-reported by the practitioner as well as directly from the source.	Not required by the practitioner, but any information in possession of DOH is reported for M.D.s, and Osteopathic and Podiatric physicians.	Not verified by DOH

CONTACT INFORMATION

Email: Licensure_Services@doh.state.fl.us

Telephone: (850) 488-0595

Fax: (850) 487-3284

Mailing Address:

Department of Health

Division of Medical Quality Assurance

Bureau of Operations - Licensing & Auditing Services Unit

4052 Bald Cypress Way, Bin #C-10

Tallahassee, Florida 32399-3260

A Profiling Specialist is available to assist you Monday through Friday, from 8:00 a.m. until 5:00 p.m., excluding state holidays



Optional Information	Description	Reported By	Reporting Requirement	Verification
Committees/ Memberships	A list of any committees on which the practitioner served for any health entity with which they are affiliated.	Self-Reported	Optional	Not verified by DOH
Professional or Community Service Awards	A list of any professional or community service activities, honors, or awards received by the practitioner.	Self-Reported	Optional	Not verified by DOH
Publications	A list of publications authored by the practitioner and published in peer-reviewed medical or nursing literature. Profile includes publication title and the year it was published.	Self-Reported	Optional	Not verified by DOH
Professional Web Page	A link to the practitioner's professional website.	Self-Reported	Optional	Not verified by DOH
Languages Other Than English	Languages, other than English, that the practitioner uses to communicate with patients or any translation services available to patients at the practitioner's primary place of practice.	Self-Reported	Optional	Not verified by DOH
Other Affiliations	A list of any national, state, local, county, or professional affiliations.	Self-Reported	Optional	Not verified by DOH

License Verification

Data As Of **2/8/2009**

ANTHONY GLENN ROGERS

LICENSE NUMBER: **ME62034**

Profession

MEDICAL DOCTOR

License/Activity Status

CLEAR/ACTIVE

Qualifications

Dispensing Practitioner

License Expiration Date

1/31/2011

License Original Issue Date

04/15/1992

Discipline on File

YES

Address of Record

3618 LANTANA RD.
SUITE 200
LAKE WORTH, FL 33462
UNITED STATES

The information on this page is a secure, primary source for license verification provided by The Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Name	Profession	City	Case Number	Action Code	Action Taken	Case Status Date	Case Name
ROGERS, ANTHONY GLENN	Medical Doctor	LAKE WORTH, FL	200626784	5084	Non-Disciplinary Citation Satisfied	06-20-2007	
ROGERS, ANTHONY GLENN	Medical Doctor	LAKE WORTH, FL	<u>199961662</u>	4050	Obligations Imposed	04-21-2006	DOH-06-0688-FOI
ROGERS, ANTHONY GLENN	Medical Doctor	LAKE WORTH, FL	<u>199961662</u>	4050	Obligations Imposed	04-21-2006	DOH-06-0688-FOI
ROGERS, ANTHONY GLENN	Medical Doctor	LAKE WORTH, FL	<u>199961662</u>	4050	Obligations Imposed	04-21-2006	DOH-06-0688-FOI
ROGERS, ANTHONY GLENN	Medical Doctor	LAKE WORTH, FL	<u>199961662</u>	4050	Obligations Imposed	04-21-2006	DOH-06-0688-FOI

Practitioner Profile

Information in this profile has been verified by the practitioner.

ANTHONY GLENN ROGERS

LICENSE NUMBER: **ME62034**
Profession: **MEDICAL DOCTOR**
Year Began Practicing: **1/1/1992**
Expiration Date: **1/31/2011**
Status: **CLEAR/ACTIVE**

Primary Practice Address

ANTHONY GLENN ROGERS
3618 LANTANA RD.
SUITE 200
LAKE WORTH, FL 33462
UNITED STATES

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	BETHESDA MEMORIAL HOSPITAL
City	BOYNTON BEACH
State	FLORIDA

Institution Name	BETHESDA MEMORIAL HOSPITAL
City	BOYNTON BEACH
State	FLORIDA

E-Mail Address

Please contact at: **mdman3@msn.com**

Other State Licensure

This practitioner has indicated the following additional state licensure:

State	
Profession	MEDICAL

State	
Profession	PHYSICIAN

Education and Training

Institution Name UNIVERSITY OF MIAMI
Dates of Attendance 1/1/1984-5/1/1988
Graduation Date 5/1/1988
Degree Title MD

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name DEACONESS HOSPITAL
Program Type INTERNSHIP
Specialty Area TY - TRANSITIONAL YEAR
Other Specialty Area
City ***
State or Country MISSOURI
Dates Attended From 07/01/1988
Dates Attended To 06/30/1989

Program Name LOS ANGELES COUNTY HARBOR/UNIVERSITY OF CALIFORNIA
Program Type RESIDENCY
Specialty Area AN - ANESTHESIOLOGY
Other Specialty Area
City LOS ANGELES
State or Country CALIFORNIA
Dates Attended From 07/01/1989
Dates Attended To 06/30/1992

Program Name LIPOSUCTION
Program Type OTHER PROGRAM
Specialty Area PS - PLASTIC SURGERY
Other Specialty Area
City ***
State or Country COLORADO
Dates Attended From
Dates Attended To 01/01/1996

Program Name AMERICAN ACADEMY
Program Type OTHER PROGRAM
Specialty Area PS - PLASTIC SURGERY
Other Specialty Area

City	***
State or Country	CALIFORNIA
Dates Attended From	
Dates Attended To	01/01/1998
Program Name	COSMETIC BREAST SURGERY
Program Type	OTHER PROGRAM
Specialty Area	PS - PLASTIC SURGERY
Other Specialty Area	
City	***
State or Country	FLORIDA
Dates Attended From	
Dates Attended To	01/01/1997

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	AMERICAN BOARD OF ANESTHESIOLOGY
Certification	AN - ANESTHESIOLOGY
Specialty Board	AMERICAN BOARD OF PAIN MEDICINE
Certification	AN - PAIN MANAGEMENT

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public.

This practitioner has indicated that he/she has NO criminal offenses.

Information provided has been verified through a criminal records check as of 8/28/2008 4:43:12 PM.

Final Disciplinary Actions (Within last 10 years)

For instructions on how to order copies of final disciplinary actions, please go to http://www.doh.state.fl.us/mqa/clientserv/records_request.htm

This information has been reported by the Department of Health:

Taken By	FLORIDA DEPARTMENT OF HEALTH
Date	4/21/2006
Description of Disciplinary Action	Obligations Imposed
Under Appeal	N
Type	Fine
Imposed	2/17/2004
Due	8/15/2004
Completed	9/2/2004
Amt Due	\$1,000.00
Amt Recvd	\$10,000.00
Type	Costs
Imposed	2/17/2004
Due	8/15/2004
Completed	9/2/2004
Amt Due	\$9,322.35
Amt Recvd	\$9,322.35
Type	Continuing Education
Imposed	8/15/2004
Due	11/30/2005
Completed	11/4/2005
Amt Due	\$0.00
Amt Recvd	\$0.00

This information is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Resigned from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center:

This practitioner has indicated that he/she has NEVER been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 (Within last 10 years).

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	5/23/2002
County	
Judicial Case	
Settlement Date	8/23/2004
Amount	\$250,000.00
Policy Amount	
Incident Date	9/12/2002
County	PALM BEACH
Judicial Case	50 2005 CA 0039
Settlement Date	3/14/2007
Amount	\$250,000.00
Policy Amount	\$250,000.00

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation	AMERICAN ACADEMY OF COSMETIC SURGERY
Affiliation	AMERICAN SOCIETY OF REGIONAL ANESTHESIA
Affiliation	ASCBS
Affiliation	ASLSS
Affiliation	BRD CERT/AMERICAN ACADEMY OF PAIN MEDICINE, PAIN MEDICINE
Affiliation	FLORIDA ACADEMY OF COSMETIC SURGERY

ATTACHMENT

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Massachusetts Board of Registration in Medicine Physician Profile

Robert P. Wespiser, M.D.

I. Physician Information

(The information in sections I - VI has been provided by the physician.)

<u>License Status:</u>	Active
<u>License Issue Date:</u>	3/19/1986
<u>Accepting New Patients:</u>	Yes
<u>Accepts Medicaid:</u>	Yes
<u>Primary Work Setting:</u>	Private Office
<u>Business Address:</u>	710 Stockbridge Road Lee, MA 01238
<u>Phone:</u>	(413) 243-0122
<u>Translation Services Available:</u>	None Reported
<u>Insurance Plans Accepted:</u>	Blue Cross Blue Shield Community Health Plan Health New England, Inc. Numerous Plans Accepted
<u>Hospital Affiliations:</u>	Berkshire Health Systems Nursing Home

II. Education & Training

<u>Medical School:</u>	University of Massachusetts Medical School
<u>Graduation Date:</u>	1983
<u>Post Graduate Training:</u>	Umass Medical Center (7/1/1983-6/30/1984) Umass Medical Center (7/1/1984-6/30/1986)

III. Specialty

<u>Area of Specialty:</u>	Internal Medicine
----------------------------------	-------------------

IV. Board Certifications

American Board of Medical Specialties (ABMS)

<u>Board Name</u>	<u>General Certification</u>	<u>Subspecialty</u>
-------------------	------------------------------	---------------------

Internal Medicine

Internal Medicine

V. Honors and Awards

This physician has reported no awards.

VI. Professional Publications

This physician has reported no publications.

VII. Malpractice Information

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.
- This report reflects data for the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

Dr. Wespiser has not made a payment on a malpractice claim in Massachusetts in the past ten years.

VIII. Disciplinary and/or Criminal Actions**A. Criminal Convictions, Pleas and Admissions:**

The information in this section may not be comprehensive. The courts are now required by law to supply this information to the Board.

Dr. Wespiser has had no criminal convictions in the past ten years.

B. Hospital Discipline:

This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

Dr. Wespiser has no record of hospital discipline in the past ten years.

C. Board Discipline:

This section includes final disciplinary actions taken by the Massachusetts Board of Registration in Medicine during the past ten years.

1.	<u>Date:</u>	12/17/2008
	<u>Case #:</u>	2008-051
	<u>Action:</u>	Suspension, Stay of Suspension, Probation
	<u>Instrument:</u>	Consent Order
	<u>Action Note:</u>	Indefinite Suspension

Additional information about a physician, including closed complaints, may be available by calling the Massachusetts Board of Registration in Medicine
Phone 781-876-8230
Toll Free Number (Massachusetts only) 1-800-377-0550

Return to
[Physician Profile Search](#)
Direct questions and comments about these results to
Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880
Phone 781-876-8200
For direct response please use [Email](#)

Please read the Board of Registration in Medicine [Disclaimer](#)



COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2008-051

_____)
 In the Matter of)
)
 Robert P. Wespiser, M.D.)
 _____)

STATEMENT OF ALLEGATIONS

In Board of Registration in Medicine (the Board) Docket No. 07-302, the Board has reason to believe that Robert P. Wespiser, M.D. (Respondent) has fraudulently obtained controlled substances by issuing prescriptions in the names of fictitious patients and then filling them for self-use.

BIOGRAPHICAL INFORMATION

1. The Respondent was born on May 27, 1957. He graduated from University of Massachusetts Medical School in June 1983, and has been licensed to practice medicine in Massachusetts since March 19, 1986 under certificate number 55555. The Respondent specializes in internal medicine and is certified by the American Board of Internal Medicine. He is a partner in Suburban Internal Medicine, a group practice located in Lee, Massachusetts. He has nursing home privileges at Laurel Lake Center for Health and Rehabilitation in Lee, where he is medical director, and at Providence Care Nursing Center in Lenox. He has hospital privileges at Berkshire Medical Center.

FACTUAL ALLEGATIONS

2. For a period of about six months, beginning in February 2001, the Respondent was prescribed hydrocodone/APAP (a Schedule III controlled substance) and tramadol (a Schedule VI controlled substance) by an orthopedic surgeon, following a leg fracture.

ATTACHMENT

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Medical Board of California



2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Consumer Information Line: (916) 263-2382

Physician Information

Licensee Name: LURA JUSTICE REDDINGTON, MD
License Type: PHYSICIAN AND SURGEON
License Number: G76987
License Status: LICENSE RENEWED & CURRENT
Public Record Actions: HOSPITAL DISCIPLINE
Original Issue Date: JUNE 28, 1993
Expiration Date: FEBRUARY 28, 2011
Address: 6730 N WEST AVE # 115
FRESNO, CA 93711
County: FRESNO

Public Disclosure

To find out what information is and is not available, please click [here](#).

If information is posted in the Administrative/Disciplinary Actions or Administrative Citation Issued categories below, documents may be available for review. Please click [here](#) to search the public document database.

Administrative/Disciplinary Action

No information available.

Administrative Action Taken by Other State or Federal Government

No information available from this agency.

Felony Conviction

No information available from this agency.

Misdemeanor Conviction

No information available from this agency.

Administrative Citation Issued

No information available.

Hospital Disciplinary Action

The action taken by this healthcare facility against this physician's staff privileges to provide healthcare services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

Complaint Number: 08 2000 109065
Health Care Facility: FRESNO SURGERY CENTER FRESNO, CALIF.
Description of Action: TERMINATION OR REVOCATION OF STAFF PRIVILEGES
Effective Date of Action: MARCH 31, 2000

Malpractice Judgment

No information available from this agency.

Arbitration Award

No information available from this agency.

Malpractice Settlements

No information available from this agency.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Education

Medical School: MEDICAL COLLEGE OF PENNSYLVANIA

Year Graduated: 1989

This information is updated Monday through Friday - Last updated: FEB-06-2009

All information provided by the Department of Consumer Affairs on this web page, and on

its other web pages and internet sites, is made available to provide immediate access for the convenience of interested persons. While the Department believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Department makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Department, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other web pages maintained by the Department. All access to and use of this web page and any other web page or internet site of the Department is governed by the Disclaimers and Conditions for Access and Use as set forth at California Department of Consumer Affairs' Disclaimer Information and Use Information.

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ATTACHMENT

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AIM

Association of State Medical Board Executive Directors

**Rhode Island Department of Health
Board of Medical Licensure and Discipline
Search Results**

Licensee Name	JOHN ANDREW HALLBERG
License Status	EXPIRED - MUST REINSTATE
License Number	MD07302
License Type	MD
Business Address	10 HUTCHINSON DR
City State Zip	FAIRMONT WV 26554-1235
Business Phone	(860)-536-0773
Birthdate	1956
Gender	Male
Primary Specialty	ORTHOPAEDIC SURGERY
Year Board Certified	1990
Secondary Specialty	No secondary Specialty
License issue date	06/01/1988
License expire date	06/30/2008
License last renewed	2006
Medical School	TULANE UNIVERSITY SCHOOL OF MEDICINE
Medical School Location	NEW ORLEANS LA UNITED STATES
Medical School Graduation Year	1982
Examination Code	National Boards
Hospital Privileges	Yes
Hospital Privileges at:	Westerly Hospital
Disciplinary Action in RI?	YES

This physician's record was last updated on 02/05/2009

**Direct questions and comments about these results to
Rhode Island Department of Health
Board of Medical Licensure and Discipline
This Board's data has been searched 850196 times since 12/11/1997**

Please read the AIM [Disclaimer](#)

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**BOARD OF MEDICAL LICENSURE AND
DISCIPLINE**

No. C07-335

**IN THE MATTER OF
J. Andrew Hallberg, M.D.
License Number: MD 07302**

Consent Order

Pursuant to R.I. General Laws §5-37-5.2, 1956, as amended, (2002 Reenactment) a notification was received by the Board of Medical Licensure and Discipline [Board] regarding J. Andrew Hallberg, M.D. ("Respondent"). This matter was referred to an Investigating Committee of the board for investigation and recommendation. The following are findings of fact and conclusions of law:

FINDINGS OF FACTS AND CONCLUSIONS OF LAW

1. The Respondent is a physician born in 1956 and has been licensed to practice medicine in Rhode Island since 1988. He is a 1982 graduate of the Tulane University School of Medicine. His primary area of practice is Orthopedic surgery. He had hospital privileges at the Westerly Hospital until March 2007. The Respondent failed to answer a question relating to past disciplinary action correctly on the 2006 – 2008 Rhode Island medical license renewal application regarding whether he had any hospital disciplinary action. He failed to disclose action taken by the hospital.
2. The Westerly Hospital notified the Rhode Island Board of Medical Licensure and Discipline about its action and it reported that the Respondent's privileges have been placed on probation for 3 years to the National Practitioner Data Bank.

ATTACHMENT

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**CONNECTICUT
DEPARTMENT OF PUBLIC
HEALTH**

Physician Profile

MARTIN PERLIN MD

This profile contains information that may be used as a starting point in evaluating the physician. This profile should not, however, be your sole basis for selecting a physician.

I. Physician Information

Connecticut License Number: 030601 Date Issued: 02/23/1990 Date Expires: 08/31/2009

License Status: *Current, Prior Discipline*

Currently practicing medicine in Connecticut: *Yes*

Practice Location(s): *Martin Perlin, M.D.
9 Bettswood Road
Norwalk, CT 06851-5103*

Languages spoken other than English
at the practice location: *French, Italian, Spanish*

Hospitals/Nursing Home
Affiliations: *Norwalk Hospital, Norwalk CT
Westport Health Care Center, Westport CT
Wilton Meadows Health Care Center, Wilton CT
Honey Hill Rehabilitation And Nursing Center, Norwalk CT
Stamford Hospital, The, Stamford CT
Marathon Healthcare Center Of Norwalk, Norwalk CT*

II. Education

Medical School: *SUNY Downstate*
Year of Graduation: *1976*

III. Post Graduate Training

<u>Dates of training</u>	<u>Training</u>	<u>Level</u>	<u>Hospital, City and State</u>
07/01/1976 - 06/30/1977	Internal Medicine	Intern	New York Hospital New York, NY
07/01/1977 - 06/30/1979	Internal Medicine	Resident	New York Hospital New York, NY
07/01/1979 - 06/30/1982	Hematology/Oncology	Fellowship	New York Hospital New York, NY

IV. Specialty

Specialty: *Internal Medicine*
Subspecialty: *Hematology*

Current American Board Certification:

None reported.

This physician has reported the above Certification.

For more information regarding Board Certification please contact:

The American Board of Medical Specialties at www.abms.org

or The American Osteopathic Association at www.am-oste-assn.org

V. Medical Educational Responsibility (This section is voluntary)

None reported.

VI. Publications, Professional Services, Activities and Awards (This section is voluntary and may include a maximum of ten items)

None reported.

VII. Malpractice Information

Some studies have shown that there is no significant correlation between malpractice history and a physician's competence. At the same time, consumers should have access to malpractice information. This profile contains information about the malpractice payment history of the physician. Payment amounts have been placed into three statistical categories: below average, average and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- *Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares physicians only to the members of their specialty, not all physicians, in order to make an individual physician's history more meaningful.*
- *This malpractice information reflects data for the last 10 years of the physician's practice. For physicians practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.*
- *The incident causing the malpractice claim may have happened years before payment is finally made. Sometimes it takes a long time for a malpractice lawsuit to move through the legal system.*
- *Some physicians work primarily with high risk patients. These physicians may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk of problems.*
- *Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. For example, an insurer may choose to settle a case even if the physician opposes such settlement.*

You may wish to discuss the information provided in this report, and malpractice generally, with your physician.

Physicians licensed in specialty(Internal Medicine): 6166

Number who made malpractice payments in the last ten years: 460

Payments made by or on behalf of this physician

<u>Date Resolved</u>	<u>Payment Category</u>	<u>Specialty</u>
09/25/2001	Average	Internal Medicine

VIII. Hospital Discipline Within the Last Ten Years

This section contains several categories of disciplinary actions taken by hospitals during the past 10 years which are specifically required by law to be released in the physician's profile.

Hospital

City, State

Nature of Discipline

None reported.

IX. Felony Convictions Within the Last Ten Years

Date of Conviction Nature of Conviction

None reported.

X. Connecticut Licensure Disciplinary Actions

License Status: Current, Prior Discipline

Date of Action

Action

06/17/2008

Consent Order Signed

To obtain a copy of the discipline reported above, make note of license number and [click here](#)

Please direct questions and comments about this profile to:

*Connecticut Department of Public Health
Physician Profiles
410 Capitol Ave., M.S. 12 APP
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7557*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In Re: Martin Perlin, M.D.

Petition No. 2007-0320-001-042

CONSENT ORDER

WHEREAS, Martin Perlin (hereinafter "respondent") of Norwalk, Connecticut has been issued license number 030601 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. In January 2007, patient DM, a resident under respondent's care at Westport Health Care Center nursing home, was referred to Norwalk Hospital's Emergency Department for flank and abdominal pain and diagnosed with "infectious pan-colitis". Upon discharge from the hospital to the nursing home, respondent did not adequately monitor DM's continuing abdominal symptoms and/or obtain test results for C. Dificile infection in a timely manner.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-13(c), including but not limited to, 20-13(c)(4).

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

ATTACHMENT

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Division of Registrations

Department Home Division Home Physician Profiling

Physician Profile

Search

Kenneth Clinton Parsons

Aliases

Parsons, Kenneth Clinton

Address

Englewood, CO 80111-0000

License

License Number: 24980
 License Type: DR
 License Status: Active
 License First Issued: 10/14/1982
 Last Renewal Date: 07/17/2008
 Last Expiration Date: 05/31/2009

Physician Profile

Last updated: 06/26/2008

Other Medical Licenses

Have you ever held, or do you currently hold, any other medical licenses from any other state, country or province? Yes

License Number	License Type	Year Issued	Expire/ Renew	State/ Country	License Status
030161	Physician	1971	2008	MI	Inactive
G59819	Physician	1987	2007	CA	Other
J4956	Physician	1993	2008	TX	Active

Board Certifications

Do you hold any current Board Certifications? Yes

Certification	Other
Physical Medicine and Rehabilitation	

Practice Specialties

Yes

Specialty	Other
Physical Medicine and Rehabilitation: Spinal Cord Injury Medicine	

CO Hospital Affiliations

Do you have an affiliation with any Colorado hospital? No

Other Health Care Facilities and Out of State Hospitals

Do you have an affiliation with any health care facility or a non-Colorado hospital? Yes

Facility Name	Affiliation		City, State
	Type	Other Type	
The Institute of Rehab and Research	Other	Consulting recently	Houston, TX

Memorial Hermann Hospital	Other	Consulting recently	Houston, TX																
Business Ownership																			
Do you have a current <u>ownership interest</u> in any business whose mission relates to the provision of health care services or products?			No																
Employment Contracts																			
Do you have a current <u>employment contract</u> with any business whose mission relates to the provision of health care services or products?			Yes																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Entity Name</th> <th style="width: 30%;">Contract Length</th> <th style="width: 40%;">Contract Position</th> </tr> </thead> <tbody> <tr> <td>Paradigm Healthcare</td> <td>Renewed Annually</td> <td>Independent Contractor</td> </tr> </tbody> </table>				Entity Name	Contract Length	Contract Position	Paradigm Healthcare	Renewed Annually	Independent Contractor										
Entity Name	Contract Length	Contract Position																	
Paradigm Healthcare	Renewed Annually	Independent Contractor																	
Disciplinary Actions																			
Have you ever had <u>public disciplinary action</u> taken against your medical license by a board or licensing agency of any state or country?			No																
Restrictions or Suspensions																			
Have you ever entered into any agreement or stipulation to temporarily cease the practice of medicine or had a board order issued restricting or suspending your medical license?			No																
Health Care Facility Actions																			
Have you ever had any <u>involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension</u> of hospital or healthcare facility privileges?			Yes																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Facility Name</th> <th style="width: 15%;">City, State</th> <th style="width: 15%;">Action Type</th> <th style="width: 15%;">Action Year</th> <th style="width: 15%;">Action Duration</th> <th style="width: 15%;">Terms Complete</th> <th style="width: 15%;">Year Complete</th> <th style="width: 15%;">Terms</th> </tr> </thead> <tbody> <tr> <td>The Methodist Hospital</td> <td>Houston, TX</td> <td>Other</td> <td>1998</td> <td>Indefinite</td> <td>No</td> <td></td> <td>Appointment expired due to inactivity, insufficient patient contacts.</td> </tr> </tbody> </table>				Facility Name	City, State	Action Type	Action Year	Action Duration	Terms Complete	Year Complete	Terms	The Methodist Hospital	Houston, TX	Other	1998	Indefinite	No		Appointment expired due to inactivity, insufficient patient contacts.
Facility Name	City, State	Action Type	Action Year	Action Duration	Terms Complete	Year Complete	Terms												
The Methodist Hospital	Houston, TX	Other	1998	Indefinite	No		Appointment expired due to inactivity, insufficient patient contacts.												
U.S. DEA Registration																			
Have you ever had to involuntarily surrender your United States Drug Enforcement Administration Registration?			No																
Convictions																			
Have you ever had any final <u>criminal conviction(s)</u> or plea arrangement(s) resulting from the commission or alleged commission of a felony or <u>crime of moral turpitude</u> in any jurisdiction?			No																
Paid Claims																			
Have you ever had any final judgment against, settlement entered into by, or arbitration award paid on your behalf for medical malpractice?			No																
Carrier Refusal																			
Has a medical malpractice insurance carrier ever refused to issue a medical malpractice insurance policy to you due to past claims experience?			No																

GENERAL DISCLAIMER

The information posted on the state board of medical examiner's website was provided by applicants for an original medical license; applicants for reinstatement or reactivation of an existing medical license; as well as by those physicians renewing a medical license. This information is not verified by the board. The board will take action to obtain compliance with the requirements to provide accurate and timely information as required by law when information is received that indicates information required by law has not been received or is not accurate.

AVAILABILITY DISCLAIMER

If no Profile is found it could be for the following reasons: **Physicians who held an active license issued by the Board prior to January 1, 2008 are not required to complete a physician profile until the May 31, 2009 license renewal period. Physicians who have an inactive or lapsed license are not required to complete a physician profile until they apply for reactivation or reinstatement.** To verify whether there have been any board actions against this physician click [here](#) to go to the Automated Licensure Information System (ALISON).

MALPRACTICE CLAIMS DISCLAIMER

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, consumers should have access to malpractice information. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind: (1) Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. (2) You should take into account how long the doctor has been in practice when considering malpractice averages. (3) The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system. (4) Some doctors work primarily with high-risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems. (5) Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. You may wish to discuss information provided, and malpractice generally, with your doctor.



1560 Broadway, Suite 1350 Denver, CO 80202 (303) 894-7800 - Phone (303) 894-7693 - Fax [E-Mail](#)

[Technical Assistance](#) [Privacy](#) [Accessibility](#)

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ATTACHMENT

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AIM

Association of State Medical Board Executive Directors

**Physician Search****State of Maine Board of Licensure in Medicine**137 State House Station
Augusta, ME 04333-0137
(207) 287-3601**General Information**

Gene Cheng MD	License Number: 015417
6 Middle St	License Status: Active
	Initial License: 9/21/2000
Augusta ME 04330	License Expires 2/28/2009
207-622-4400	

Education and Training

Note: Information up to the date of initial licensure is verified by the Board. Information provided by the licensee after this date is not verified by the Board.

Medical School: **TULANE UNIVERSITY, NEW ORLEANS, LA**Graduation Date: **1997***Specialty: **Internal Medicine*****The Board does not verify current specialties.****To determine if a physician has been board certified by the American Board of Medical Specialties please visit www.abms.org****Board Actions****Actions: None**

This information was extracted on 2/7/2009**Please read the AIM Disclaimer**

Maine Doctor Ratings

Cheng, Gene MD · 6 Middle St, **Augusta** 04330 · [view map](#)

Uses Clinical Office Systems



Overall

Practice has **made good progress** in using clinical office systems for managing your care.



Keeps electronic medical records

Practice did not complete survey, or survey shows no progress.



Uses electronic prescriptions

Practice has **made good progress** in using clinical office systems for managing your care.



Maintains a chronic illness registry

Practice has **well developed** clinical office systems for managing your care.



Follows clinical guidelines

Practice has **well developed** clinical office systems for managing your care.



Reviews patient risk factors

Practice has **well developed** clinical office systems for managing your care.



Creates action plans

Practice has **made good progress** in using clinical office systems for managing your care.



Coordinates patient care

Practice has **well developed** clinical office systems for managing your care.

Measures Results of Diabetes Care



Measures outcomes for diabetes patients

Practice is measuring outcomes and achieving recognized results.

101 patients measured

Measures Results of Heart Disease Care



Measures outcomes for heart disease patients

Practice is measuring outcomes and achieving recognized results.

42 patients measured

Yvonne L. Geesey
PO Box 62245
Honolulu, HI 96839
geesey@hawaii.edu

Aloha Chairperson Yamane, Vice-Chair Nishimoto and members of the Health Committee.

My name is Yvonne Geesey and I am an advanced practice registered nurse—a nurse practitioner and an attorney.

I see patients one day a week and work in the law the other four days. I am here today testifying as an individual.

I would like to testify in support of the patient's right to know, house bill 1540. I would like you to consider extending the bill to include advanced practice registered nurses.

This information should be in the public domain. It will give our patients an opportunity to make an informed choice in selecting a health care provider.

However, I disagree that our email addresses should be disclosed and would ask that you delete that mandate from the bill.