



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

April 8, 2024

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Daniel Horton, P.A.

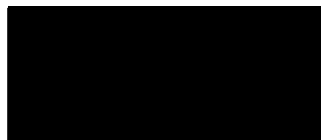

Re: License No. 024076

Dear Daniel Horton:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 24-082. This order and any penalty provided therein goes into effect April 15, 2024.

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,



David Besser, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Karen A. Butler, Esq.
Maynard O'Connor, LLP.
6 Tower Place
Albany, New York 12203

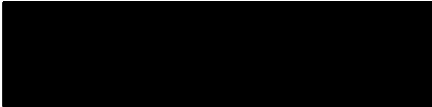
IN THE MATTER
OF
DANIEL A. HORTON, P.A.

CONSENT
ORDER

Upon the application of (Respondent) DANIEL A. HORTON, P.A. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is ORDERED, that the Consent Agreement, and its terms, are adopted and it is further ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 4/05/2024


THOMAS T. LEE, M.D.
Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
DANIEL A. HORTON, P.A

CONSENT
AGREEMENT

DANIEL A. HORTON, P.A., represents that all of the following statements are true:

That on or about September 23, 2019, I was licensed to practice as a physician assistant in the State of New York and issued License No. 024076 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I do not contest the Statement of Charges, in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.

- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice as a physician assistant in New York State shall be limited to preclude the prescribing, dispensing, ordering or administering of medication to any members of my family, or to any friends or close associates.
- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice as a physician assistant in New York shall be limited to preclude any medical or psychiatric treatment to any members of my family, or to any friends or close associates.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's 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. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order.

Respondent shall meet with a person designated by the Director of OPMC,

as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in the future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first.

The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities or other confidential information, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.


I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.


DATE 3/19/24

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DANIEL A. HORTON, P.A.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 3/22/2024 
KAREN A. BUTLER, ESQ.
Attorney for Respondent

DATE: March 22, 2024 
NATHANIAL WHITE
Associate Counsel
Bureau of Professional Medical Conduct

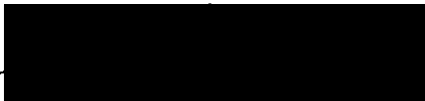
DATE: April 4, 2024 
SHELLY WANG BANDAGO
Director
Office of Professional Medical Conduct

EXHIBIT A

IN THE MATTER
OF
DANIEL A. HORTON, P.A.

STATEMENT
OF
CHARGES

DANIEL A. HORTON, P.A., the Respondent, was authorized to practice as a physician assistant in New York State on or about September 23, 2019, by the issuance of license number 024076 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent provided treatment to patients A, B and C (patients are identified in Appendix "A") in and between 2020 and 2022 for ear pain and ear swelling, and/or Otitis Externa. Respondent's treatment of patients A, B and C deviated from accepted standards of care in that, Respondent rendered care at-home for conditions that required in-office evaluations; Respondent prescribed narcotics without adequate evaluation, and/or without topical therapy with wick placement, and/or without adequate medical indication; and Respondent failed to maintain adequate documentation of the evaluation and treatment of patients A, B and C.

SPECIFICATION OF CHARGES

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession with negligence on more than one occasion as alleged in the facts of:

1. Paragraph A.

DATE: March 22, 2024
Albany, New York



HENRY WEINTRAUB
Chief Counsel
Bureau of Professional Medical Conduct