



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

Public

James W. Clyne, Jr.
Executive Deputy Commissioner

July 30, 2010

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ahmed Abdul-Razzaque, M.D.
70 Park Hill Avenue – Suite 208
Boston, Massachusetts 02120

Anthony Z. Scher, Esq.
Wood & Scher
222 Bloomingdale Road – Suite 311
White Plains, New York 10605

Robert Bogan, Esq.
NYS Department of Health
ESP – Corning Tower – Room 2512
Troy, New York 12180-2299

**RE: In the Matter of Ahmed Abdul-Razzaque, M.D.
a/k/a Ahmed A. Razzaque, M.D.
a/k/a Abdul R. Ahmed, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 10-132) 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. 2007) and §230-c subdivisions 1 through 5, (McKinney Supp. 2007), "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:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

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 Mr. Horan 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,

REDACTED

James F. Horan, Acting Director
Bureau of Adjudication

JFH:cah

Enclosure

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

DETERMINATION

AND

ORDER

BPMC #10-132

COPY

IN THE MATTER

OF

AHMED ABDUL-RAZZAQUE, M.D.
aka AHMED A. RAZZAQUE, M.D.
aka ABDUL R. AHMED, M.D.

CO- 09002-099917-A

A hearing was held on May 19, 2010, at the offices of the New York State Department of Health ("the Petitioner"). A Notice of Referral Proceeding and a Statement of Charges, both dated December 2, 2009, were served upon the Respondent, **Ahmed Abdul-Razzaque, M.D.**

Pursuant to Section 230(10)(e) of the Public Health Law, **Ravinder Mamtani, M.D.**, Chair, **James R. Dickson, M.D.**, and **Thomas W. King, Jr., M.P.A., P.E.**, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter. **David A. Lenihan, Esq.**, Administrative Law Judge, served as the Administrative Officer. The Petitioner appeared by **Thomas Conway, Esq.**, General Counsel, by **Robert Bogan, Esq.**, of Counsel. The Respondent, **Ahmed Abdul-Razzaque, M.D.**, appeared with counsel, **Anthony Z. Scher, Esq.**, of White Plains. Evidence was received and transcripts of these proceedings were made. After

STATEMENT OF CASE

This case was brought pursuant to Public Health Law Section 230(10)(p). The statute provides for an expedited hearing when a licensee is charged solely with a violation of Education Law Section 6530(9). In such cases, a licensee is charged with misconduct based upon a prior criminal conviction in New York State or another jurisdiction, or upon a prior administrative adjudication regarding conduct that would amount to professional misconduct, if committed in New York. The scope of an expedited hearing is limited to a determination of the nature and severity of the penalty to be imposed upon the licensee.

In the instant case, the Respondent, Ahmed Abdul-Razzaque, M.D., is charged with five specifications of professional misconduct pursuant to Education Law §6530(9)(a)(ii), Education Law §6530(9)(b) and Education Law §6530(9)(d). Copies of the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix 1.

WITNESSES

For the Petitioner:	None
For the Respondent:	Ahmed Abdul-Razzaque, M.D., Mark Lebwohl, M.D. Marika Jamacochian Paul Collins, M.D. Abid R. Qureshi, Esq.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Numbers below in parentheses refer to transcript page numbers or exhibits, denoted by the prefixes "T." or "Ex." These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous.

1. **Ahmed Abdul-Razzaque, M.D.**, the Respondent, did appear at the hearing and his attorney duly acknowledged receipt of process on December 4 2009.

(Petitioner's Exhibit 2.)

2. **Ahmed Abdul-Razzaque, M.D.**, the Respondent, was authorized to practice medicine in New York State on May 21, 1976, by the issuance of license number 127057 by the New York State Education Department (Petitioner's Ex. 3).

3. On or about November 5, 2007, in the United States District Court, District of Massachusetts, Respondent was found guilty, based on a plea of guilty to the charge of Obstruction of Criminal Investigations of Health Care Offenses in violation of 18 USC § 1518, a felony, and on January 8 2009. was sentenced., *inter alia*, to two (2) years probation of which six (6) months were to be served in Home Confinement with voice identification, four hundred (400) hours of free medical service, a \$100.00 assessment, and a \$20,000 00 fine, and was required to forfeit \$2,900,000.00. (Petitioner's Ex. 4).

4. On or about July 1 2009, the Commonwealth of Massachusetts, Board of Registration in Medicine (hereinafter "Massachusetts Board"), by a Consent Order

(hereinafter "Massachusetts Order"), *inter alia*, indefinitely suspended Respondent's license to practice medicine. This suspension was stayed upon his entering into a Massachusetts Board approved Probation Agreement that required compliance with the terms of the probation imposed as a result of the above criminal conviction. The Massachusetts Order imposed a \$5,000.00 fine and was based on the above criminal conviction for engaging in conduct that had the capacity to deceive by altering the medical records of patients and engaging in conduct that undermined the confidence in the integrity of the medical profession and evidenced a lack of good moral character. (Petitioner's Ex. 5).

5. On or about July 24, 2009, the North Dakota State Board of Medical Examiners (hereinafter "North Dakota Board"), by an Order (hereinafter "North Dakota Order"), *inter alia*, indefinitely suspended Respondent's license to practice medicine, and stayed the suspension, in accordance with the terms of the Massachusetts Consent Order and Massachusetts Probation Agreement. (Petitioner's Ex. 6).

6. The conduct resulting in the Massachusetts Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law 6530(2) (practicing the profession fraudulently);
2. New York Education Law 6530(9)(a)(ii) (being convicted of committing an act constituting a crime under federal law; and
3. New York Education Law 6530(20) (moral unfitness).

7. The conduct resulting in the North Dakota Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following section of New York State law:

1. New York Education Law 6530(9)(a)(ii) (being convicted of committing an act constituting a crime under federal law).

VOTE OF THE HEARING COMMITTEE

FIRST SPECIFICATION

"Respondent violated New York Education Law Section 6530(9)(a)(ii) by having been convicted of committing an act constituting a crime under federal law..."

VOTE: Sustained (3-0)

SECOND AND THIRD SPECIFICATIONS

"Respondent violated New York Education Law Section 6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State..."

VOTE: Sustained (3-0)

FOURTH AND FIFTH SPECIFICATIONS

"Respondent violated New York Education Law Section 6530(9)(d) by having his license to practice medicine suspended and/or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State..."

VOTE: Sustained (3-0)

HEARING COMMITTEE DETERMINATION

The Respondent appeared at the hearing, with counsel, who acknowledged service of process. There was no dispute about jurisdiction. The record in this case indicates that Respondent had been convicted in Federal Court in Massachusetts of conduct, which, if committed in New York State, would also constitute professional misconduct under New York Law State law.

There was no dispute about the basic fact in this case, namely that the Respondent was found guilty of a felony in Federal Court. By law, the scope of this hearing was limited to a determination of the nature and severity of the penalty to be imposed upon the licensee. In making its determination as to the nature of the penalty to be imposed, the panel first averted to the manner in which the other licensing States have dealt with this same basic fact pattern. First, the Commonwealth of Massachusetts, the State of the Federal prosecution and the State wherein the Respondent resides and the site of his practice, imposed a penalty, which in no way hindered or impeded the Respondent's ongoing practice of medicine. The Federal Court in Boston imposed a fine and forfeiture and required four hundred (400) hours of free medical service. The Massachusetts medical board imposed a suspension, which was stayed upon his entering into a Massachusetts Board approved Probation Agreement that again did not restrict the Respondent's practice of medicine, and required compliance with the above federal penalty that required four hundred (400) hours of free medical service. The panel noted that the Massachusetts board was not concerned with the Respondent's continued practice of medicine or else they would not have required free medical service of the Respondent.

Secondly, the North Dakota board, which heard the matter shortly after Massachusetts, echoed the Massachusetts action and did not prevent the Respondent from practicing medicine. Finally, the panel noted that the third State of licensure, California, chose to impose no penalty at all for the charges in question. (T. 10) It should be noted, however, that New York is not bound to follow the penalties imposed by other States and it is incumbent on the panel to determine its own penalty so as to best protect the people of the State of New York.

There was no dispute about the basic fact in this case; namely, that the Respondent pled guilty to a felony in Federal Court. Accordingly, as stated above, the scope of this expedited hearing was limited to a determination of the nature and severity of the penalty to be imposed upon the Respondent.

The Department's attorney, Mr. Bogan, characterized this case as one of the most difficult cases he had ever encountered. (T. 117) Mr. Bogan went on to state that the panel's decision would perhaps be the most difficult matter he had seen in his 13 years with the Department. (T. 117) What makes this case difficult is that this is no ordinary Doctor. Dr. Ahmed is a world-renowned specialist who has saved many lives with his pioneering research and treatment modalities for chronic and rare blistering diseases of the mucous membranes.

In order to determine an appropriate penalty and to understand this case, the panel found it necessary to consider the underlying facts of this crime and to appreciate the distinction between pemphigus and pemphigoid. The original underlying Federal case was a Medicare billing case, involving the designation of pemphigus as the disease, rather than the actual diagnosis of pemphigoid. Medicare, at the time, would cover payment for pemphigus and not pemphigoid. The Respondent wanted his pemphigoid patients to get the same treatment as his pemphigus patients and the medical records, according to the

Federal prosecution, were altered in order to get Medicare coverage.

It is noted that pemphigus is a rare group of blistering autoimmune diseases that affect the skin and mucous membranes. In pemphigus, autoantibodies form against desmoglein.¹ This condition apparently causes blisters that slough off and turn into sores. In some cases, these blisters can cover a significant area of the skin. From the medical documentation submitted by Respondent's counsel it appears that a patient develops an autoimmune blistering disease when the body begins to make antibodies that, instead of protecting the patient from disease, erroneously attack the healthy tissues. (See Exhibit F in the record for a full and thorough medical and scientific description of this disease and the distinction between pemphigus and pemphigoid.)²

The testimony at the hearing shows that the Respondent pioneered the use of IVIg to treat these diseases. (T. 14) Immune globulin (Ig) is a sterilized solution obtained from pooled human blood plasma, which contains the immunoglobulins (or antibodies) to protect against the infectious agents that cause various diseases. The testimony at the hearing shows that the Respondent had significant success with these diseases by using IVIg. Dr. Mark Lebwohl, the chair of the Department of Dermatology at the Mount Sinai School of Medicine in New York, testified that patients would have died but for the treatment with IVIg by Respondent. (T. 22). From the testimony at the hearing, it is clear that the problem

¹ Desmoglein is one of the glycoproteins found in the core of desmosomes; responsible for adhesive recognition between cells. Desmoglein forms the "glue" that attaches adjacent epidermal cells via attachment points called desmosomes. When autoantibodies attack desmogleins, the cells become separated from each other and the epidermis becomes "unglued", a phenomenon called acantholysis. (See Exhibit F in the record for a fuller explanation of these terms.)

² Pemphigoid, according to some experts, is a form of pemphigus and is a disorder in which antibodies produced by your immune system attack a thin layer of connective tissue in your skin, the basement membrane. It's not certain what causes antibodies to attack healthy tissue in your body. If the delicate basement membrane becomes inflamed, fluid-filled blisters can form. Bullous pemphigoid is most likely to occur in people who are 60 years of age and older. The condition is uncommon in younger people. (See Exhibit F in the record and, in particular, the Continuing Medical Education article on Pemphigoid by Doctors Fleming and Korman)

with IVIg and what occasioned the underlying case is the exorbitant cost of this drug. It is quite expensive and costs upwards of \$17,000 an injection (T. 38) and patients may need some 20 cycles of injections over several months. (T. 39) By way of background, it was explained at the hearing that, in 1997, the New England Region Medicare Agency decided, because of the exorbitant cost, that it would only pay for IVIg to treat patients who had a diagnosis of pemphigus, and would not pay for treatment of pemphigoid and other autoimmune blistering diseases. Because IVIg was so very expensive, Medicare's denial of insurance coverage effectively barred pemphigoid patients from receiving IVIg treatment. It was pointed out that, prior to 1997, Medicare had paid for IVIg treatment for several of Dr. Ahmed's pemphigoid patients.

After this new policy was announced, Dr. Ahmed, according to the record, attempted to get IVIg treatments for all of his Medicare patients, including those diagnosed with pemphigoid. Between 1997 and 2002, Dr. Ahmed made repeated submissions to Medicare to try to make IVIg treatments available to all patients diagnosed with skin blistering diseases. See *e.g.*, Exhibit F, (Cover letter and index to 2001 submission). Dr. Ahmed clearly believed his battle with Medicare was about nothing less than the lives of his patients. Dr. Ahmed was passionate about his cause and the panel found him persuasive and highly credible.

The letters in Exhibit G in the record show the Respondent's efforts to obtain IVIg for his patients and demonstrate both the devastating impact of Medicare's coverage decision, and the extraordinary efforts Dr. Ahmed made on behalf of his patients.³

³ See Exhibit G for the accounts, in detail, the treatment the Respondent afforded a typical patient, LW. It appears that in the late 1990s, Ms. LW was diagnosed by a Dr. Michael Lichter with a skin blistering disease called epidermolysis bullous aquisita ("EBA"), which, like cicatricial pemphigoid, is an autoimmune disease that causes the mucous membranes, and skin to blister and causes permanent scarring. By the time Ms. LW came to see Dr. Ahmed, she had blisters in her mouth, nose, and esophagus, and the nail on one of her fingers had fallen off. She had difficulty swallowing and had frequent nosebleeds. She had been treated

The Federal prosecutors maintained that, back in the year 2000, pemphigus and pemphigoid were deemed separate and distinct diseases and that only pemphigus patients were eligible for the expensive IVIg under the Medicare protocols. The U.S. Attorney's Office in Massachusetts suspected that the Respondent gave a dual diagnosis of pemphigus and pemphigoid so as to obtain Medicare coverage for his patients who had only pemphigoid. (See Exhibit 4, page 22) As part of the Federal investigation, the U.S. Attorney issued subpoenas for the Medical records of the Respondent's patients. According to the sentencing transcript, the U.S. Attorney was prepared to prove that medical records were backdated to falsely suggest that pemphigoid patients also had pemphigus, so as to get Medicare coverage. (See Exhibit 4, page 23)

The record goes on to show that the Respondent pled guilty to this charge of Obstruction of Criminal Investigations of Health Care Offenses in violation of 18 USC § 1518, a felony, and on January 8 2009. was sentenced, *inter alia*, to two (2) years probation of which six (6) months are to be served in Home Confinement with voice identification, four hundred (400) hours of free medical service, a \$100.00 assessment, and a \$20,000 00 fine, and was required to forfeit \$2,900,000.00. (Petitioner's Ex. 4).

with steroids, but had experienced side-effects such as wide mood swings, insomnia, and exacerbation of her diabetes. Conventional therapies also had not succeeded in controlling her disease, and Dr. Ahmed concluded that IVIg was the only available alternative. Since Ms. LW's medical care was being paid for by Medicare, Dr. Ahmed sent a lengthy letter describing Ms. LW's condition and her urgent need for IVIg treatment to the Medical Director for Medicare's New England Region and asked that Medicare pay for the treatments. The record shows that U.S. Congressman Charles Bass, and U.S. Senator Bob Smith, also all wrote letters to Medicare seeking coverage for IVIg treatment for Ms. LW.

The evidence in Exhibit G goes on to show that Medicare rejected all of these requests. However, Medicare's rejection did not put an end to Dr. Ahmed's efforts. Instead, in February 2000, he contacted philanthropist A. Raymond Tye and explained Ms. LW's plight. Mr. Tye agreed to pay for Ms. LW's IVIg treatment. Thanks to Dr. Ahmed's efforts and Mr. Tye's generosity, Ms. LW received her last IVIg infusion in September of 2002, and in January of 2003, Dr. Ahmed reported to Dr. Lichter that Ms. LW's EBA was in sustained remission. Although Dr. Ahmed was able to find an alternative solution for Ms. LW, he was not always so successful in procuring IVIg for his Medicare patients. For example, another one of Dr. Ahmed's patients, Richard Layton, was diagnosed with pemphigoid in the 1980s. See Ex. H at 21 (Layton Dep.). Before seeing Dr. Ahmed, Mr. Layton had been treated with a variety of drugs, but they did not prevent the disease from diminishing his eyesight in both eyes, and he became legally blind in his left eye. *Id.* at 23. Finally, Mr. Layton's physician referred him to Dr. Ahmed so that he could receive IVIg therapy.

The panel fully appreciated the seriousness of the crime the Respondent pled guilty to, but they also took into account the Respondent's motives and the genuine remorse he expressed for his actions. In reaching its determination of no additional punishment for the Respondent, the panel was particularly impressed with the testimony of Mark Lebwohl, M.D., the chair of the Department of Dermatology at Mount Sinai Hospital in New York City who testified about the important work the Respondent has been doing and continued to do. (T. 11 *et seq.*) Dr. Lebwohl explained the focus of the Respondent's work, bullous diseases, specifically pemphigus and pemphigoid. (T. 12) Dr. Lebwohl explained that these are horrific diseases in which the whole body becomes covered with blisters. When pemphigus attacks the mouth the patient can't eat.

Up until the innovative work of the Respondent, patients were treated with immunosuppression and steroids. Unfortunately, these drugs had serious side effects and patients often died during the treatment. The Respondent pioneered a new treatment modality, the use of IVIg. (T. 14)

To treat his patients Dr. Ahmed founded and continues to operate the Center for Blistering Diseases in Boston. This is the only such center in the United States, and according to Dr. Lebohl and others, this center provides the best and most advanced care available anywhere. Exhibit G in the record is a collection of 40 testimonial letters from notable physicians all across the county attesting to the fine care and incredible recoveries achieved under Dr. Ahmed's care.

The panel also took into consideration the numerous letters from leading physicians and patients that uniformly attest to significant value and good work of Dr. Ahmed. (See Exhibit H) To quote one example, the letter of Dr. Mark Dahl of the Department of Dermatology at the Mayo Clinic:

"Dr. Ahmed is a world expert in the field of treatment of immunobullous diseases such as pemphigus and ocular pemphigoid, which cause death and blindness respectively. His work has been confirmed by others, and his research, publications and teachings have added significantly to our understanding of these diseases and to steps toward more effective and safer therapies." (Exhibit G, letter 8) In addition, Exhibit H sets forth 79 thoughtful and compelling letters from former patients all praising the Respondent for his life saving work.

The panel was also impressed with the testimony at the hearing from former patients including Marika Jamacochian and Paul Collins, M.D. Marika Jamacochian, a cardiologist trained in Russia, testified that the Respondent saved her life or, in her word, "he's a God to us." (T. 111) She testified that he is one of those people who are born to be a physician. He is "a decent, a very, very decent very kind man who will do anything for his patients, and he has very stable, old fashioned values that is very commendable." (T. 111)

The panel took special note of the testimony of another patient, Paul Collins, M.D., of Boston who is affiliated with Harvard Medical School. Dr. Collins testified that he was lucky to get diagnosed fairly quickly and was lucky to start treatment with Dr. Ahmed. (T. 102) Dr. Collins testified that the Respondent has been a "savior" to him and his family. (T. 104) Dr. Collins went on to testify that Dr. Ahmed has done the majority of the cutting edge research in this area and is the first name that anyone would mention in discussing this field. (T. 105)

HEARING COMMITTEE DETERMINATION AS TO PENALTY

In determining an appropriate penalty, the panel took into account the significant work that this Doctor has accomplished over his impressive career and the contributions he has made to society. Nevertheless, the Respondent did backdate documents, and in so doing, did commit a crime. At the hearing, the Respondent took full responsibility for his actions (T. 44), and the panel believed him when he testified that he did so in moment of panic. (T. 44) The panel deemed Dr. Ahmed's remorse and contrition to be genuine. The panel considered the full range of penalties from revocation to censure and determined that no additional punishment should be imposed on this manifestly excellent doctor who was frank and forthright about his crime. The panel unanimously concluded that no additional punishment should be imposed on the Respondent or any action taken on the Respondent's license. The panel based its reasoning on the following factors:

First: The Respondent was found to be contrite, full of remorse for his actions. He did not try to avoid or shirk his responsibility in any way. With tears in his eyes, Dr. Ahmed testified that "I'm extremely ashamed. I feel grave remorse, and I feel very, very sad, as well as extremely embarrassed that I did that" (T. 44)

Second: The Respondent has already been punished sufficiently for his actions. The panel, for its part, was unanimous in finding that Dr. Ahmed has been punished enough and that no additional monetary burden should be placed on this respondent who has paid out close to three million dollars for his actions. While the Hearing Committee did sustain the charges because the Respondent did plead guilty to a felony, all the facts and circumstances of this case compel the Hearing Committee to find, unanimously, that no additional punishment should be imposed upon this good Doctor.

Third: Another reason the panel felt compelled not to impose any additional punishment on the Respondent was that, eventually, Dr. Ahmed was proven correct in his treatment modality and Medicare has reversed its position and will, as of 2002, cover the cost of IVIg treatment for Pemphigoid patients.

Fourth: The panel recognized that Dr. Ahmed has admitted to a serious criminal act but also recognized that this backdating of documents was done in the midst of an on-going heated controversy with Medicare and that there was no hint or suggestion of any venal motive on the part of the Respondent. It is clear that Dr. Ahmed billed for treatment that was actually given to ailing patients and that many of these patients did, in fact, benefit from this treatment. The panel recognized that lives and eyesight were saved by the acts of the Respondent. (See the deposition of Robert J. Weiss, M.D., and Exhibit F)

Fifth: The panel recognized that Dr. Ahmed has dedicated his life to helping patients suffering from blistering disease and the panel did not wish to impose any additional penalty and, above all, did not want to hinder his good work or in any way diminish the service he could render in future to patients in New York and elsewhere.

In conclusion, the mountain of documentary evidence submitted on behalf of Dr. Ahmed made it abundantly clear that this is an exceptional man and that there is perhaps no one else in the country who can provide the same level of blistering disease expertise and personalized care to patients suffering from pemphigus and pemphigoid. The panel emphasized that this was not a fraud case and that the patients did get the drugs that were billed for. The panel agreed that this was not a case of greed and that patients were helped, profoundly, by this good Doctor. It was also made abundantly clear that no patient was hurt the Respondent's actions. It is difficult to justify ending, or limiting in any way, a physician's career for the infraction in this case, particularly when the

evidence discloses that the Respondent has been an excellent physician. In his summation, the Department's attorney acknowledged that this is an excellent Doctor. (T. 118) The Department's attorney had no specific recommendation as to penalty. (T. 122)

Under the unique facts of this case, the panel unanimously agreed that no additional punishment was warranted and that this action was commensurate with the level and nature of the Respondent's professional misconduct. The panel is in no way condoning the Respondent's actions but they are recognizing that the punishment already meted out by the Federal Court will suffice to do justice and that any additional punishment is not only unnecessary but is not warranted by the unique facts and special circumstances of this case.

ORDER

IT IS HEREBY ORDERED THAT:

1. The specified charges against the Respondent are **SUSTAINED**; and
2. No additional punishment is imposed on the Respondent.
3. This Order shall be effective upon service on the Respondent in accordance with the requirements of Public Health Law Section 230(10)(h).

DATED: Hopewell Junction, New York
JULY 29, 2010

REDACTED

Ravinder Mamtani, M.D., Chair

James R. Dickson, M.D.
Thomas W. King, Jr., M.P.A, P.E.

To:

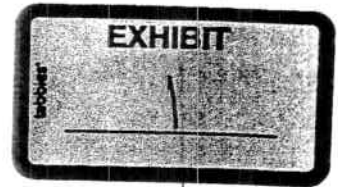
Ahmed Abdul-Razzaque, M.D., Respondent
70 Park Hill Avenue, Suite 208
Boston, MA 02120

Anthony Z. Scher, Esq.
Attorney for Respondent
Wood & Scher
222 Bloomingdale Road, Suite 311
White Plains, New York 10605

Robert Bogan, Esq., Attorney for Petitioner
Associate Counsel
NYS Department of Health
Bureau of Professional Medical Conduct
433 River Street, Suite 303
Troy, New York 12180-2299

APPENDIX 1

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



IN THE MATTER
OF
AHMED ABDUL-RAZZAQUE, M.D.
aka AHMED A. RAZZAQUE, M.D.
aka ABDUL R. AHMED, M.D.
CO-09-02-0917-A

NOTICE OF
REFERRAL
PROCEEDING

TO: AHMED ABDUL-RAZZAQUE, M.D.
aka AHMED A. RAZZAQUE, M.D.
aka ABDUL R. AHMED, M.D.
Center for Blistering Diseases
70 Park Hill Avenue
Suite 208
Boston, MA 02120

AHMED ABDUL-RAZZAQUE, M.D.
aka AHMED A. RAZZAQUE, M.D.
aka ABDUL R. AHMED, M.D.
REDACTED

PLEASE TAKE NOTICE THAT:

An adjudicatory proceeding will be held pursuant to the provisions of New York Public Health Law §§230(10)(p) and New York State Administrative Procedures 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 the 21st day of January, 2010, at 1:00 p.m., at the offices of the New York State Department of Health, Hedley Park Place, 433 River Street, 5th Floor, Troy, NY 12180.

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, that is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence and/or sworn testimony on your behalf. Such evidence and/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 that would show that the conviction would not be a crime in New York State. The Committee also

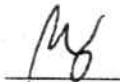
may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

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, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. JAMES F. HORAN, ACTING 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 ten (10) days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of New York Public Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten (10) 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. The answer 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. You may file a written brief and affidavits with the Committee. Six (6) copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen (14) days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney, indicated below. 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 New York State Administrative Procedure Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner demands, hereby, disclosure of the evidence that 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 and/or other evidence that cannot be photocopied.

YOU ARE ADVISED, HEREBY, THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE (5) BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here



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 (5) 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.

SINCE THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT SUSPENDS OR REVOKES YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AND/OR IMPOSES A FINE FOR EACH OFFENSE CHARGED, YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

December 2, 2009

REDACTED

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct

Inquiries should be addressed to:

Robert Bogan
Associate Counsel
New York State Department of Health
Office of Professional Medical Conduct
433 River Street – Suite 303
Troy, New York 12180
(518) 402-0828

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

IN THE MATTER
OF
AHMED ABDUL-RAZZAQUE, M.D.
aka AHMED A. RAZZAQUE, M.D.
aka ABDUL R. AHMED, M.D.
CO-09-02-0917-A

STATEMENT
OF
CHARGES

AHMED ABDUL-RAZZAQUE, M.D., aka AHMED A. RAZZAQUE, M.D., aka ABDUL R. AHMED, M.D., Respondent, was authorized to practice medicine in New York state on May 21, 1976, by the issuance of license number 127057 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about November 5, 2007, in the United States District Court, District of Massachusetts, Respondent was found guilty, based on a plea of guilty, of Obstruction of Criminal Investigations of Health Care Offenses, in violation of 18 USC § 1518, a felony, and on January 8, 2009, was sentenced, inter alia, to two (2) years probation of which six (6) months are to be served in Home Confinement with voice identification, four hundred (400) hours of free medical service, a \$100.00 assessment, ~~and~~ a \$20,000.00 fine, and was required to forfeit \$2,900,000.00.

B. On or about July 1, 2009, the Commonwealth of Massachusetts, Board of Registration in Medicine (hereinafter "Massachusetts Board"), by a Consent Order (hereinafter "Massachusetts Order"), inter alia, indefinitely suspended Respondent's license to practice medicine, said suspension shall be stayed upon his entering into a Massachusetts Board approved Probation Agreement that requires compliance with the terms of the probation imposed as a result of the criminal conviction set forth in Paragraph A, above, and imposed a \$5,000.00 fine, based on the criminal conviction set forth in Paragraph A, above, engaging in conduct that has the capacity to deceive by altering the medical records of patients and engaging in conduct that undermines the confidence in the integrity of the medical profession and shows a lack of good moral character.

C. On or about July 24, 2009, the North Dakota State Board of Medical Examiners (hereinafter "North Dakota Board"), by an Order (hereinafter "North Dakota Order"), inter alia, indefinitely suspended Respondent's license to practice medicine, and stayed the suspension, in accordance with the terms of the Massachusetts Consent Order and Massachusetts Probation Agreement, based on the criminal conviction set forth in Paragraph A, above.

D. The conduct resulting in the Massachusetts Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law 6530(2) (practicing the profession fraudulently);
2. New York Education Law 6530(9)(a)(ii) (being convicted of committing an act constituting a crime under federal law; and
3. New York Education Law 6530(20) (moral unfitness).

E. The conduct resulting in the North Dakota Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law 6530(9)(a)(ii) (being convicted of committing an act constituting a crime under federal law.

SPECIFICATIONS
FIRST SPECIFICATION

Respondent violated New York Education Law §6530(9)(a)(ii) by being convicted of committing an act constituting a crime under federal law, in that Petitioner charges:

1. The facts in Paragraph A.

SECOND AND THIRD SPECIFICATIONS

Respondent violated New York Education Law §6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

2. The facts in Paragraphs A, B, and/or D.
3. The facts in Paragraphs A, B, C, D, and/or E.

FOURTH AND FIFTH SPECIFICATIONS

Respondent violated New York Education Law §6530(9)(d) by having his license to practice medicine suspended and/or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the license suspension and/or other disciplinary action would, if committed in New York state, constitute professional misconduct under the laws New York state, in that Petitioner charges:

4. The facts in Paragraphs A, B, and/or D.
5. The facts in Paragraphs A, B, C, D, and/or E.

DATED: *December 2*, 2009
Albany, New York

REDACTED

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct