

BOARD OF MEDICAL PRACTICE

In re: Luis Bauzo, MD)
)
) Docket No. MPC 155-1015

STIPULATION AND CONSENT ORDER

NOW COME Luis Bauzo, MD, and the State of Vermont, by and through Vermont Attorney General Thomas J. Donovan, Jr., and hereby stipulate and agree to the following in the above-captioned matter:

1. Luis Bauzo, MD (“Respondent”) holds Vermont medical license number 042.0011290 originally issued by the Vermont Board of Medical Practice on February 21, 2007.
2. Jurisdiction in this matter rests with the Vermont Board of Medical Practice (“the Board”), pursuant to 26 V.S.A. §§ 1353-1357, 3 V.S.A. §§ 809-814, and other authority.

FINDINGS OF FACT

3. The Board opened this matter in October of 2015 upon receipt of information concerning Respondent. The matter was assigned to the Central Investigative Committee of the Board (“the Committee”).
4. At the time that the case was opened, Respondent was practicing medicine as a physician at Castleton Family Health Center in Castleton, Vermont.
5. The Committee’s investigation included, in part, the review of Respondent’s records regarding his treatment of an adolescent/young adult patient (“the Patient”) for depression and anxiety.

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6. The Committee's investigation revealed that Respondent first met the Patient in 2010, when conducting a routine college physical. In 2011, in response to the Patient's report that he was having problems with depression, Respondent started the Patient on Prozac (fluoxetine) 10 mg daily. After a month, when the Patient indicated that the medication was working "a little" and denied any side effects, Respondent prescribed another 30 tablets of Prozac 20 mg, no refills.
7. Respondent did not see the Patient again until January 30, 2014, when the Patient came in for a physical exam. Respondent documented that the Patient was doing well and was off Prozac.
8. On January 22, 2015, the Patient again came in to see the Respondent for a physical exam. The medical records note that Patient was experiencing decreased energy levels, sleeping well, having some difficulty with depression and occasional panic attacks. The patient was noted as stating the Prozac that he had taken previously didn't really help. The notes document that education and counseling were done but there was no comment on suicidality. Respondent started the Patient on Prozac 40 mg once a day, 30 tabs with no refills, because he had tolerated the 20 mg dose in the past with no side effects. The Patient was also prescribed Xanax (alprazolam, a benzodiazepine), .25 mg, 5 tabs with no refills, and was told to take one as needed.
9. On January 29, 2015, the Patient was seen by Respondent to follow up on his anxiety and depression. The Patient reported that he was still having panic attacks, for which he took 2 of the .25 mg Xanax, and that overall his

depression was worse but that he was dealing more with anxiety than depression. The Patient indicated that he was tolerating the Prozac well. The Patient denied any suicide ideation or planning. Respondent prescribed the Patient Klonopin (clonazepam, a benzodiazepine) 1.0 mg, two times a day, 60 tabs, no refill and increased his Xanax prescription to 0.5 mg, as needed, five tabs, no refill. Respondent documented that he provided education and counseling and referred the Patient to Psychiatry, although the Patient indicated that he did not want to go.

10. On January 31, 2015, the Patient reported losing most of his Xanax at work. Respondent advised the Patient to stay on Prozac and Klonopin and to save the few Xanax he had for severe panic attacks. Respondent advised the Patient that he would look into getting the Patient in to see a psychiatrist and that they would figure out what to do with the Xanax the following week, but in the meantime the Patient could go to the emergency room or call Respondent if he had a panic attack. The Patient indicated that he was okay with this plan.
11. During this time, it is claimed the Patient's mother observed changes in the Patient's behavior including slurring of words, wobbling on his feet and sleepiness, and the Patient also became erratic and volatile. This was not brought to the attention of Respondent.
12. On the morning of February 2, 2015, it is claimed the Patient called his mother from work (Hannaford supermarket) and advised they were sending him home because his behavior was similar to someone who was intoxicated. It is also claimed the Patient met with a pharmacist at work, who allegedly told

him that the dose of Klonopin was too high and he should cut the dose in half. The Patient returned home and is claimed to have continued to exhibit erratic, volatile and irrational behavior. The Patient also is claimed to have advised his mother that he tried to cut his wrist but glued it shut. None of these events were told to Respondent and the Patient did not show this to Respondent during the appointment on January 29. The Patient made an appointment with another doctor, but could not get in until February 6. The Patient's mother asked the Patient if he wanted to go to the emergency room but the Patient declined indicating that he had a plan (to cut the dose of Klonopin in half). It is the Respondent's position that he did not receive a phone call from the Patient. That evening the Patient had an argument with his girlfriend and committed suicide.

13. Prozac (fluoxetine) packaging contains a "Black Box" warning for patients up to 21 years of age that indicates there is a very small chance of an adverse reaction that can make the patient more agitated and prone to increased suicidal thoughts. The Patient's medical chart does not indicate whether the Respondent explained the Black Box warning to the Patient.

14. Respondent retired from the practice of medicine in the Fall 2016 as previously planned and for reasons totally unrelated to the allegations in this matter, and therefore let his medical license lapse on November 30, 2016. He is not currently practicing medicine in the State of Vermont.

CONCLUSIONS OF LAW

15. The Board may find “[t]hat failure to practice competently by reason of any cause on a single occasion...constitutes unprofessional conduct. Failure to practice competently includes, as determined by the board: (1) performance of unsafe or unacceptable patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice.” 26 V.S.A. §§ 1354(b)(1) and (2).
16. It is unacceptable medical practice for a licensee to improperly prescribe prescription medications. Such conduct may constitute unsafe or unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).
17. It is the Board’s position that Respondent’s improper prescribing of unusually high doses of Xanax and Klonopin at the same time to the Patient as described in Paragraphs 5 through 13 above constitutes the performance of unsafe or unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).
18. 17. It is the Board’s position that Respondent’s improper prescribing of an unusually high dose of Prozac to the Patient as described in Paragraphs 5 through 13 above constitutes the performance of unsafe or unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).

19. It is the Board's position that Respondent's failure to maintain adequate and comprehensive medical records concerning his treatment of the Patient as described in Paragraphs 5 through 13 above constitutes the performance of unsafe or unacceptable patient care, and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).

20. Respondent acknowledges that it is the Board's position that if the State were to file charges against Respondent, the State could satisfy its burden at a hearing and a finding adverse to him could be entered by the Board, pursuant to 26 V.S.A. § 1354(b)(2)

21. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs 1 through 19 above and further agrees that this is an adequate basis for the Board's actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement and to resolve this matter without formal charges and a hearing.

22. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into this instant agreement with the Board. The Board does not contest

Respondent's representation that he had previously chosen to retire from the practice of medicine for reasons unrelated to the allegations in this matter.

Respondent enters no further admission here, but to resolve this matter without further time, expense and uncertainty; he has concluded that this agreement is acceptable and in the best interest of the parties.

23. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges he has had the advice of counsel regarding this matter and in the review of this Stipulation and Consent Order. Respondent is fully satisfied with the legal representation he has received in this matter.
24. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.
25. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be administratively closed by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this document by Respondent.
26. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall

be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

27. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

28. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

ORDER

WHEREFORE, based on the foregoing, and the consent of Respondent, it is hereby ORDERED that:

1. Respondent shall be reprimanded for the conduct set forth above.
2. Respondent shall pay an administrative penalty of \$1,000.00 consistent with 26 V.S.A. § 1361(b). Payment shall be made to the "State of Vermont Board of Medical Practice," and shall be sent to the Vermont Board of Medical Practice office, at the following address: David Herlihy, Executive Director, Vermont Board of Medical Practice, P.O.

Box 70, Burlington VT 05402-0070. The payment shall be due no later than one (1) month after this Stipulation and Consent Order is approved by the Board.

3. In the event that Respondent applies for renewal or reinstatement of his license and his application is granted, Respondent shall attend and successfully complete one in-person continuing medical education ("CME") course on prescribing psychotropic medications within one (1) year of his license being renewed. Respondent shall seek the Committee's approval of the proposed CME course no later than sixty (60) days prior to the date of the course. Upon Respondent's successful completion of the CME course, he shall provide the Committee with written proof of attendance. Respondent shall also provide a brief written narrative of the CME course to the Committee which will document what he learned from the course, and how he will apply that knowledge to his practice. Respondent shall provide the proof of attendance and written narrative to the Committee within thirty (30) days of completion of the CME course. Respondent shall be solely responsible for all costs associated with the CME course.
4. In the event that Respondent applies for renewal or reinstatement of his license and his application is granted, Respondent shall retain the services of a "practice monitor" for a minimum of two years, subject to the terms and conditions set forth in the attached "Practice Monitoring Agreement," which is incorporated by reference and attached hereto as

Exhibit A. The two-year practice monitoring requirement will not begin until the first day that Respondent's practice is monitored by his approved Practice Monitor. Respondent shall comply with the terms and obligations of the Practice Monitoring Agreement. Respondent shall provide a copy of this Stipulation and Consent Order to the practice monitor. Respondent shall be responsible for ensuring that the practice monitor complies with the terms and obligations of the Practice Monitoring Agreement.

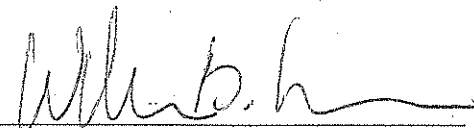
5. Respondent shall notify any future employers of the contents of this Order by providing a copy of said document to his employer and his supervising physician(s). This condition shall remain in effect until the Board issues an Order relieving Respondent from the terms and conditions of this Stipulation and Consent Order.

SIGNATURES

DATED at Montpelier, Vermont, this 27th day of July, 2017.

STATE OF VERMONT

THOMAS J. DONOVAN, JR.
ATTORNEY GENERAL

By: 

William B. Reynolds
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

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Board issues an Order relieving Respondent from the terms and conditions of this Stipulation and Consent Order.

SIGNATURES

DATED at Montpelier, Vermont, this _____ day of _____, 2017.

STATE OF VERMONT

THOMAS J. DONOVAN, JR
ATTORNEY GENERAL

By: _____

William B. Reynolds
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

DATED at _____, Vermont, this 11th day of July, 2017.

Luis Bauzo, MD
Respondent

DATED at Rutland, Vermont, this 17th day of July, 2017.

Andrew H. Maass, Esq.
Counsel for Respondent

AS TO LUIS BAUZO, MD
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

RM Bennett

Jc m. Sir

Mary Susan Stone
Ch. M. R.

Jed M. Stone

D. J. Stone

M. Stone

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109 State Street
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DATED:

August 2nd, 2017

ENTERED AND EFFECTIVE:

August 2nd, 2017

PRACTICE MONITORING AGREEMENT

Vermont Board of Medical Practice

Luis Bauzo, MD – MPC 155-1015

1. Pursuant to a Stipulation and Consent Order entered into by Luis Bauzo, MD and the Vermont Board of Medical Practice (“the Board”), Dr. Bauzo has retained a practice monitor to monitor his medical practice. The purpose of this Practice Monitoring Agreement is to set forth the terms of the practice monitoring component of Dr. Bauzo’s Stipulation and Consent Order (attached and incorporated hereto by reference). This Agreement will be signed by the practice monitor approved by the Central Investigative Committee (“the Committee”) and Dr. Bauzo.
2. Dr. Bauzo is responsible for selecting a practice monitor.
 - a. The practice monitor chosen by Respondent must be a Vermont licensed physician with an unconditioned license, and must be able to observe Respondent in his practice at least twice per week.
 - b. Respondent shall seek the Committee’s approval of a practice monitor.
Respondent shall provide the Committee, in writing, with the name and curriculum vitae of the proposed practice monitor.
3. In the event that Respondent applies for renewal or reinstatement of his license and his application is granted, the practice monitoring shall start during the first day of the first week that Dr. Bauzo resumes the practice of medicine.
4. The practice monitor shall report his/her findings in writing to the Committee on a quarterly basis for two years. The practice monitor’s first report shall be submitted to

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the Committee no later than ninety (90) days after the first day that Dr. Bauzo begins practicing medicine.

5. Dr. Bauzo shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee.
6. The practice monitoring shall continue for a total of two years from the date that Dr. Bauzo resumes the practice of medicine. At the end of the two-year monitoring period, Respondent shall submit a written request to the Committee to end the requirement for monitoring. Such a request shall not be considered by the Committee until Respondent has provided favorable and timely monitoring reports for two complete years. The practice monitoring requirement will not cease until the Committee has approved, in writing, Respondent's request to end the monitoring.
7. In the event that the practice monitor can no longer monitor Dr. Bauzo's practice, Dr. Bauzo shall immediately notify the Committee in writing. Dr. Bauzo shall retain the services of a new practice monitor, subject to pre-approval by the Committee. Within thirty (30) days of providing written notice to the Committee that the practice monitor can no longer monitor his practice, Dr. Bauzo shall provide the Committee with the name and curriculum vitae of the proposed new practice monitor. The Committee will provide written notification to Dr. Bauzo indicating whether it approves of the new proposed practice monitor.
8. Dr. Bauzo shall provide the practice monitor with a copy of the fully executed Stipulation and Consent Order.
9. Dr. Bauzo shall be responsible for ensuring that the practice monitor does the following:

- a. The following shall be reviewed by the practice monitor and discussed in the practice monitoring reports:
 - i. Whether Dr. Bauzo's prescribing and documentation practices meet the applicable standard of care; and
 - ii. Recommended improvements to Dr. Bauzo's practice.
- b. Prior to the submission of each monitoring report to the Committee, the practice monitor shall meet with Dr. Bauzo to discuss the findings of his/her practice monitoring report.
- c. Each monitoring report shall include the dates and the length of time that he/she observed Dr. Bauzo. Each monitoring report shall also include the dates and length of time that he/she met with Dr. Bauzo to review the findings of his/her monitoring report.
- d. The practice monitor shall review any other documents, records, files, logs, etc. that will provide the requisite information needed to prepare written monitoring reports.
- e. The practice monitor shall speak with Dr. Bauzo's supervising physician(s) and co-workers to obtain the requisite information needed to prepare the written monitoring reports.

10. Dr. Bauzo shall not begin to practice medicine until: (a) a practice monitor is approved by the Committee; (2) the practice monitor is ready to begin monitoring Dr. Bauzo's practice; and (3) this Agreement has been fully executed.

11. Dr. Bauzo shall be solely responsible for all costs associated with the practice monitor.

12. Dr. Bauzo and the practice monitor agree that they have both read this Agreement in its entirety, and agree to all of the terms and obligations set forth herein.

13. Dr. Bauzo and the practice monitor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Committee.

DATED at _____, Vermont, this ____ day of _____, 2017.

Luis Bauzo, MD
Respondent

DATED at _____, Vermont, this ____ day of _____, 2017.

Practice Monitor

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