



**Department
of Health**

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Commissioner

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Executive Deputy Commissioner

March 11, 2020

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Arthur C. Chandler, III, M.D.

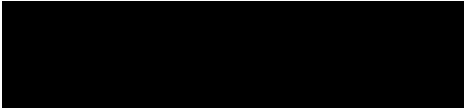

Re: License No. 211077

Dear Dr. Chandler:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 20-057. This order and any penalty provided therein goes into effect March 18, 2020.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,


Michael S. Jakubowski, M.D.
Interim Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Karen Butler, Esquire
Maynard, O'Connor, Smithy and Catalinotto, LLP.
6 Tower Place
Albany, New York 12203

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
ARTHUR C. CHANDLER, III, MD

BPMC No. 20-057
MODIFICATION
OF
CONSENT ORDER

This matter was brought to the New York State Board for Professional Medical Conduct (BPMC) for decision at the request of Arthur C. Chandler, III, MD (Licensee), License No. 211077. Licensee was subject to BPMC Order No. 15-296 (Order), effective December 18, 2015. The Order suspended Licensee's license to practice medicine for an indefinite period of no less than 6 months. The purpose of this proceeding was to determine whether the suspension was to be terminated upon the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct that Licensee, among other things, has successfully complied with or completed a course of therapy and ongoing evaluation, and is no longer incapacitated for the active practice of medicine and that he is both fit and clinically competent to practice as a physician.

A meeting of the Committee was held in the above-entitled proceeding on September 17, 2019. Licensee appeared with his attorney, Karen Butler, Esquire, before a Committee of the State Board for Professional Medical Conduct consisting of Mary E. Rappazzo, MD, Chair, Kenneth J. Steier, MD, and David Irvine, DHSc, PA. The Committee determined, by a unanimous decision, after review of the documents submitted for the petition and careful consideration of all evidence and testimony provided, that the suspension of Licensee's license shall be terminated and that he shall be allowed to practice medicine subject to the following conditions.

THEREFORE, IT IS HEREBY ORDERED THAT:

The suspension of the Licensee's license to practice medicine in the State of New York is terminated and that he shall be subject to the following conditions. Licensee shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters concerning Licensee. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of Licensee's compliance with this Order. Licensee shall meet with a person designated by the Director of OPMC, as directed. Licensee shall respond promptly and provide all documents and information within Licensee's control, as directed. These conditions shall take effect upon the Board's issuance of this Order and will continue so long as Licensee remains licensed in New York State.

Licensee shall maintain active registration of his license with the New York State Education Department Division of Professional Licensing Services and pay all registration fees. This condition shall be in effect 120 days after the effective date of the Order and will continue for as long as Licensee remains licensed in New York State.

Licensee shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the Department all information required by the Department to develop a public physician profile for the Licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his profile information within six months prior to the expiration date of the Licensee's registration period. Licensee shall submit changes to his physician profile information either electronically using the department's secure web site or on forms prescribed by the Department, and Licensee shall attest to the truthfulness, completeness and correctness of any changes Licensee submits to the department. This condition shall take effect 120 days after the Order's effective date and shall continue so long as Licensee remains a licensee in New York State. Licensee's failure to comply

with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to \$10,000 per specification of misconduct found.

Licensee shall provide the Director of OPMC with the following information, in writing, and shall ensure that such information is kept current: a full description of Licensee's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; all current and past hospital, facility, medical practice affiliations and/or applications for such affiliations; all professional licenses held and applied for; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Licensee shall notify OPMC, in writing, within thirty (30) days of any additions to or changes in the required information. This condition shall continue at all times until the Licensee receives written notification from OPMC, Physician Monitoring Program, that OPMC had determined that Licensee has fully complied with and satisfied the requirements of this Order, regardless of tolling.

Licensee shall provide the Director of OPMC with, and ensure to keep current and effective, fully executed waivers of patient confidentiality for any prior or prospective evaluation and treatment records; these waivers shall comply with the requirements of federal confidentiality laws and regulations, including but not limited to: HIPAA, Public Law 104-191, et seq., and the laws governing confidentiality of substance abuse records, at 42 U.S.C. § § 290dd-3 and ee-3 and 42 C.F.R., Part 2. This condition shall continue at all times until the Licensee receives written notification from OPMC, Physician Monitoring Program, that OPMC has determined that Licensee has fully complied with and satisfied the requirements of this Order, regardless of tolling.

Licensee's failure to comply with any conditions of this Order shall constitute misconduct as defined in NY Education Law § 6530(29).

Licensee's return to practice is subject to the probation terms in attached Document A. Unless otherwise indicated, these probation terms shall remain in effect for a period lasting five (5) years from the effective date of this Order.

Prior to engaging in the active practice of medicine under his New York medical license, Licensee must successfully complete a clinical competency assessment (CCA) performed by a program for such assessment approved in writing by the Director of OPMC. The Licensee shall complete the CCA to the satisfaction of the Director of OPMC. The Licensee shall cause a written report of the CCA to be provided directly to the Director of OPMC, as directed, and the Licensee shall be responsible for all expenses related to the CCA.

Licensee may not commence any active practice of medicine until the preceptor, if applicable, and all monitors have been approved in writing by the Director of OPMC, following the Director's receipt of the CCA report.

DOCUMENT A – TERMS OF PROBATION

1. The period of probation shall be tolled during periods in which the Licensee is not engaged in the active practice of medicine in New York State. Licensee shall notify the Director, in writing, if he is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Licensee shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon the Licensee's return to active practice in New York State, the period of probation shall resume and the Licensee shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to Licensee's history or as are necessary to protect the public health.

2. Licensee shall remain free from alcohol and all other mood-altering substances other than those prescribed for Licensee's treatment by a physician or other licensed health care practitioner aware of Licensee's history of substance use disorder. Licensee shall not self-prescribe any medications.

3. Licensee shall be monitored by a qualified health care professional (Toxicology Monitor) proposed by Licensee and approved in writing by the Director of the OPMC. The Toxicology Monitor shall not be a personal friend, current treatment provider or relative of the Licensee. The Toxicology Monitor shall execute an acknowledgment form provided by OPMC certifying familiarity with Licensee's history of substance use disorder and mental illness, with this Order and its terms, and acknowledging a willingness to comply with the reporting responsibilities regarding the Licensee's compliance with the terms of this Order. Licensee shall submit the name of a proposed successor within seven (7) days of learning that the approved Toxicology Monitor is no longer willing or able to serve.

- a. The Toxicology Monitor shall oversee Licensee's compliance with the terms and conditions imposed herein and shall cause to be performed forensically valid, random, directly observed, unannounced hair, blood, breath, oral fluid and/or urine tests for the presence of alcohol and other drugs in Licensee. **Licensee shall provide drug screens at a frequency of no less than six (6) times per month for the first twelve (12) months. The drug screens must include random specific testing for the presence of Ketamine.** Additional specific testing may be added based upon information known to the Director of OPMC, at that time. The Licensee shall be called on a seven day a week basis and drug screens must include weekend, evening, and vacation collections. After twelve (12) months, if Licensee has been fully compliant with this Order, a request for a reduction in the number of drug screens may be submitted for approval in writing by the Director of OPMC.
- b. The Toxicology Monitor shall notify OPMC immediately if Licensee refuses such a test.
- c. The Toxicology Monitor shall notify OPMC immediately if any drug screen reveals, or if the monitor otherwise learns, the Licensee is not alcohol/drug free.
- d. Every three (3) months, the Toxicology Monitor shall submit to OPMC a report certifying compliance with each of the terms of this Order or describing in detail any failure to comply. The quarterly reports shall include forensically valid results of all tests for the presence of alcohol and other drugs performed during that quarter.
- e. Licensee shall report to the Toxicology Monitor for routine testing **within four (4) hours** of being contacted by the Toxicology Monitor to submit a hair, blood, breath, oral fluid and/or urine specimen.

f. Licensee shall avoid all substances that may cause positive results such as poppy seeds/mouthwash/cough medication/hand sanitizer/herbal teas. **Any positive result will be considered a violation of this Order.**

g. If Licensee will be unavailable for toxicology monitoring due to a vacation or any other reason that makes the Licensee unavailable to submit to toxicology monitoring by his approved Toxicology Monitor, Licensee shall notify the Director of OPMC and his Toxicology Monitor, and Licensee must make arrangements that are acceptable to the Director of OPMC for random toxicology testing for the duration of such vacation or period of unavailability.

4. If the CCA identifies retraining needs, the Licensee shall practice only in the retraining setting/program that has been approved in writing by the Director of OPMC, and Licensee shall continue to practice in this setting/program until the retraining is successfully completed to the satisfaction of the Director of OPMC.

5. At the direction of the Director of OPMC, Licensee shall identify a Preceptor, a physician who is board certified preferably in the same specialty, to be approved in writing by the Director of OPMC. The Licensee shall cause the Preceptor to:

a. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses deficiencies/retraining recommendations. This proposal shall establish a timeframe for completion of the remediation program.

b. Submit progress reports at periods identified by OPMC certifying whether the Licensee is fully participating in the personalized continuing medical education program and is making satisfactory progress toward the completion of the approved remediation plan.

c. Report immediately to the Director of OPMC if the Licensee withdraws from the program and report promptly to OPMC any noncompliance by the Licensee.

d. At the conclusion of the program, and at any time prior to the conclusion as deemed appropriate, submit to the Director of OPMC a detailed assessment of the progress made by the Licensee toward remediation of all identified deficiencies/retraining recommendations and any recommendations regarding the need for any further remediation or training.

6. Licensee shall complete a return to practice CME program within the first six (6) months of his return to practice as directed by OPMC. Licensee shall provide written confirmation to OPMC of his completion of the CME courses.

7. Licensee shall practice medicine only in a group setting and shall not engage in the solo practice of medicine.

8. Following the successful completion of the directed retraining, Licensee shall practice no more than 32 hours per week for the first year of practice.

9. Licensee shall be supervised in his practice by a licensed physician (Practice Supervisor) proposed by Licensee and approved in writing by the Director of OPMC. The Practice Supervisor shall not be a personal friend, current treatment provider or relative of the Licensee. The Practice Supervisor must be on-site at all locations and must be in a position to regularly observe and assess Licensee's medical practice. The Licensee shall make available to the Practice Supervisor any and all records or access to the practice requested by the Practice Supervisor. The Practice Supervisor shall execute an acknowledgment form provided by OPMC certifying familiarity with Licensee's history of substance use disorder and mental illness, with this Order and its terms,

and acknowledging a willingness to comply with the reporting responsibilities regarding the Licensee's compliance with the terms of this Order. Licensee shall submit the name of a proposed successor within seven (7) days of becoming aware that Licensee's approved Practice Supervisor is no longer willing or able to serve in that capacity.

a. The Practice Supervisor shall submit a report to OPMC every three (3) months regarding the quality of Licensee's practice, any unexplained absences from work, and Licensee's compliance or failure to comply with each condition described within this Order.

b. The Practice Supervisor shall immediately order or obtain a forensic drug screen on Licensee in response to any complaint or observation that indicates Licensee may not be drug or alcohol free.

c. The Practice Supervisor shall oversee the Licensee's prescribing, administering, dispensing, ordering, inventory and wasting of controlled substances.

d. The Practice Supervisor shall immediately report any suspected or actual impairment, refusal to provide a drug screen, inappropriate behavior, deviation from accepted standards of medical care or possible misconduct to OPMC.

e. The Practice Supervisor shall notify OPMC immediately if Licensee violates any term(s) of this Order.

10. Within thirty (30) days of successfully completing the directed retraining, Licensee shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, (Practice Monitor) proposed by Licensee and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine. The Practice Monitor shall not be a personal friend, current treatment provider or relative of the Licensee. The Practice Monitor shall execute an

acknowledgment form provided by OPMC certifying familiarity with Licensee's history, with this Order and its terms, and acknowledging a willingness to comply with the reporting responsibilities regarding the Licensee's compliance with the terms of this Order. Licensee shall submit the name of a proposed successor within seven (7) days of becoming aware that Licensee's approved Practice Monitor is no longer willing or able to serve in that capacity.

a. Licensee shall make available to the Practice Monitor any and all records or access to the practice requested by the Practice Monitor, including on-site observation. The Practice Monitor shall visit Licensee's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Licensee, including patient records, prescribing information and office/hospital records. The review will determine whether the Licensee's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

b. Licensee shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.

c. Licensee shall cause the Practice Monitor to report quarterly, in writing to the Director of OPMC.

d. Licensee shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Licensee's practice after the successful completion of the retraining program.

11. Licensee shall neither treat nor prescribe medications for himself, any friends or family members. Licensee shall only treat or prescribe medications to patients with whom he has

established a legitimate doctor/patient relationship and for a legitimate medical purpose.

12. Licensee shall enroll in and successfully complete a minimum of fifty (50) hours of Category 1 continuing medical education (CME) in his practice specialty each year.

13. Licensee shall continue in group and individual therapy with qualified health care professionals (Therapists), proposed by Licensee and approved, in writing, by the Director of OPMC. The Therapists shall not be personal friends or relatives of the Licensee. The Therapists shall execute acknowledgment forms provided by OPMC certifying familiarity with Licensee's history of substance use disorder and mental illness, with this Order and its terms, and acknowledging a willingness to comply with the reporting responsibilities regarding the Licensee's compliance with the terms of this Order. The Licensee shall cause the Therapists to submit proposed treatment plans to OPMC. Licensee will continue in treatment with the Therapists at a frequency determined by the Therapists. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Licensee to Licensee's Therapists. Licensee shall submit the name of a proposed successor within seven (7) days of becoming aware that one or both of the Licensee's approved Therapists is no longer willing or able to serve in that capacity.

a. The Therapists shall submit reports to OPMC every three (3) months certifying compliance with treatment by Licensee and describing in detail any failure to comply.

b. The Therapists shall report immediately to OPMC any significant pattern of absences, any suspected or actual impairment, and any failure to comply with the treatment plan or discontinuation of recommended treatment, including any prescribed medications, by Licensee.

14. The Director of OPMC shall be authorized to direct the Licensee to undergo an independent evaluation by a practitioner or facility (Evaluator) approved by the Director of OPMC

that specializes in alcohol/substance use disorders and/or mental illness. The Licensee shall execute authorizations to provide the Evaluator with copies of all previous treatment records and provide the Evaluator with a copy of this Order. The Licensee shall execute authorizations, and keep said authorizations active, allowing the Evaluator to obtain collateral information and communicate with the Director of OPMC or his designee. OPMC, at its discretion, may provide information or documentation from its investigation files concerning the Licensee to the Evaluator. Reports of such evaluations shall be submitted directly to the Director of OPMC. Licensee shall follow treatment recommendations made by the Evaluator. If the Evaluator determines that the Licensee is not fit to practice, the Licensee shall immediately cease practice until it is determined he is fit to resume practice. Failure to comply with the treatment recommendations will be considered a violation of this Order.

15. Licensee shall continue participation in self-help fellowship (e.g., AA, NA, Caduceus, SMART Recovery, other). Licensee shall maintain an ongoing relationship with a sponsor.

16. Licensee shall continue enrollment in the Committee for Physician Health (CPH) and shall engage in a contract with CPH that fully describes the terms, conditions and duration of a recovery program. Licensee shall fully comply with the contract.

a. Licensee shall provide a written authorization for CPH to provide the Director of OPMC with any/all information or documentation requested by OPMC to determine whether Licensee is in compliance with the CPH contract and with this Order, including full access to all records maintained by CPH with respect to Licensee.

b. Licensee shall cause CPH to report to OPMC if Licensee refuses to comply with the contract, refuses to submit to treatment or if his impairment is not substantially alleviated by treatment. CPH shall report immediately to OPMC if Licensee is regarded at any time to be an imminent danger to the public.

16. Licensee shall inform all treating physicians or other health care practitioners of Licensee's history of substance use disorder. Licensee shall advise OPMC, within seven (7) days, of any controlled or mood-altering substances dispensed, administered or prescribed to him by any treating physician or other health care practitioner.

17. The Director of OPMC shall reserve the right to review Licensee's professional performance. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts (inclusive of electronic records), and interviews with or periodic visits with Licensee and staff at his practice locations or OPMC offices.

18. Licensee shall maintain legible and complete medical records that accurately reflect the evaluation and treatment of all patients. The medical records shall contain all information required by federal and state statutes, rules and regulations regarding controlled substances.

19. Licensee shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Licensee shall ensure education, training, and oversight of all office personnel involved in medical care, with respect to those practices.

20. Licensee shall conduct himself in all ways in a manner befitting his professional status and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.

21. Licensee shall personally meet with a person designated by the Director of OPMC as requested by the Director, at a time and location determined by OPMC.


22. Should Licensee practice medicine in another state, he shall provide written

authorizations for the relevant State Medical Board and/or the Physician Health Program to provide the Director of OPMC with any/all information or documentation as requested by OPMC.

23. Licensee shall comply with all terms, conditions, restrictions and limitations to which he is subject pursuant to the Order and shall assume and bear all costs and expenses related to compliance with the Order. Upon receiving evidence of non-compliance with or any violation of the terms of this Order, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any other proceeding against Licensee as is authorized pursuant to the law.

This Order shall be effective upon issuance.

Dated: 3/6/2020


Mary E. Rappazzo, MD
Committee Chair
NYS Board for Professional Medical Conduct