

KATHY HOCHUL Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

September 20, 2021

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

David W. Quist, Esq. New York State Department of Health Bureau of Professional Medical Conduct Room 2512, Corning Tower, ESP Albany, New York 12237

James C. Knox, Esq. E. Stewart Jones, Hacker, Murphy, LLP 28 Second Street Troy, New York 12180

RE: In the Matter of Anand Pandya, M.D.

Dear Parties:

Enclosed please find the Corrected Determination and Order (No. 21-190) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

Jean T. Carney, Administrative Law Judge New York State Department of Health Bureau of Adjudication Riverview Center 150 Broadway – Suite 510 Albany, New York 12204 The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board.

Six copies of all papers must also be sent to the attention of Judge Carney at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

James F. Horan

Chief Administrative Law Judge

Bureau of Adjudication

JFH: nm Enclosure

The Respondent Anand Pandya holds a license as a Physician in New York State (License), in addition to holding a medical license formerly in California. Following the Respondent's Stipulated Surrender of his license in California, a duly designated Committee from the State Board for Professional Medical Conduct conducted a hearing pursuant to New York Public Health Law (PHL) § 230(10)(p), to determine if the Respondent's misconduct in California amounted to misconduct in New York and warranted a sanction against his License. Samuel F. Bosco, M.D., Chairperson, Peter Kane, M.D. and Myra Nathan, Ph.D. served as the Hearing Committee and Administrative Law Judge James F. Horan served as the Administrative Officer. The Department of Health appeared by David W. Quist, Esq. The Respondent appeared by James C. Knox, Esq. After considering the documentary evidence and the testimony from the hearing, the Committee finds that the Respondent's conduct in California would amount to professional misconduct in New York and we vote 3-0 to place the Respondent on probation with monitoring under the terms that appear as the Appendices to this Determination.

BACKGROUND

The Department brought this case pursuant to PHL § 230(10)(p), which provides for a hearing when a licensee is charged solely with violations under New York Education Law (EL) §6530(9), which addresses conduct resulting in criminal convictions or disciplinary action by another jurisdiction. The Department's Notice of Referral Proceeding and Statement of Charges (Department Exhibit 1) alleges that the Respondent violated EL § 6530(9)(d), by engaging in conduct that resulted in disciplinary action by the duly designated disciplinary body of another state for conduct that would also constitute misconduct if committed in New York. The Department charged that the Respondent's conduct in California would constitute misconduct in New York State under EL § 6530(8) for being a habitual abuser of or being dependent upon narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects. Pursuant to PHL § 230(10), the Department has the burden of proving its case by a preponderance of the evidence.

The Committee conducted the hearing by WebEx Videoconference on July 14, 2021. The Respondent testified on his own behalf and presented the testimony of Robert Wishnoff, Ph.D. The Department offered four documents into evidence, which the Administrative Officer received into the record:

Department 1 - Notice of Referral Proceeding and Statement of Charges,

Department 2 – Affidavit of Service,

Department 3 – New York State Education Department Licensure Documents,

Department 4 – Stipulated Surrender of License and Disciplinary Order.

The Respondent submitted two documents that the Administrative Officer received into the record

Respondent A – Anand Pandya, M.D. Curriculum Vitae,

Respondent B – Answer.

The Respondent and the Department each submitted pre-hearing briefs. The hearing record also included a transcript from the hearing, which a stenographic reporter prepared [Pages 1-73].

FINDINGS OF FACT

The Committee made the following findings of fact (FF) after affording the parties an opportunity to be heard and after considering the evidence. In instances in which conflicting evidence appears in the record, the Committee considered and rejected that other evidence.

- 1. The Respondent received a license to practice as a Physician in New York State (No. 204191) on August 15, 1996 [Department Exhibit 3].
- 2. The Office of the Professions at the New York State Education Department lists the Respondent's License status as "REGISTERED" [Department Exhibit 3].
- 3. The Medical Board of California (California Board) issued Physician's and Surgeon's Certificate Number A 93032 to the Respondent on October 7, 2005 [Department Exhibit 4].
- 4. The California Board filed a First Amended Accusation against the Respondent on August 18, 2020 which charged that the Respondent with Unprofessional Conduct, Criminal Conviction of a Crime and Use of a Controlled Substance [Department Exhibit 4].
- 5. The Accusation stated that United States Customs Officers arrested the Respondent on September 15, 2016 at Newark International Airport after finding 18.3 grams of methamphetamine and 25 hypodermic needles concealed in a baby powder container in the Respondent's luggage, upon the Respondent's arrival on a flight from Germany [Department Exhibit 4].
 - 6. Methamphetamine is a Schedule II Controlled Substance [Department Exhibit 4].
- 7. The Accusation continued that the Respondent submitted a letter explaining that during August and September 2016, the Respondent travelled outside the United States, used methamphetamine during that trip and brought methamphetamine into the United States [Department Exhibit 4].

- 8. In an April 17, 2017 criminal proceeding in Superior Court for Essex County New Jersey, the Respondent entered a guilty plea to Possession of a Dangerous Controlled Substance in the Third Degree, a misdemeanor [Department Exhibit 4].
- 9. The Superior Court ordered the Respondent into a Pre-Trial Intervention Program [Department Exhibit 4].
- 10. The Respondent entered into a Stipulated Surrender of License and Disciplinary Order with the California Board that became effective on January 15, 2021 [Department Exhibit 4].
- 11. The Respondent indicated that he read the Stipulated Surrender, discussed the Order with counsel and, having benefit of counsel, waived his legal rights, including the right to a hearing on the charges in the Accusation [Department Exhibit 4].
- 12. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, the Respondent agreed that, at a hearing, the Board could establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline [Department Exhibit 4].
- 13. The Respondent practiced psychiatry in New York and taught at New York University Medical School after graduating from New York University Medical School and completing residencies and a fellowship in New York [Hearing Transcript page 15].
- 14. The Respondent eventually moved his practice to California and taught on the faculties at the University of California at Los Angeles and then at the University of Southern California, before retiring from practice in 2015 and moving back to New York [Hearing Transcript pages16-17].

15. The Respondent's Curriculum Vitae notes that the Respondent is currently retired and is available only as a reviewer for journals and an educational speaker on rare occasions [Respondent Exhibit A].

HEARING COMMITTEE DETERMINATION

The Hearing Committee, by a vote of 3-0, sustains the charge that the Respondent committed professional misconduct as defined in EL § 6530(9)(d). The Respondent entered into a Stipulated Surrender of his California License and agreed that, at a hearing, the California Board could establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline. The California Board charged the Respondent with unprofessional conduct due to a criminal conviction and use of a controlled substance. The Committee finds that, if the Respondent had engaged in that conduct in New York, the conduct would constitute a violation under EL § 6530(8) for being a habitual abuser of or being dependent upon narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects.

The Respondent argued that the standards for professional discipline differ between New York and California, that limited use of narcotics would constitute misconduct in California, but New York would require a showing of habitual use or dependence on narcotics in order to constitute misconduct [Respondent's Pre-Hearing Brief; Hearing Transcript at page 11]. The Department's Pre-Hearing Brief argued that although EL § 6530(8) contains no definition for habitual use, the provisions on controlled substances at PHL § 3302(16) define habitual user as a person in danger of becoming dependent on a controlled substance due to repeated use.

The Respondent testified at the Direct Referral hearing that he used methamphetamine over the course of 13-14 days during a trip to Berlin in August – September 2016 [Hearing Transcript page 23]. In September 2016, the Respondent was arrested at Newark Airport in possession of 18.3 grams of methamphetamine and twenty-five hypodermic needles. The First Amended Accusation against the Respondent in California alleged that the drugs and syringes were concealed in a baby powder container [Department Hearing Exhibit 4]. We infer from the use in Berlin and the attempt to bring more methamphetamine into the United States that the Respondent was a habitual user.

The Respondent testified that his travelling companions had left the drugs and syringes in the hotel room they shared when the companions left Berlin ahead of the Respondent. The Respondent testified that he feared that someone at the hotel would find the drugs and syringes if he left that material in the hotel, so the Respondent "flipped" it into his bag [Hearing Transcript page 25]. The Committee finds that this explanation lacks credibility in that the Respondent expressed more fear over someone at the hotel finding the material rather than United States Customs finding it at the Respondent's return to the United States. The Respondent testified that he had not hidden the methamphetamine in his luggage [Hearing Transcript page 25]. The First Amended Accusation in California, however, alleged that the Respondent had hidden the material in a baby powder container. The Respondent agreed in the Stipulated Surrender that, at a hearing, the California Board could establish a factual basis for the charges in the First Amended Accusation [Hearing Exhibit 4]. When a licensee has waived an adjudication on the merits of an out-of-state complaint by entering a stipulation of settlement, an inference is raised that the allegations against the licensee have merit, Matter of Hatfield v. Dept. of Health of the State of NY, 245 A.D.2d 703, 665 N.Y.S.2d 755 (3rd Dept. 1997); Matter of Sternberg v. Admin. Rev. Bd. For Prof. Med. Conduct, 235 A.D.2d 945, 652 N.Y.S.2d 855 (3rd Dept. 1997), lv. denied 90 N.Y.2d 809 (1997).

The finding that the Respondent engaged in professional misconduct makes the Respondent subject to the penalties in PHL § 230-a, which include license probation pursuant to PHL § 230-a (9). The Committee rejects the Department's request that the Committee revoke the Respondent's License. The Committee is struck by the Respondent's incredibly poor judgment, but we conclude that the Respondent's conduct does not rise to the level to warrant revocation. There was no proof of patient harm or risk of patient harm. The Committee does believe that this case requires probation with a toxicology monitor immediately and with a practice monitor should the Respondent ever choose to return to practicing clinical medicine.

The Respondent is in no treatment program currently and is subject to no monitoring [Hearing Transcript page 36]. The Respondent underwent an evaluation prior to the hearing with Dr. Wishnoff, a certified alcohol and substance abuse counsellor. The Committee found the evaluation of limited value as it was prepared for this hearing alone and was not part of regular treatment nor was the evaluation for an independent entity such as the Committee for Physician's Health. The Respondent passed a drug screen as part of the evaluation, but it was not a random, unannounced drug screen. Dr. Wishnoff testified that the Respondent scheduled an appointment for the evaluation and drug screen a "couple of days" before the appointment. Dr. Wishnoff also testified that he was unaware of how frequently the Respondent had received drug screens between 2016 and the present [Hearing Transcript page 65]. The Department argued that the Respondent's current condition is irrelevant [Hearing Transcript page 42], but the Department was arguing for the revocation of the Respondent's License. The Committee finds the Respondent's current condition relevant because this is the first time that a BPMC Committee has become aware of the Respondent's poor judgment.

The Committee votes 3-0 to place the Respondent on probation immediately for three years, with the main probation term requiring that the Respondent submit to toxicology monitoring. We

find this monitoring necessary because, although the Respondent lists himself as retired currently, there is no restriction on his License that would prevent the Respondent's immediate return to clinical practice. The Committee votes further to place the Respondent on probation for five years at such time as the Respondent chooses to return to clinical practice. The main condition under that probation will be practice with a monitor. We believe this additional probation is necessary due to the stress a return to clinical practice might place on the Respondent and because the Respondent has not practiced clinically since 2015. The full Probation Terms appear at Appendices I and II to this Determination. Should the Respondent return to clinical practice while still subject to toxicology monitoring, the Respondent shall serve the probations concurrently.

ORDER

Now, after reviewing the evidence from the hearing, the Committee renders the following Order:

- 1. We sustain the Specifications charging that the Respondent committed professional misconduct under the definitions at EL §§ 6530(9)(d) and 6530(8).
- 2. We place the Respondent's License on probation immediately for three years, pursuant to PHL § 230-a(9), under the Terms that appear at Appendix I to this Determination.

- 3. Should the Respondent return to the clinical practice of medicine in New York State, the Respondent shall serve five years on probation, with a practice monitor, under the terms that appear at Appendix II to this Determination.
- 4. This Order shall be effective upon service on the Respondent or seven days after mailing by certified mail in accordance with the requirements of PHL § 230(10)(h).

Samuel F. Bosco, M.D., Chairperson Peter Kane, M.D. Myra Nathan, Ph.D.

TO:

David W. Quist, Esq.
New York State Department of Health
Bureau of Professional Medical Conduct
Room 2512, Corning Tower, ESP
Albany, New York 12237

James C. Knox, Esq. E. Stewart Jones, Hacker, Murphy, LLP

28 Second Street Troy, New York 12180

Appendix I

Probation Terms Toxicology Monitor

- 1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2. Respondent shall maintain active registration of his license with the New York State Education Department Division of Professional Licensing Services and shall pay all registration fees.
- 3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204 with the following information, in writing, and ensure that this information is kept current: a full description of his employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
- 4. Respondent shall cooperate fully with and respond in a timely manner to OPMC requests to provide written periodic verification of his compliance with these terms. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 5. Respondent shall abstain from the use of narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects during the probationary period and shall be monitored by a qualified health care professional proposed by Respondent and approved in writing by the Director of OPMC ("toxicology monitor").
- 6. The toxicology monitor shall oversee Respondent's compliance with the terms and conditions imposed herein and shall cause to be performed forensically valid, random, supervised, unannounced blood and/or urine tests for the presence of narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects. The sobriety monitor shall notify the Director of OPMC immediately if Respondent refuses such a test or if a test reveals Respondent is not free from narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects.
- 7. Every three months, the sobriety monitor shall submit a report to OPMC certifying compliance with these terms or describing any failure to comply.
- 8. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the OPMC Director concerning any consecutive 30 day period not in practice. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon

Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in the Determination and Order or as are necessary to protect the public health.

- 9. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 10. Respondent shall comply with these probationary terms and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

Appendix II

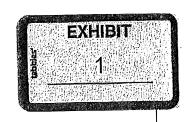
Probation With Practice Monitor

- 1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to PHL § 230(19).
- 2. Respondent shall maintain active registration of his license with the New York State Education Department Division of Professional Licensing Services and shall pay all registration fees.
- 3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204 with the following information, in writing, and ensure that this information is kept current: a full description of his employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
- 4. Respondent shall cooperate fully with and respond in a timely manner to OPMC requests to provide written periodic verification of his compliance with these terms. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 5. Respondent shall provide the OPMC Director with notice at least 30 days prior to returning to clinical practice in New York State.
- 6. Once the probation under these Terms commences, the probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if he is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30-day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in the Determination and Order or as are necessary to protect the public health.
- 7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 8. Respondent shall practice medicine in New York State only when monitored by a licensed physician, board certified in an appropriate specialty (practice monitor), who is proposed by Respondent and subject to the written approval of the Director of the OPMC.
 - a. Respondent shall make available to the monitor any and all records requested by the monitor. The practice monitor shall on a monthly basis examine a selection (no fewer than 20) of records maintained by the Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with 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 the OPMC.
- b. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of the OPMC.
- c. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
- d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with § 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent commencing practice within the State of New York.
- 9. The terms set forth in the paragraphs above are the minimum probation terms to be imposed on the Respondent, and other terms may be added by the Director of the OPMC. All compliance costs, including expenses and fees associated with the practice monitor, shall be the Respondent's responsibility.
- 10. Respondent shall comply with these probationary terms and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

Appendix III

Notice of Referral Proceeding and Statement of Charges



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

IN THE MATTER

OF

ANAND PANDYA, M.D.

NOTICE OF
REFERRAL
PROCEEDING

TO: ANAND PANDYA, M.D.

AND

ANAND PANDYA, M.D.

PLEASE TAKE NOTICE THAT:

An adjudicatory proceeding will be held pursuant to the provisions of N.Y. Pub. Health Law §230(10)(p) and N.Y. State Admin. Proc. Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on July 14,2021, at 10:30 a.m., at the offices of the New York State Department of Health, Riverview Center, 150 Broadway, Suite 510, Menands (Albany), NY 12204-2719, or by video conference as directed by the Administrative Law Judge, and at such other adjourned dates, times and places as the committee may direct.

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the

¹ For GPS purposes, enter "Menands", not "Albany".

proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding, or by video conference if directed by the Administrative Law Judge, and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence or sworn testimony on your behalf. Such evidence or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered which would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway - Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication") as well as the Department of Health attorney indicated below, no later than twenty days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges at least ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. You may also file a written brief and affidavits with the Committee. All such documents shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below, at least ten days prior to the date of the hearing. Should the parties have objection(s) to proposed witnesses or documentary evidence, the party

raising the objection(s) shall contact the Bureau of Adjudication at least three days prior to the hearing date to arrange for a pre-hearing conference with the Administrative Law Judge, prior to the hearing date.

Not later than ten days prior to the date of the hearing, you are required to file one copy of your proposed exhibits (if any) with the Bureau of Adjudication at the address indicated above, and a copy of all such documents/exhibits must be served on the same date on the Department of Health attorney indicated below. On the day of the hearing, you are also required to provide the original of such exhibits and three copies, for use by the Committee.

Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation. Failure to obtain an attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

THESE PROCEEDINGS MAY RESULT IN A

DETERMINATION THAT YOUR LICENSE TO PRACTICE

MEDICINE IN NEW YORK STATE BE REVOKED OR

SUSPENDED, AND/OR THAT YOU BE FINED OR

SUBJECT TO OTHER SANCTIONS SET OUT IN NEW

YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED

TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN

THIS MATTER.

DATED:

Albany, New York May 13, 2021

> TIMOTHÝ J. MAHAR Deputy Counsel Bureau of Professional Medical Conduct

Inquiries should be addressed to:

David W. Quist
Associate Attorney
Bureau of Professional Medical Conduct
Corning Tower – Room 2512
Empire State Plaza
Albany, NY 12237
(518) 473-4282

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

IN THE MATTER

STATEMENT

OF

CHARGES

OF

ANAND PANDYA, M.D.

ANAND PANDYA, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 15, 1996, by the issuance of license number 204191 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about January 11, 2021, the Medical Board of California ("Board") issued a Decision, adopting a Stipulated Surrender of License and Order ("Order") signed by Respondent on or about December 8, 2020. The case addressed allegations in a First Amended Accusation (case no. 800-2017-030422), dated on or about August 18, 2020.
- B. Pursuant to the Order, Respondent agreed not to contest allegations that that he had engaged in unprofessional conduct and had engaged in the use of a controlled substance. As set forth in the First Amended Accusation, during a screening search at the airport upon his arrival from outside the United States on or about September 15, 2016, Respondent was found to be in possession of approximately 18 grams of methamphetamine, concealed in a baby powder container, and approximately 25 hypodermic needles. Also as set forth in the First Amended Accusation, Respondent had admitted in a letter that he had used the methamphetamine while travelling outside the United States. Pursuant to the Order, Respondent surrendered his California medical license, and the surrender was accepted by the Board.

C. The conduct resulting in the Board's Decision and Order against Respondent would constitute misconduct under the laws of New York State pursuant to New York Education Law Section 6530(8) (being dependent on or a habitual user of narcotics or other drugs).

SPECIFICATION OF CHARGES FIRST SPECIFICATION HAVING HAD DISCIPLINARY ACTION TAKEN

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(d) by having his or her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law § 6530(8) (being a habitual user or dependent on narcotics or other drugs):

1. The facts in Paragraphs A, B, and C.

DATE: May 13, 2021 Albany, New York

TIMOTHY J. MAHAR

Deputy Counsel

Bureau of Professional Medical Conduct