



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

September 25, 2006

Scott Teitelbaum, MD
12504 N.W. 116 Place
Alachua, FL 32615

Re: Memorandum of Decision
Petition No. 990929-001-194
License No. 028518

Dear Dr. Teitelbaum:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective September 18, 2006.

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

Please be certain to retain this letter as documented proof that you have completed your license probation.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton, RN, Nurse Consultant
Office of Practitioner Licensing and Investigations

cc: J. Filippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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STATE OF CONNECTICUT
CONNECTICUT MEDICAL EXAMINING BOARD

Scott Teitelbaum, M.D.

MEMORANDUM OF DECISION

Procedural History

On May 7, 2001, Scott Teitelbaum ("petitioner") filed a motion to modify a Memorandum of Decision of the Connecticut Medical Examining Board ("the Board") dated April 15, 1997 ("the Memorandum of Decision") that revoked petitioner's license to practice medicine in Connecticut ("Motion for Reinstatement").¹ In his Motion for Reinstatement, petitioner requested a Board hearing on his request that he be granted a restricted medical license in Connecticut. Bd. Exh. 3. On May 24, 2001, the Department of Public Health ("the Department") filed an Objection to Respondent's Motion for Reinstatement. Bd. Exh. 4. On June 15, 2001, petitioner filed a Reply to the Department's Objection to Respondent's Motion for Reinstatement. Bd. Exh. 5.

On June 19, 2001, the Board granted petitioner's request for a hearing on the Motion for Reinstatement. *See Conn. Gen. Med. Bd. Minutes 6/19/01.*

On June 27, 2001, the Board appointed a panel consisting of John Russell, M.D., and Grant H. Miller, Jr. Esq., ("the Panel") to hear petitioner's case and scheduled a hearing for July 16, 2001. Bd. Exh. 1.

On July 16, 2001, the Panel held an administrative hearing to adjudicate petitioner's request for reinstatement of his license. Petitioner was represented by Attorney Michael Neubert, and the Department was represented by Attorney Leslie Scoville.

The Panel conducted the hearing in accordance with Chapter 54 of the Connecticut General Statutes (the Uniform Administrative Procedure Act) and Conn. Agencies Regs. §§19a-9-1, *et seq.* All Panel members received copies of the entire record and attest that they have either heard the case or read the record in its entirety.

¹ The motion was originally entitled "Motion for Modification of the 1997 Memorandum of Decision" and was renamed, "Motion for Reinstatement of License" at the July 16, 2001 hearing. Dept. Exh. 6; Tr., pp. 57-58.

The Board reviewed the Panel's proposed final decision in accordance with Conn. Gen. Stat. §4-179. The proposed final decision was sent to the parties and an opportunity was afforded to them to file exceptions and briefs and to request oral argument. This decision is based entirely on the record and the professional training, knowledge and experience of the members of the Board. *Pet v. Department of Health Services*, 228 Conn. 651, 667 (1994).

Findings of Fact

1. Petitioner previously held Connecticut physician license number 028518. Bd. Exh. 3, p. 2.
2. On November 13, 1992, petitioner entered into a Consent Agreement with the Committee on Physician Health of the Hartford County Medical Association ("the Committee") and the Department in which he agreed, in pertinent part, to refrain from the ingestion of any controlled substance unless he was under the direct care of a licensed physician. Bd. Exh. 3-A, p. 6; Ptnr. Exh. B-I (A), p. 6.
3. On October 3, 1994, petitioner entered into a First Amended Consent Agreement with the Committee and the Department in which he admitted that he abused certain controlled substances and/or legend drugs and he agreed, in pertinent part, to refrain from the ingestion of alcohol, or any controlled substance, unless he was under the direct care of a licensed physician. Bd. Exh. 3-A, p. 6; Ptnr. Exh. B-I (A), p. 6.
4. From approximately 1981 to May of 1995, petitioner abused or used cocaine to excess. Bd. Exh. 3-A, p. 6; Ptnr. Exh. B-I (A), p. 6.
5. From at least November of 1992 to May of 1995, petitioner abused or used marijuana to excess. Bd. Exh. 3-A, p. 6; Ptnr. Exh. B-I (A), p. 6.
6. On or about May 3, 1995, petitioner tested positive for cocaine, which had not been prescribed for petitioner by another licensed physician. Bd. Exh. 3-A, p. 7; Ptnr. Exh. B-I (A), p. 7.
7. In May of 1995, petitioner used or abused crack cocaine, for a binge period of approximately seven days. Bd. Exh. 3-A, p. 7; Ptnr. Exh. B-I (A), p. 7.
8. In at least July and August of 1996, petitioner ingested alcohol and/or cocaine. Bd. Exh. 3-A, p. 7; Ptnr. Exh. B-I (A), p. 7.
9. The twice weekly random, observed urine screens imposed upon petitioner by the 1992 and 1994 Consent Agreements were insufficient to detect his then on-going substance

abuse. Petitioner was quite adept at manipulating the system to avoid detection. Petitioner testified that he avoided detection of substance abuse by using someone else's urine for the urine samples he was required to submit. Ptnr. A, pp. 144, 151.

10. On April 15, 1997, the Board revoked petitioner's medical license. Petitioner did not appeal that decision. Bd. Exh. 3-A; Ptnr. Exh. B-I (A).
11. From August 23, 1996 to October 16, 1996, petitioner received drug and alcohol treatment at the Next Step Recovery Program at Forrest General Hospital in Hattiesburg, Mississippi. The random urine drug screens petitioner submitted during that time were negative. Ptnr. Exh. B-III.
12. From November of 1996 to May of 1997, petitioner entered into a contract with the Caduceus Club of Mississippi for a program for recovering health professionals which required him to attend regular Alcoholics Anonymous ("AA") meetings and submit to random urine tests, all of which were negative. Ptnr. Exh. B-III.
13. The April 15, 1997 Memorandum of Decision required petitioner to wait five (5) years before seeking reinstatement of his license ("MOD"). Ptnr. Exh. B-I (A).
14. In June of 1997, petitioner moved to Gainesville, Florida and signed a five-year contract with Physician's Recovery Network, Florida's impaired physicians program for aftercare and monitoring ("PRN"). Under that contract petitioner was required to submit to random urine screens, weekly meetings of recovering health care professionals, and two to three AA meetings per week. Ptnr. Exh. , B-II (C), B-III; Tr., p. 47.
15. From July, 1997 through June, 1998, petitioner completed an Addiction Medicine Fellowship at the University of Florida. Ptnr. Exh. B-III, B-VI (A).
16. From July 1, 1998 to at least April 28, 2000, petitioner was a fellow in Child and Adolescent Psychiatry at the University of Florida. Ptnr. Exh. B-III.
17. On September 2, 1999, petitioner filed a Motion for Modification of the MOD, seeking a hearing to determine whether the Board could grant him an unrestricted medical license in the State of Connecticut in order for him to obtain a license as a physician in Florida and accept a position at the University of Florida. Board Exh. 3-B.
18. On September 21, 1999, petitioner withdrew his Motion for Modification and substituted it with a Request for Reinstatement of his license. On April 18, 2000, the Board held a hearing on the Request for Reinstatement. On August 14, 2000, the Board issued a proposed memorandum of decision, denying petitioner's request for an unrestricted and unencumbered license. On August 30, 2000, petitioner filed a Motion to Withdraw Request for Reinstatement of License. On September 19, 2000, the Board granted the Motion. Board Exh. 3-B to 3-D.

19. On March 9, 2001, the Florida Board of Medicine issued an order (“the Florida Order”) in which it concluded that petitioner established his ability to safely and responsibly practice medicine and maintain his recovery. The Florida Order issued petitioner a Florida medical license with the requirement that petitioner continue to be enrolled in the PRN program until PRN determines that this requirement is no longer necessary. Board Exh. 3-E.
20. Presently, the PRN program has monitored a total of 6,000 health care professionals throughout the United States. It monitors approximately 1,200 health professionals at any given time. The PRN program includes an application packet, evaluation and treatment and, once treatment is completed, the PRN program initiates a monitoring phase that can last from one year to the entire time a practitioner holds the license. Tr., pp. 28, 29.
21. The negative random urine drug screen results performed by the PRN program are reliable. The urine screen is a computerized random system where the physician under the PRN contract is obligated to call an 800 number on a daily basis. At that time, they are ordered to provide a urine sample. Under the PRN protocol, staff members observe the collection of the urine samples and immediately measure the sample temperature to confirm that the samples had not been replaced by a previous collected sample. Tr., pp. 33, 56.
22. The PRN computerized random urine drug screen system orders participants to provide a urine sample once per week for the first six months; once per month from the sixth month to the second year of participation; and, during the fourth and fifth years, participants are called in a completely random manner, with a minimum of twelve random screens during the last year of the program. During the last year of monitoring, participants may be called once per month, but may also be called three days in a row, not at all for another month, or for two days in a row. Tr., p. 33.
23. The PRN program maintains a computerized record of screen results. Positive results for controlled substances are immediately sent to the facilitators and the program director. Negative result printouts are reviewed during daily PRN board meetings. These printouts show results, chain of custody, and the date of the actual collection of the urine. Only the positive results of the urine screens are kept in the individual files of the participants. Negative urine screen results are shredded; however, the central storehouse, which initiates the random call system, has access to every single urine screen record. Tr., pp. 35, 36.
24. During their daily review of the urine drug screen printouts, the PRN board members look at every participant who provided a sample, the results, and whether a participant has periodically missed screens. If screens are missed, the non-compliant participant is immediately questioned about the reason for the missing screen, and if the participant fails to produce a valid excuse, PRN staff can then override the random computer protocol, making the computer call the participant more frequently. The program

maintains a list of high-risk populations, which are monitored in a more frequent manner. Participants who either miss their screens or their meetings are also confronted personally during group meeting times and the frequency of the sample collection is modified. Finally, any participant who fails to comply with the program on a regular basis is referred to the Agency for Health Care Administration or the prosecutorial arm of the board. Tr., pp. 49-51.

25. In addition to drug screens, the PRN program holds weekly professional group meetings, which are run by facilitators who are supervised by Dr. Richard Pomm,² the director of the PRN program. Dr. Pomm was a credible witness. The program also requires participants to attend A.A. meetings. Lastly, the PRN program keeps close contact with participants by making personal phone calls to their offices. Tr., pp. 25, 30, 37.
26. Dr. Pomm maintains an exceptionally close monitoring of petitioner because Dr. Pomm is associated with the University of Florida and the people with whom petitioner works. Tr., pp. 37, 38.
27. Petitioner has been in full compliance with the PRN program since 1997. Tr., pp. 37, 55.
28. At the present time, petitioner has continued to abide by the PRN contract. At all times, petitioner's drug screens have been negative. Petitioner attends every weekly PRN group meeting, two to three AA meetings per week, and submits urine samples as indicated by the PRN protocol. Additionally, petitioner has agreed to remain involved with the PRN program beyond five years. Finally, petitioner is required to have a primary care physician as well as supervising physician who monitor his progress. Tr., pp. 30, 33, 47, 52, 74, 75, 83.
29. Dr. Pomm will be making the ultimate decision of whether petitioner can be released from the PRN program. His decision will be made two years after petitioner ends his contract with PRN and will be based on whether petitioner has complied with the protocol. During the additional two years, petitioner's urine will be screened in the same manner as in years four and five of the PRN contract. Tr., p. 53.

Discussion and Conclusions of Law

Section 19a-17(d) of the Connecticut General Statutes provides that the Board "may reinstate a license that has been suspended or revoked if, after a hearing, such board . . . is satisfied that the practitioner . . . is able to practice with reasonable skill and safety to patients, customers or the public in general."

² Dr. Pomm also is a consultant for the Florida Department of Health where he is a consultant for every health care board, except the nursing board. Tr., p. 38.

Petitioner has the burden of satisfying the Board that he is able to practice medicine and surgery with reasonable skill and safety. The Board concludes petitioner offered credible testimony that he realizes his wrongdoing with respect to the conduct that resulted in the revocation of his license. The Board also found petitioner to be credible when he testified and presented evidence that significant change has taken place in his life such that any further misconduct would not be repeated. Since June of 1997, petitioner has not abused controlled substances and has remained in compliance with the PRN program.

Based on a review of the evidence presented, the Board concludes that petitioner has met the burden of satisfying the Board of his ability to return to the practice of medicine with reasonable skill and safety under the terms of the probationary period detailed below.

Order

Pursuant to the authority vested in it by Conn. Gen. Stat. § 19a-17(d), the Board hereby grants petitioner's request to have his license as a physician and surgeon reinstated as follows:

1. Petitioner's license number 028518 to practice as a physician and surgeon shall be placed on probation for a period of five (5) years from the effective date of this Order, under the following terms and conditions:
 - a. Petitioner shall continue to be monitored by the Florida PRN program. Petitioner shall cause to have PRN provide quarterly reports to the Department regarding petitioner's compliance with PRN's program. Such reports shall include, but not be limited to, written documentation of positive and negative urine screens. Petitioner shall provide a copy of this Memorandum of Decision to Dr. Pomm and to PRN within fifteen days of its effective date. Petitioner shall cause to have Dr. Pomm and PRN provide written confirmation of receipt of this Memorandum of Decision within thirty (30) days of its effective date.
 - b. Petitioner shall provide his chief of services, employer, partner and/or associate at any hospital, clinic, partnership and/or association at which he is employed or with which he is affiliated or has privileges, and each place where petitioner practices throughout the probationary period, with a copy

of this decision within fifteen (15) days of commencement of employment. Petitioner shall cause to have his employer, as described above, provide written confirmation of receipt of this Memorandum of Decision within thirty (30) days of the commencement of employment.

c. Any violation of Florida's PRN program shall constitute a violation of this Memorandum of Decision.

d. If petitioner commences practice in Connecticut prior to the expiration of the five year period of probation, petitioner shall:

- (1) Submit written notification to the Department ~~within ninety (90) days of~~ ^{thirty (30)} *prior to* commencing such practice.
- (2) Refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, petitioner shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.
- (3) Employ a monitoring physician, approved by the Department, who is licensed to practice in Connecticut.
- (4) Submit to random observed urine screens for alcohol, controlled substances, and legend drugs on a weekly basis, and on a more frequent basis if requested to do so by the monitoring physician, the Department or the Board. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.
- (5) Cause to have the facility provide monthly reports to the Department on the urine screens for alcohol, controlled substances and legend drugs. All

such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by petitioner's physician. If petitioner has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatography/mass spectrometer testing.

- (6) Petitioner understands that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.
- (7) Notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.
- (8) Attend AA meetings on a weekly basis, and provide monthly reports to the Department concerning his record of attendance.
- (9) Practice as physician and surgeon in an office and practice setting that includes other physicians and surgeons.
- (10) Provide his chief of services, employer, partner and/or associate at any hospital, clinic, partnership and/or association at which he is employed or with which he is affiliated or has privileges, and each place where petitioner practices throughout the probationary period, with a copy of this decision within fifteen (15) days of commencement of employment. Petitioner agrees to provide reports from such chief of services, employer, partner, and/or associate for the entire probationary period, stating that petitioner is practicing with reasonable skill and safety and in an alcohol and substance free state. Such reports shall be submitted on a monthly basis for the first six months of the probationary period and quarterly thereafter.
- (11) Obtain written approval from the Board prior to any change in employment.

e. If petitioner commences practicing medicine in Connecticut after the expiration of the five (5) years from the date of this Order, the probationary period shall be deemed complete.

- f. Petitioner shall report to the Department any arrest under the provisions of Conn. Gen. Stat. 14-227a. Such report shall occur within fifteen (15) days of such event.
2. All reports, correspondence and/or other communication with the Department and/or the Board required pursuant to this Order shall be sent to:
- Bonnie Pinkerton
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308.
3. Petitioner shall, within fifteen (15) days of this decision, inform the Department in writing of his current address and shall provide, within seven (7) days of relocation, any change thereto during the period of probation. All notices provided to petitioner shall be sent to the most current address of petitioner on file with the Department.
4. This Order shall become effective upon the signature of the Board Chairperson.

Connecticut Medical Examining Board

9/18/01

Date

Dennis G. O'Neill

by: Dennis G. O'Neill, M.D., Chairman

STATE OF CONNECTICUT
CONNECTICUT MEDICAL EXAMINING BOARD

Scott Teitelbaum, M.D.
406 Powder Hill Road
Durham, CT 06422

Petition No. 950929-01-194

MEMORANDUM OF DECISION

PROCEDURAL BACKGROUND:

The Department of Public Health and Addiction Services ("Department") presented the Connecticut Medical Examining Board ("Board") with a Statement of Charges brought against Scott Teitelbaum, M.D. ("Respondent"), dated October 12, 1995. The Statement of Charges alleged that the Respondent violated Connecticut General Statutes §20-13c. (Department Exhibits 1 and 2).

Prior to the initiation of these charges, the Department offered the Respondent the opportunity to attend a compliance conference scheduled on November 17, 1995 to demonstrate compliance with all lawful requirements for the retention of his license. (Department Exhibit 1).

The Department served the Notice of Hearing and Statement of Charges on the Respondent by certified mail, return receipt requested. (Department Exhibit 1).

On April 2, 1996, April 23, 1996, May 28, 1996, June 4, 1996, and July 16, 1996, the Board held an administrative hearing before a duly authorized panel to adjudicate the Respondent's case. The panel was comprised of Edward Fredericks, M.D., Carl Jaeger, M.D., and Donna Rescorl, R.N. The Respondent appeared with his attorney, Michael Neubert, Esq., for Neubert, Pepe & Monteith, P.C. The Department was represented by Judith Lederer, Esq.

The Department orally amended paragraphs 2 and 5 of the Statement of Charges, absent objection, at the April 2, 1996 hearing. (Transcript 4/2/96 pp. 4-5; Department Exhibit 2). The hearing was closed on July 16, 1996.

On August 23, 1996, the Department filed a Motion to Reopen the Hearing. Absent objection, the Board granted such Motion on August 26, 1996. The Board held a reopened hearing in this matter on October 15, 1996, before the panel identified above. The Department presented the Board with the First Amended Statement of Charges, dated August 23, 1996, which alleged that the Respondent violated Connecticut General Statutes §20-13c. (Department Exhibit 22). The Respondent's Answer to the First Amended Statement of Charges was filed on September 12, 1996. (Department Exhibit 23).

The Board conducted the hearing in accordance with Connecticut General Statutes Chapter 54 and the Regulations of Connecticut State Agencies §19-2a-1, *et seq.* All panel members received copies of the entire record. All panel members attest that they have either heard the case or read the record in its entirety.

The Board reviewed the panel's proposed final decision in accordance with the provisions of Connecticut General Statutes §4-179. The proposed final decision was sent to the parties and an opportunity was afforded to them to file exceptions and briefs and to request oral argument.

The Board considered whether the Respondent poses a threat, in his practice of medicine, to the health and safety of any person. This decision is based entirely on the record and the specialized professional knowledge of the Board in evaluating the evidence.

ALLEGATIONS AND ANSWER:

1. In the First Amended Statement of Charges, the Department alleged that at all times referenced therein, the Respondent was the holder of Connecticut medical license number 028518. The Respondent admitted this allegation. (Department Exhibits 22, 23).

With Regard to the First Count:

2. The Department alleged that in 1991, during a hospitalization for possible substance abuse, the Respondent researched symptoms of bipolar disorder, and mimicked these symptoms, to avoid being diagnosed with substance abuse. The Department alleged that from approximately 1976 until approximately 1991, the Respondent used marijuana on a regular daily basis. The Department further alleged that beginning in medical school (1981-1985) until approximately May of 1995, the Respondent abused or used to excess cocaine. The Respondent denied these allegations. (Department Exhibits 22, 23).
3. The Department alleged that such facts constituted grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to: §20-13c(2), §20-13c(3), §20-13c(4), and/or §20-13c(5). The Respondent denied this allegation. (Department Exhibits 22, 23).

With Regard to the Second Count:

4. The Department alleged that in November of 1992, the Respondent entered into a Consent Agreement with the Committee on Physician Health of the Hartford County Medical Association and the Department of Health Services, in which he agreed, in pertinent part, to refrain from the ingestion of any controlled substance unless he was under the direct medical care of a licensed physician. The Department alleged that in

approximately December of 1993, the Respondent used or abused cocaine. The Respondent admitted these allegations. (Department Exhibits 22, 23).

5. The Department alleged that prior to November of 1992, until at least May of 1995, the Respondent abused or used to excess marijuana. The Respondent denied this allegation. (Department Exhibits 22, 23).
6. The Department alleged that such facts constituted grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to: §20-13c(2), §20-13c(3), and/or §20-13c(5). The Respondent denied this allegation. (Department Exhibits 22, 23).

With Regard to the Third Count:

7. The Department alleged that on October 3, 1994, the Respondent entered into a Consent Agreement with the Committee on Physician Health of the Hartford County Medical Association and the Department of Health Services, in which he agreed, in pertinent part, to refrain from the ingestion of any controlled substance unless he was under the direct medical care of a licensed physician. The Department alleged that on or about May 3, 1995, a urine screen was positive for cocaine, which cocaine had not been prescribed pursuant to the Respondent's direct medical care by another licensed physician. The Respondent admitted these allegations. (Department Exhibits 22, 23).
8. The Department alleged that in May of 1995, the Respondent used or abused to excess crack cocaine, for a binge period of approximately seven days. The Respondent admitted the first portion of this allegation, but denied the portion of the allegation which referenced a binge period. (Department Exhibits 22, 23).

9. The Department alleged that such facts constituted grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to: §20-13c(2), §20-13c(3), and/or §20-13c(5). The Respondent admitted this allegation. (Department Exhibits 22, 23).

With Regard to the Fourth Count:

10. The Department alleged that the above-referenced Consent Agreement additionally required the Respondent to refrain from ingesting alcohol. The Department alleged that the Respondent failed to comply with the terms of the Consent Agreement referenced above, because he ingested alcohol and/or cocaine during the time period of at least July and August of 1996. The Respondent admitted these allegations. (Department Exhibits 22, 23).
11. The Department alleged that such facts constituted grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to: §20-13c(3), and/or §20-13c(5). The Respondent admitted this allegation. (Department Exhibits 22, 23).

FINDINGS OF FACT:

1. At all times referenced in the First Amended Statement of Charges, the Respondent has held Connecticut medical license number 028518. (Department Exhibits 22, 23).

With Regard to the First Count:

2. The Department did not offer sufficient credible evidence to substantiate the allegation that in 1991, during a hospitalization for possible substance abuse, the Respondent researched symptoms of bipolar disorder, and mimicked these symptoms, to avoid being diagnosed with substance abuse. Such allegation was not proven.

3. The Department did not offer sufficient credible evidence to substantiate the allegation that from approximately 1976 until approximately 1991, the Respondent used marijuana on a regular daily basis. Such allegation was not proven.
4. Beginning in medical school (1981-1985) until approximately May of 1995, the Respondent abused or used to excess cocaine. (Transcript 4/2/96 pp. 28-29, 31-32, 51-52, 55, 59, 76, 86, 100-101, 216-218, 221, 235-236; Department Exhibits 6, 7).

With Regard to the Second Count:

5. In November of 1992, the Respondent entered into a Consent Agreement with the Committee on Physician Health of the Hartford County Medical Association and the Department of Health Services, in which he agreed, in pertinent part, to refrain from the ingestion of any controlled substance unless he was under the direct medical care of a licensed physician. (Department Exhibits 22, 23).
6. In approximately December of 1993, the Respondent used or abused cocaine. (Department Exhibits 22, 23).
7. Prior to November of 1992, until at least May of 1995, the Respondent abused or used to excess marijuana. (Transcript 4/2/96 pp. 65-68, 118-119, 153-154, 220-221, 238; Department Exhibits 6, 7).

With Regard to the Third Count:

8. On October 3, 1994, the Respondent entered into a Consent Agreement with the Committee on Physician Health of the Hartford County Medical Association and the Department of Health Services, in which he agreed,

in pertinent part, to refrain from the ingestion of any controlled substance unless he was under the direct medical care of a licensed physician. (Department Exhibits 22, 23).

9. On or about May 3, 1995, a urine screen was positive for cocaine, which cocaine had not been prescribed pursuant to the Respondent's direct medical care by another licensed physician. (Department Exhibits 22, 23).
10. In May of 1995, the Respondent used or abused to excess crack cocaine, for a binge period of approximately seven days. (Department Exhibits 6, 7, 22, 23; Transcript 4/2/96 pp. 59-60; Transcript 6/4/96 pp. 123-124).

With Regard to the Fourth Count:

11. The above-referenced Consent Agreement additionally required the Respondent to refrain from ingesting alcohol. (Department Exhibits 22, 23).
12. The Respondent failed to comply with the terms of the Consent Agreement referenced above, because he ingested alcohol and/or cocaine during the time period of at least July and August of 1996. (Department Exhibits 22, 23).
13. The twice weekly random, observed urine screens imposed upon the Respondent as a condition of his 1992 and 1994 Consent Agreements were not sufficient to detect his ongoing substance abuse. (Transcript 4/2/96 pp. 51-52; Transcript 5/28/96 p. 90; Transcript 10/15/96 pp. 21, 24-33).
14. The Respondent acknowledged that effective monitoring can only be achieved by true randomization of urine screens. He admitted that he had

a "history of manipulating the system." (Transcript 10/15/96 pp. 41, 43-44).

With Regard to the First, Second, Third, and Fourth Counts:

15. The Board finds that the Respondent poses a threat, in his practice of medicine, to the health and safety of the public.

DISCUSSION AND CONCLUSIONS OF LAW:

Connecticut General Statutes §20-13c provides in pertinent part:

The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for any of the following reasons: ... (2) emotional disorder or mental illness; (3) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (4) illegal, incompetent or negligent conduct in the practice of medicine; (5) possession, use, prescription for use, or distribution of controlled substances or legend drugs, except for therapeutic or other medically proper purposes

The Department bears the burden of proof by a preponderance of the evidence in this matter. With regard to the First Count, the Department sustained its burden of proof as to the allegations in paragraphs 1, 4, and 5. The Department did not present sufficient credible evidence to prove the allegations in paragraphs 2 and 3. For the conduct proven in the First Count, the Board finds that the Respondent violated Connecticut General Statutes §20-13c(3).

The Department sustained its burden of proof with regard to all allegations in the Second Count. For the conduct proven in the Second Count, the Board finds that the Respondent violated Connecticut General Statutes §20-13c(3).

The Department sustained its burden of proof with regard to all allegations in the Third Count. For the conduct proven in the Third Count, the Board finds that the Respondent violated Connecticut General Statutes §20-13c(2), §20-13c(3) and §20-13c(5).

The Department sustained its burden of proof with regard to all allegations in the Fourth Count. For the conduct proven in the Fourth Count, the Board finds that the Respondent violated Connecticut General Statutes §20-13c(3) and §20-13c(5).

The Respondent was clearly quite adept at manipulating the system. The Board is greatly concerned by such conduct. The Respondent experienced several years of noncompliant behavior since his first violation of the 1992 Consent Agreement. The twice weekly random, observed urine screens imposed upon him as a condition of his 1992 and 1994 Consent Agreements were not sufficient to detect his ongoing substance abuse. By the Respondent's own admission, effective monitoring could have been achieved only by true randomization of urine screens.

The Respondent poses a threat, in his practice of medicine, to the health and safety of the public. The Board concludes that the Respondent is unable to practice medicine with reasonable skill and safety within the meaning of Connecticut General Statutes §20-13c.

ORDER:

Pursuant to the authority vested in it by Connecticut General Statutes §19a-17 and §20-13c, the Board orders the following in this case against Scott Teitelbaum, M.D., Petition No. 950929-01-194, medical license number 028518:

1. Compliance with the requirements of this Order shall begin no later than forty-five (45) days from the date of mailing of this decision ("compliance date").
2. For the disciplinary violations proven in each of the First, Second, Third, and Fourth Counts, the Respondent's medical license is hereby revoked.
3. If the Respondent desires to reapply for a medical license in the future, he shall do so under the following conditions:
 - a. the Respondent shall appear before a duly authorized panel of the Board prior to any decision regarding reinstatement;
 - b. the Respondent shall wait a minimum of five (5) years before any such reappearance before a future panel.

Connecticut Medical Examining Board

April 15, 1997
Date

Edward J. Fredericks, M.D.
by: Edward J. Fredericks, M.D.,
Acting Chairman

APPENDIX A

Respondent is unable to practice medicine due to physical illness or loss of motor skill, including but not limited to deterioration through the aging process.