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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1579

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY CHANDRA M. REDDY, M.D., LICENSE NO. 32087, 793 STEEPLECHASE ROAD, GLASGOW, KENTUCKY 42141

THIRD AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Chandra D. Reddy, M.D. ("the licensee"), and, based upon their mutual desire to resolve the investigation, hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Third Amended Agreed Order:

1. At all relevant times, Chandra D. Reddy, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. In October, 2010, in KBML Case No. 1251, the licensee entered into an Agreed Order pursuant to which he was required to complete a boundaries course and have a chaperone when in the presence of female patients, after the Board investigated a report from the Cave City Police Department that the licensee inappropriately touched and made inappropriate comments to two female patients during examinations. The Agreed Order was terminated in October, 2011.
4. In 2013, the Barren-Edmondson-Allen County Drug Task Force reported to the Board that it had received information that Monica Berry, an employee in the

licensee's medical office, was illegally providing controlled prescription medications to acquaintances. During the preliminary investigation, Ms. Berry and different sources provided information that the licensee was providing prescription medication without the patient visiting his office. In addition, information was provided which suggested that the licensee was providing controlled prescription medication in exchange for cash and marijuana and that the licensee was using marijuana. The Barren-Edmondson-Allen County Drug Task Force reported that an over dose that did not result in death sparked an irate mother to complain to the licensee and evidence suggests that the licensee then fired Ms. Berry as an escape goat to the over dose. The Barren-Edmondson-Allen County Drug Task Force also reported that information received indicates that the licensee is overprescribing controlled medications; and that, in August 2013, the licensee contacted a local pharmacy and requested a copy of all controlled medications filled at the pharmacy from his office over the course of a year and that there was concern that the licensee was planning to falsify charts to cover-up that he did not keep accurate charts on patients or that some charts may not have even existed prior to the investigation.

5. The Board's medical investigator, Detective Eric Guffey of the Barren-Edmondson-Allen County Drug Task Force, and Kentucky State Police Detective Regina Lutz, interviewed Patient A, who stated substantially as follows: he contacted the licensee's employee, Monica Berry, about obtaining pain medications when he began to run low on his supply and that she brought him Oxycontin and a prescription made out his girlfriend; that about two weeks later, Ms. Berry contacted him to ask about obtaining marijuana and he provided some for her; that

this type of trading continued and began to expand as she would provide a prescription in whoever's name he provided her; that he never had contact with the licensee concerning the prescriptions or the marijuana; and that he suffered a nonfatal overdose.

6. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed Patient A's mother, who stated substantially as follows: she knew that her son, Patient A, obtained prescriptions through Ms. Berry and that in exchange he provided Ms. Berry marijuana for the licensee; that after Patient A experienced a non-fatal overdose, she went to the licensee's office and confronted him about her son's overdose and the licensee's receiving marijuana in exchange; that the licensee admitted to her that he had received the marijuana; and that she recorded the confrontation on her cell phone and provided a copy to the police.

7. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's medical assistant, Dana Stergin, who stated substantially as follows: the licensee pre-signed blank prescriptions pads and left them for his APRN, Michelle Goodman, to use while he traveled to India and this was a common practice if the licensee was going to be away from the office; that the licensee did not perform urine drug screens on patients receiving controlled substances; that about 70% of the licensee's patients were there for pain management, but since the licensee became aware of the investigation he had begun to refer more patients to pain management clinics and to psychologists more often; that the licensee and/or his wife "upcoded" billings to Medicaid and insurance

companies and that it was common to adjust charts to match billing as many as 50 at a time.

8. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's APRN, Michelle Goodman, who stated substantially as follows: the licensee is in control of his practice and is aware of everything that occurs there; that the licensee was aware that Ms. Berry was passing out the prescriptions; that the licensee would leave up to ten (10) pre-signed prescription blanks in a drawer next to Ms. Berry's desk; that the licensee was not documenting, treating or testing pain patients properly and she was not aware of him running any urine drug screens; that when the licensee's office received reports that his patients were selling their medications, he did not follow up with pill counts or urine drug screens; that the licensee typically worked from 10:00 a.m. until 2:00 p.m. and she frequently called him on Friday afternoons and found that he sounded intoxicated; that about 50% of the licensee's patients were there for pain management, and the licensee stated that "They [DEA] are not looking at people like him, only higher pain patient percentages"; and that the licensee and/or his wife "upcoded" billings to Medicaid and insurance companies.

9. Detective Eric Guffey interviewed Monica Berry, who stated substantially as follows: the licensee was known around town as "the candy man" because of the large amount of pain medication prescriptions that he wrote; that when patients would call in and report that they could not come into the office and request that their medications be phoned into the pharmacy, the licensee would approve the prescriptions and every prescription she phoned in was according to his orders; that

the licensee requested that she get marijuana for him and she did this 4 or 5 times, obtaining it from Patient A – first by cash and then by exchanging prescription medications for it; that she had been involved in a sexual affair with the licensee and had smoked marijuana with him at his lake house; and that the licensee's wife "upcoded" billings.

10. Detective Eric Guffey interviewed Ms. Berry's mother, Carolyn Diaz, who stated that the licensee had taken her to his lake house and showed her how to use marijuana for medical purposes due to the fact that she suffers from anxiety.

11. Detective Eric Guffey interviewed the licensee's former employee, Dee Stahl, who stated that the licensee's wife directed her "upcode" almost every bill she prepared.

12. On or about January 3, 2014, the licensee was evaluated by Greg Jones, M.D., Medical Director of the Kentucky Physicians Health Foundation. During the interview, the licensee reported to Dr. Jones that he had not used marijuana for many years, since his college days in India. Following the interview, the licensee submitted to a 14-panel hair test and the results were positive for cannabinoids at a level of 1pg/mg, and for carboxy THC at a level of 0.65/pg/mg – values consistent with repeated use of cannabis within the prior three months.

13. The Board's medical investigator interviewed the licensee about the positive hair test at the Foundation and the licensee explained that he smoked marijuana on a trip to India in 2012. When asked about the passage of time between 2012 and the more recent test results in 2014, the licensee stated that he smoked marijuana on a trip to Mexico in February 2013 and also smoked marijuana with friends in Michigan and Washington state but that he never uses marijuana in Kentucky.

14. The Board subpoenaed forty-three (43) charts of patients who had received controlled substance prescriptions from the licensee. Of the forty-three, the licensee produced records for sixteen (16) patients; the licensee had no records on the other twenty-seven (27) patients.

15. A Board consultant reviewed the sixteen (16) patient charts obtained by subpoena and found that the licensee departed from acceptable and prevailing medical practices in that:

- The licensee did not appropriately address a high risk patient whose KASPER report showed multiple providers;
- Urine drug screens for compliance were not done on the majority of the patients;
- The licensee did not have a controlled substance agreement or obtain routine urine drug screens on a patient to whom he prescribed benzodiazepines and whose KASPER report showed multiple providers. The patient later had a psychiatric admission, during which time she stated that he abused the prescribed medications;
- The licensee prescribed refills of hydrocodone to a patient who was only seen once in 2009;
- One patient's narcotic prescriptions were not documented in the progress notes;
- Routine health maintenance was poorly documented, if at all;
- Patients' problem lists appear to be filled out at the first visit and are not updated as the patients' histories evolve;
- The licensee focused primarily on pain during patient visits and did not address other medical issues (for instance, issues such as hypertension, diabetes, elevated blood pressures, low GFR on a BMP, and abnormal CAT scan results were not addressed);
- The licensee did not order urine micro albumins or recommend eye exams for a diabetic patient;
- The licensee did not address complaints of fluttering in the chest in a patient with a history of heart disease before her 2013 death;
- The licensee did not screen a patient with a hematoma on her cheek for IPV;
- The licensee did not include eye and foot exams in a poorly controlled diabetic patient's routine management. The same patient had a history of colon cancer, heart disease, obstructive sleep apnea and gout and when a lung nodule was detected on a CT scan in 2011, a follow up pet scan was recommended but never obtained (the patient presented to the hospital in March 2013 with atypical chest pain was diagnosed with lung cancer);
- The licensee did not provide treatment for a patient's multiple elevated blood pressures;
- The licensee started a patient with serotonin syndrome on high-dose buspirone.

16. On June 19, 2014, the Board's Inquiry Panel A considered the above information and chose to allow the licensee an opportunity to resolve the investigation by entering into an Agreed Order of Indefinite Restriction in lieu of a Complaint and Emergency Order of Restriction. The Panel also referred information regarding upcoding of medical bills to the Department of Medicaid Services.

17. The Agreed Order of Indefinite Restriction included the following terms and conditions:

- Dr. Reddy is restricted from prescribing, dispensing, or otherwise professionally utilizing controlled substances unless and until approved to do so by the Panel;
- The Panel will not consider a request to allow him to resume the professional utilization of controlled substances unless and until:
    - He completes a 96-hour inpatient evaluation at a facility approved by the Kentucky Physicians Health Foundation, at his expense;
    - He completes residential treatment, at his expense, if recommended by the facility which conducts the 96-hour inpatient evaluation;
    - He has completed a clinical skills assessment in the specialties of internal medicine and pain management at the Center for Personalized Education for Physicians ("CPEP") and has entered into an Educational Plan, if so recommended, by CPEP, at his expense;
    - He has completed and "unconditionally passed" the *ProBe* Program (ethics course) offered through CPEP, at his expense; and
    - He has reimbursed the Board the full costs of the investigation in the amount of $1,800.00;
- Any request to resume the professional utilization of controlled substances must be accompanied by a favorable recommendation by the Medical Director, Kentucky Physicians Health Foundation (the Foundation), and shall include a copy of his 96-hour evaluation report; his contract with the Foundation, if applicable; a copy of the discharge summary from a residential treatment facility, if applicable; and copies of any reports of other evaluations performed; and
- If the Panel should allow Dr. Reddy to resume the professional utilization of controlled substances in the future, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall require that he maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized and shall provide for periodic review of the log and relevant records by Board agents upon request, along with any other conditions deemed necessary by the Panel at that time.

18. After entering into the Agreed Order of Indefinite Restriction, the licensee underwent a 96-hour evaluation at the Florida Recovery Center ("FRC"), during which time it was noted that his "story changed significantly, not only at the beginning of this evaluation but as the evaluation progressed." Eventually, the licensee acknowledged that he used marijuana 4 or 5 times each week; drank at least five days each week, sometimes consuming four drinks in one setting; engaged in an affair with an employee and diverted his daughter's Percocet. FRC noted

> Dr. Reddy's evaluation raises very significant concerns. Perhaps the greatest concern is his struggle with veracity. His story has changed so many times, with so many different evaluators, that it is difficult to believe what he says. Certainly, he meets criteria for a marijuana induced disorder and seemed to also have a drinking disorder as he was unable to tell us the truth about the true nature of his drinking. ... [I]f Dr. Reddy can come clean and admit the true nature of his problem that he should be afforded the opportunity of treatment which should be at a residential level of care at an institution with expertise in treating healthcare professionals. Any lesser level of care would be inadequate that Dr. Reddy would just skate his way through treatment (which will be a risk any how), if he is not confronted by a cohort of peers. ...

FRC recommended that the licensee not engage in the practice of medicine until he successfully completed a residential treatment program and was in recovery; demonstrates normalization of his neurocognitive testing; and completes a prescribing and boundaries course. FRC also recommended that any return of the licensee to the practice of medicine be contingent upon him having a practice monitor in place, given his concerning history.

19. On or about June 30, 2014, the licensee entered residential treatment at FRC and on or about October 17, 2014, he was discharged with Axis I diagnoses of Cannabis

Dependence, Alcohol Use D/O, and Cognitive D/O NOS – Resolved. Upon discharge, FRC noted that the licensee's

> ... veracity is still highly in question. He is unable to take ownership of the events that led to his seeking treatment. Still minimizes some events, including alcohol use. ...

FRC again recommended that the licensee should not practice medicine in a solo practice environment.

20. In or around October 2014, the licensee participated in the CPEP ethics program, ProBE, and failed.

21. In or around November 2014, the licensee entered into a contract with the Kentucky Physicians Health Foundation ("the Foundation").

22. In December 2014, the licensee underwent a clinical skills assessment in the areas of outpatient internal medicine and pain management. CPEP found that

> ... Dr. Reddy demonstrated a basic fund of knowledge in internal medicine with gaps in multiple areas, some of which are significant. He demonstrated overall inadequate knowledge in chronic pain management. His clinical judgment and reasoning were generally inadequate. His documentation in patient charts submitted from his practice and for Simulated Patient (SP) encounters was poor. Dr. Reddy's communication skills were marginal with SPs and professional with peers. ...

23. In or around April 2015, the licensee repeated the CPEP ethics program, ProBE, and unconditionally passed.

24. In or around June 2015, CPEP, at the licensee's request, developed an Educational Intervention Plan for the licensee.

25. In or around February 2016, the licensee requested that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. The Panel denied his request but stated that he could renew

his request after nine months, if he demonstrated compliance with his Foundation contract and his CPEP Education Plan.

26. On February 16, 2017, the licensee renewed his request that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. At that time, the licensee appeared before the Panel with counsel and stated that he did not intend to practice in a solo setting due to his age and that he also did not intend to prescribe for chronic pain. The Panel granted the licensee's request pursuant to terms and conditions set forth in an Amended Agreed Order.

27. On or about October 12, 2017 and January 31, 2018, the licensee participated in a post-education evaluation at CPEP.

28. In regard to the licensee's practice of internal medicine, the evaluation "revealed several gaps in his knowledge as well as ongoing inconsistency in his gathering of data and in formulation of differential diagnosis... marginal ability to interpret ECGs and inadequate ability to formulate treatment plans based on the tracing on the ECG interpretation exam." CPEP expressed concerns about whether patient records reflected the licensee's record. CPEP recommended that the licensee be subject to ongoing education and mentoring in internal medicine through an education addendum and practice in an environment with a preceptor available but in which the licensee is clearly responsible for the care provided and for documentation in the record.

29. In regard to chronic pain management, CPEP found that the licensee "did not demonstrate the level of knowledge or clinical approach/reasoning that would be

expected of a pain management specialist, nor were his skills at the level expected of a primary care physician practicing as a pain management expert." CPEP recommended that the licensee should not practice pain management without additional formal training in pain management.

30. On May 24, 2018, Dr. Reddy became indicted on criminal charges in *USA v. Reddy*, No. 1:18-CR-16-GNS (U.S. Dist. Ct., Western KY). The indictment charged, in part, that he pre-signed controlled substance prescriptions for his nurse practitioners to use while he was away from his medical practice, that he charged Medicare under his NPI for services provided by his nurse practitioners while he was away from his medical practice in order to enjoy a higher reimbursement rate, and that he altered patient charts to cover up and conceal fraudulent billings.

31. On or about 28, 2018, the licensee entered into a Second Amended Agreed Order, pursuant in part to which he was restricted from the practice of medicine in relation to the diagnosis, treatment or maintenance of pain management (including chronic pain conditions); required to have practice location approval with an on-site CPEP-approved preceptor; restricted to prescribing, dispensing or otherwise utilizing controlled substances to patients for up to a 72-hour period, without refill; required to maintain a controlled substances log, subject to two (2) favorable consultant reviews at his expense; required to participate in and comply with a CPEP Educational Intervention Plan Addendum ("Addendum"), in internal medicine; and maintain and comply with a contractual relationship with the Kentucky Physicians Health Foundation.

32. On or about July 31, 2019, in *USA v. Reddy*, No. 1:18-CR-16-GNS (U.S. Dist. Ct., Western KY), the licensee was convicted of the following felonies:

- Illegal Use Of DEA Registration Number Issued To Another – Conspiracy
- Health Care Fraud – Conspiracy (2 counts)
- False Statements Relating to Health Care Matters – Conspiracy

The licensee was sentenced to a term of imprisonment for one year and one day, followed by one year of supervised release.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Third Amended Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(4), (9) - as illustrated by KRS 311.597(4) - and KRS 311.595(12) and (13). Accordingly, there is a legal basis for disciplinary action.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this matter by entering into an informal resolution such as this Third Amended Agreed Order.

THIRD AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to resolve the investgiation, the parties hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Chandra M. Reddy, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE

PERIOD OF TIME, effective immediately upon the filing of this Third Amended Agreed Order ("Agreed Order");

2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS until further order of the Board:

    a. The licensee SHALL NOT perform any act which would constitute the "practice of medicine," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - unless and until approved to do so by the Panel; and

    b. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that the Panel shall not consider a request by the licensee to resume the practice of medicine unless and until the following conditions have been satisfied and verification provided:

    a. The licensee has successfully completed his sentence as ordered in *USA v. Reddy*, No. 1:18-CR-16-GNS (U.S. Dist. Ct., Western KY); and

    b. If two (2) or more years have passed since the licensee last practiced medicine, the licensee has completed a new clinical skills assessment from either Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241 *or* LifeGuard, 777 East Park Drive, Harrisburg, Pennsylvania, 17111, Tel. (717) 909-2590 and submitted an assessment report to the Panel for consideration with his request to resume practice.

3. The licensee expressly understands and agrees that if he is allowed to resume the practice of medicine in the future, it shall be contingent upon him entering into a Fourth Amended Agreed Order which shall require that the licensee comply and complete all terms and conditions contained in the Second Amended Agreed Order

(June 28, 2019) that were outstanding/incomplete on October 17, 2019, including, at a minimum, that

- He SHALL NOT engage in the practice of medicine in relation to the diagnosis, treatment or maintenance of pain management (including chronic pain conditions)
- He SHALL enter into, participate in and comply with and complete all requirements of an Educational Intervention Plan/Addendum;
- He SHALL NOT perform any act which would constitute the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10) unless and until the Panel or its Chair has approved, in writing, the practice location at which he will practice medicine with a CPEP-approved preceptor;
- He SHALL ONLY prescribe, dispense, or otherwise professionally utilize controlled substances to patients when medically necessary and only for up to a 72-hour period, without refill;
- He SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized, subject to at least two (2) favorable consultant reviews at his expense;
- He SHALL maintain a contractual relationship with the Kentucky Physicians Health Foundation and SHALL fully comply with all requirements of that contractual relationship; and
- Any other terms or conditions deemed appropriate by the Panel at the time of his request.

4. The licensee expressly understands and agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the

health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

5. The licensee expressly understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 2nd day of December, 2019.

FOR THE LICENSEE:

CHANDRA M. REDDY, M.D.

BRIAN GOOD, ESQ.
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

SANDRA R. SHUFFETT, M.D.
BOARD PRESIDENT and
ACTING CHAIR, INQUIRY PANEL A

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SECOND AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Chandra D. Reddy, M.D. ("the licensee"), and, based upon their mutual desire to resolve the licensee's non-compliance, hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Second Amended Agreed Order:

1. At all relevant times, Chandra D. Reddy, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. In October, 2010, in KBML Case No. 1251, the licensee entered into an Agreed Order pursuant to which he was required to complete a boundaries course and have a chaperone when in the presence of female patients, after the Board investigated a report from the Cave City Police Department that the licensee inappropriately touched and made inappropriate comments to two female patients during examinations. The Agreed Order was terminated in October, 2011.
4. In 2013, the Barren-Edmondson-Allen County Drug Task Force reported to the Board that it had received information that Monica Berry, an employee in the

licensee's medical office, was illegally providing controlled prescription medications to acquaintances. During the preliminary investigation, Ms. Berry and different sources provided information that the licensee was providing prescription medication without the patient visiting his office. In addition, information was provided which suggested that the licensee was providing controlled prescription medication in exchange for cash and marijuana and that the licensee was using marijuana. The Barren-Edmondson-Allen County Drug Task Force reported that an over dose that did not result in death sparked an irate mother to complain to the licensee and evidence suggests that the licensee then fired Ms. Berry as an escape goat to the over dose. The Barren-Edmondson-Allen County Drug Task Force also reported that information received indicates that the licensee is overprescribing controlled medications; and that, in August 2013, the licensee contacted a local pharmacy and requested a copy of all controlled medications filled at the pharmacy from his office over the course of a year and that there was concern that the licensee was planning to falsify charts to cover-up that he did not keep accurate charts on patients or that some charts may not have even existed prior to the investigation.

5. The Board's medical investigator, Detective Eric Guffey of the Barren-Edmondson-Allen County Drug Task Force, and Kentucky State Police Detective Regina Lutz, interviewed Patient A, who stated substantially as follows: he contacted the licensee's employee, Monica Berry, about obtaining pain medications when he began to run low on his supply and that she brought him Oxycontin and a prescription made out his girlfriend; that about two weeks later, Ms. Berry contacted him to ask about obtaining marijuana and he provided some for her; that

this type of trading continued and began to expand as she would provide a prescription in whoever's name he provided her; that he never had contact with the licensee concerning the prescriptions or the marijuana; and that he suffered a nonfatal overdose.

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companies and that it was common to adjust charts to match billing as many as 50 at a time.

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the licensee requested that she get marijuana for him and she did this 4 or 5 times, obtaining it from Patient A – first by cash and then by exchanging prescription medications for it; that she had been involved in a sexual affair with the licensee and had smoked marijuana with him at his lake house; and that the licensee's wife "upcoded" billings.

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- The licensee prescribed refills of hydrocodone to a patient who was only seen once in 2009;
- One patient's narcotic prescriptions were not documented in the progress notes;
- Routine health maintenance was poorly documented, if at all;
- Patients' problem lists appear to be filled out at the first visit and are not updated as the patients' histories evolve;
- The licensee focused primarily on pain during patient visits and did not address other medical issues (for instance, issues such as hypertension, diabetes, elevated blood pressures, low GFR on a BMP, and abnormal CAT scan results were not addressed);
- The licensee did not order urine micro albumins or recommend eye exams for a diabetic patient;
- The licensee did not address complaints of fluttering in the chest in a patient with a history of heart disease before her 2013 death;
- The licensee did not screen a patient with a hematoma on her cheek for IPV;
- The licensee did not include eye and foot exams in a poorly controlled diabetic patient's routine management. The same patient had a history of colon cancer, heart disease, obstructive sleep apnea and gout and when a lung nodule was detected on a CT scan in 2011, a follow up pet scan was recommended but never obtained (the patient presented to the hospital in March 2013 with atypical chest pain was diagnosed with lung cancer);
- The licensee did not provide treatment for a patient's multiple elevated blood pressures;
- The licensee started a patient with serotonin syndrome on high-dose buspirone.

16. On June 19, 2014, the Board's Inquiry Panel A considered the above information and chose to allow the licensee an opportunity to resolve the investigation by entering into an Agreed Order of Indefinite Restriction in lieu of a Complaint and Emergency Order of Restriction. The Panel also referred information regarding upcoding of medical bills to the Department of Medicaid Services.

17. The Agreed Order of Indefinite Restriction included the following terms and conditions:

- Dr. Reddy is restricted from prescribing, dispensing, or otherwise professionally utilizing controlled substances unless and until approved to do so by the Panel;
- The Panel will not consider a request to allow him to resume the professional utilization of controlled substances unless and until:
    - He completes a 96-hour inpatient evaluation at a facility approved by the Kentucky Physicians Health Foundation, at his expense;
    - He completes residential treatment, at his expense, if recommended by the facility which conducts the 96-hour inpatient evaluation;
    - He has completed a clinical skills assessment in the specialties of internal medicine and pain management at the Center for Personalized Education for Physicians ("CPEP") and has entered into an Educational Plan, if so recommended, by CPEP, at his expense;
    - He has completed and "unconditionally passed" the *ProBe* Program (ethics course) offered through CPEP, at his expense; and
    - He has reimbursed the Board the full costs of the investigation in the amount of $1,800.00;
- Any request to resume the professional utilization of controlled substances must be accompanied by a favorable recommendation by the Medical Director, Kentucky Physicians Health Foundation (the Foundation), and shall include a copy of his 96-hour evaluation report; his contract with the Foundation, if applicable; a copy of the discharge summary from a residential treatment facility, if applicable; and copies of any reports of other evaluations performed; and
- If the Panel should allow Dr. Reddy to resume the professional utilization of controlled substances in the future, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall require that he maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized and shall provide for periodic review of the log and relevant records by Board agents upon request, along with any other conditions deemed necessary by the Panel at that time.

18. After entering into the Agreed Order of Indefinite Restriction, the licensee underwent a 96-hour evaluation at the Florida Recovery Center ("FRC"), during which time it was noted that his "story changed significantly, not only at the beginning of this evaluation but as the evaluation progressed." Eventually, the licensee acknowledged that he used marijuana 4 or 5 times each week; drank at least five days each week, sometimes consuming four drinks in one setting; engaged in an affair with an employee and diverted his daughter's Percocet. FRC noted

> Dr. Reddy's evaluation raises very significant concerns. Perhaps the greatest concern is his struggle with veracity. His story has changed so many times, with so many different evaluators, that it is difficult to believe what he says. Certainly, he meets criteria for a marijuana induced disorder and seemed to also have a drinking disorder as he was unable to tell us the truth about the true nature of his drinking. ... [I]f Dr. Reddy can come clean and admit the true nature of his problem that he should be afforded the opportunity of treatment which should be at a residential level of care at an institution with expertise in treating healthcare professionals. Any lesser level of care would be inadequate that Dr. Reddy would just skate his way through treatment (which will be a risk any how), if he is not confronted by a cohort of peers. ...

FRC recommended that the licensee not engage in the practice of medicine until he successfully completed a residential treatment program and was in recovery; demonstrates normalization of his neurocognitive testing; and completes a prescribing and boundaries course. FRC also recommended that any return of the licensee to the practice of medicine be contingent upon him having a practice monitor in place, given his concerning history.

19. On or about June 30, 2014, the licensee entered residential treatment at FRC and on or about October 17, 2014, he was discharged with Axis I diagnoses of Cannabis

Dependence, Alcohol Use D/O, and Cognitive D/O NOS – Resolved. Upon discharge, FRC noted that the licensee's

> ... veracity is still highly in question. He is unable to take ownership of the events that led to his seeking treatment. Still minimizes some events, including alcohol use. ...

FRC again recommended that the licensee should not practice medicine in a solo practice environment.

20. In or around October 2014, the licensee participated in the CPEP ethics program, ProBE, and failed.

21. In or around November 2014, the licensee entered into a contract with the Kentucky Physicians Health Foundation ("the Foundation").

22. In December 2014, the licensee underwent a clinical skills assessment in the areas of outpatient internal medicine and pain management. CPEP found that

> ... Dr. Reddy demonstrated a basic fund of knowledge in internal medicine with gaps in multiple areas, some of which are significant. He demonstrated overall inadequate knowledge in chronic pain management. His clinical judgment and reasoning were generally inadequate. His documentation in patient charts submitted from his practice and for Simulated Patient (SP) encounters was poor. Dr. Reddy's communication skills were marginal with SPs and professional with peers. ...

23. In or around April 2015, the licensee repeated the CPEP ethics program, ProBE, and unconditionally passed.

24. In or around June 2015, CPEP, at the licensee's request, developed an Educational Intervention Plan for the licensee.

25. In or around February 2016, the licensee requested that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. The Panel denied his request but stated that he could renew

his request after nine months, if he demonstrated compliance with his Foundation contract and his CPEP Education Plan.

26. On February 16, 2017, the licensee renewed his request that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. At that time, the licensee appeared before the Panel with counsel and stated that he did not intend to practice in a solo setting due to his age and that he also did not intend to prescribe for chronic pain. The Panel granted the licensee's request pursuant to terms and conditions set forth in an Amended Agreed Order.

27. On or about October 12, 2017 and January 31, 2018, the licensee participated in a post-education evaluation at CPEP.

28. In regard to the licensee's practice of internal medicine, the evaluation "revealed several gaps in his knowledge as well as ongoing inconsistency in his gathering of data and in formulation of differential diagnosis... marginal ability to interpret ECGs and inadequate ability to formulate treatment plans based on the tracing on the ECG interpretation exam." CPEP expressed concerns about whether patient records reflected the licensee's record. CPEP recommended that the licensee be subject to ongoing education and mentoring in internal medicine through an education addendum and practice in an environment with a preceptor available but in which the licensee is clearly responsible for the care provided and for documentation in the record.

29. In regard to chronic pain management, CPEP found that the licensee "did not demonstrate the level of knowledge or clinical approach/reasoning that would be

expected of a pain management specialist, nor were his skills at the level expected of a primary care physician practicing as a pain management expert." CPEP recommended that the licensee should not practice pain management without additional formal training in pain management.

30. On May 24, 2018, Dr. Reddy became indicted on criminal charges in *USA v. Reddy*, No. 1:18-CR-16-GNS (U.S. Dist. Ct., Western KY). The indictment charges, in part, that he pre-signed controlled substance prescriptions for his nurse practitioners to use while he was away from his medical practice, that he charged Medicare under his NPI for services provided by his nurse practitioners while he was away from his medical practice in order to enjoy a higher reimbursement rate, and that he altered patient charts to cover up and conceal fraudulent billings.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Second Amended Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12) and (13). Accordingly, there is a legal basis for disciplinary action.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this matter by entering into an informal resolution such as this Second Amended Agreed Order.

SECOND AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to resolve the licensee's noncompliance, the parties hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Chandra M. Reddy, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Second Amended Agreed Order ("Agreed Order");

2. During the effective period of the Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:

    a. The licensee SHALL NOT engage in the practice of medicine in relation to the diagnosis, treatment or maintenance of pain management (including chronic pain conditions) within the Commonwealth of Kentucky, unless and until approved to do so by the Panel;

    b. The licensee SHALL NOT perform any act which would constitute the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10) unless and until the Panel or its Chair has approved, in writing, the practice location at which he will practice medicine with a CPEP-approved preceptor. The decision whether to approve a particular practice location lies in the sole discretion of the Panel or its Chair. In determining whether to approve a particular practice location, the Panel or its Chair will particularly consider whether CPEP has approved a preceptor at the location, the level of supervision available, and the nature of the practice (including the licensee's proposed duties and hours to be worked). In approving such practice location, the Panel or its Chair may include specific conditions/restrictions deemed appropriate by him/her. Once approved, the licensee shall not change practice locations without first obtaining written approval by the Panel or its Chair for such change.

    c. The licensee SHALL ONLY prescribe, dispense, or otherwise professionally utilize controlled substances to patients when medically

necessary and only for up to a 72-hour period, without refill. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances in any other context and/or for any other person(s). The licensee understands and agrees that this does not mean that he may see and prescribe to the same patient in 72-hour intervals as such prescriptions are not to be recurring for the same condition/event;

d. The licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized. The controlled substances log SHALL include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets shall be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions shall be maintained in the following manner: 1) patient; 2) chart; and 3) log;

    i. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;

    ii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

    iii. The licensee understands and agrees that at least two (2) favorable consultant reviews of the licensee's medical practices and prescribing practices must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to modify this Agreed Order;

e. The licensee SHALL immediately enter into, participate in and comply with and SUCCESSFULLY complete all requirements of a CPEP Educational Intervention Plan Addendum ("Addendum"), in internal medicine, at his expense and as directed by CPEP;

    i. The licensee SHALL comply with all directives of CPEP to execute and complete the Addendum and any failure to comply with the directives of CPEP shall constitute a violation of this Agreed Order

and shall render the licensee's practice of medicine an immediate danger to the health, welfare and safety of patients and the public;

ii. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Addendum Assessment or Evaluation, at his expense and as directed by CPEP;

iii. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely written reports to the Board outlining his compliance with the Addendum;

f. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and SHALL fully comply with all requirements of that contractual relationship;

g. The licensee SHALL completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. The licensee SHALL ensure that any such medical treatment and prescribing is reported directly to the Board in writing by my treating physician within ten (10) days after the date of treatment. The licensee SHALL inform the treating physician of this responsibility and ensure timely compliance. The licensee's failure to inform the treating physician of this responsibility SHALL be considered a violation of this Agreed Order;

h. The licensee SHALL be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, and under the conditions specified by the Board's testing agent, the purpose being to ensure that the licensee remain drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports SHALL be paid by the licensee, and the licensee SHALL pay those costs under the terms fixed by the Board's agent for testing. The licensee's failure to fully reimburse the Board's agent within that time frame SHALL constitute a violation of this Agreed Order; and

i. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that

he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

4. The licensee expressly understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 28th day of June, 2018.

FOR THE LICENSEE:

CHANDRA M. REDDY, M.D.

BRIAN GOODESO
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

LEANNE K. DIAKOV
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1579

FILED OF RECORD
FEB 21 2017
K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY CHANDRA M. REDDY, M.D., LICENSE NO. 32087, 793 STEEPLECHASE ROAD, GLASGOW, KENTUCKY 42141

AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Chandra D. Reddy, M.D. ("the licensee"), and, based upon their mutual desire to allow the licensee to resume the prescribing and/or dispensing of controlled substances, hereby ENTER INTO the following **AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Amended Agreed Order:

1. At all relevant times, Chandra D. Reddy, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. In October, 2010, in KBML Case No. 1251, the licensee entered into an Agreed Order pursuant to which he was required to complete a boundaries course and have a chaperone when in the presence of female patients, after the Board investigated a report from the Cave City Police Department that the licensee inappropriately touched and made inappropriate comments to two female patients during examinations. The Agreed Order was terminated in October, 2011.

4. In 2013, the Barren-Edmondson-Allen County Drug Task Force reported to the Board that it had received information that Monica Berry, an employee in the licensee's medical office, was illegally providing controlled prescription medications to acquaintances. During the preliminary investigation, Ms. Berry and different sources provided information that the licensee was providing prescription medication without the patient visiting his office. In addition, information was provided which suggested that the licensee was providing controlled prescription medication in exchange for cash and marijuana and that the licensee was using marijuana. The Barren-Edmondson-Allen County Drug Task Force reported that an over dose that did not result in death sparked an irate mother to complain to the licensee and evidence suggests that the licensee then fired Ms. Berry as an escape goat to the over dose. The Barren-Edmondson-Allen County Drug Task Force also reported that information received indicates that the licensee is overprescribing controlled medications; and that, in August 2013, the licensee contacted a local pharmacy and requested a copy of all controlled medications filled at the pharmacy from his office over the course of a year and that there was concern that the licensee was planning to falsify charts to cover-up that he did not keep accurate charts on patients or that some charts may not have even existed prior to the investigation.

5. The Board's medical investigator, Detective Eric Guffey of the Barren-Edmondson-Allen County Drug Task Force, and Kentucky State Police Detective Regina Lutz, interviewed Patient A, who stated substantially as follows: he contacted the licensee's employee, Monica Berry, about obtaining pain

medications when he began to run low on his supply and that she brought him Oxycontin and a prescription made out his girlfriend; that about two weeks later, Ms. Berry contacted him to ask about obtaining marijuana and he provided some for her; that this type of trading continued and began to expand as she would provide a prescription in whoever's name he provided her; that he never had contact with the licensee concerning the prescriptions or the marijuana; and that he suffered a nonfatal overdose.

6. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed Patient A's mother, who stated substantially as follows: she knew that her son, Patient A, obtained prescriptions through Ms. Berry and that in exchange he provided Ms. Berry marijuana for the licensee; that after Patient A experienced a non-fatal overdose, she went to the licensee's office and confronted him about her son's overdose and the licensee's receiving marijuana in exchange; that the licensee admitted to her that he had received the marijuana; and that she recorded the confrontation on her cell phone and provided a copy to the police.

7. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's medical assistant, Dana Stergin, who stated substantially as follows: the licensee pre-signed blank prescriptions pads and left them for his APRN, Michelle Goodman, to use while he traveled to India and this was a common practice if the licensee was going to be away from the office; that the licensee did not perform urine drug screens on patients receiving controlled substances; that about 70% of the licensee's patients were there for pain management, but since the licensee became aware of the investigation he had

begun to refer more patients to pain management clinics and to psychologists more often; that the licensee and/or his wife "upcoded" billings to Medicaid and insurance companies and that it was common to adjust charts to match billing as many as 50 at a time.

8. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's APRN, Michelle Goodman, who stated substantially as follows: the licensee is in control of his practice and is aware of everything that occurs there; that the licensee was aware that Ms. Berry was passing out the prescriptions; that the licensee would leave up to ten (10) pre-signed prescription blanks in a drawer next to Ms. Berry's desk; that the licensee was not documenting, treating or testing pain patients properly and she was not aware of him running any urine drug screens; that when the licensee's office received reports that his patients were selling their medications, he did not follow up with pill counts or urine drug screens; that the licensee typically worked from 10:00 a.m. until 2:00 p.m. and she frequently called him on Friday afternoons and found that he sounded intoxicated; that about 50% of the licensee's patients were there for pain management, and the licensee stated that "They [DEA] are not looking at people like him, only higher pain patient percentages"; and that the licensee and/or his wife "upcoded" billings to Medicaid and insurance companies.

9. Detective Eric Guffey interviewed Monica Berry, who stated substantially as follows: the licensee was known around town as "the candy man" because of the large amount of pain medication prescriptions that he wrote; that when patients would call in and report that they could not come into the office and request that

their medications be phoned into the pharmacy, the licensee would approve the prescriptions and every prescription she phoned in was according to his orders; that the licensee requested that she get marijuana for him and she did this 4 or 5 times, obtaining it from Patient A – first by cash and then by exchanging prescription medications for it; that she had been involved in a sexual affair with the licensee and had smoked marijuana with him at his lake house; and that the licensee's wife "upcoded" billings.

10. Detective Eric Guffey interviewed Ms. Berry's mother, Carolyn Diaz, who stated that the licensee had taken her to his lake house and showed her how to use marijuana for medical purposes due to the fact that she suffers from anxiety.

11. Detective Eric Guffey interviewed the licensee's former employee, Dee Stahl, who stated that the licensee's wife directed her "upcode" almost every bill she prepared.

12. On or about January 3, 2014, the licensee was evaluated by Greg Jones, M.D., Medical Director of the Kentucky Physicians Health Foundation. During the interview, the licensee reported to Dr. Jones that he had not used marijuana for many years, since his college days in India. Following the interview, the licensee submitted to a 14-panel hair test and the results were positive for cannabinoids at a level of 1pg/mg, and for carboxy THC at a level of 0.65/pg/mg – values consistent with repeated use of cannabis within the prior three months.

13. The Board's medical investigator interviewed the licensee about the positive hair test at the Foundation and the licensee explained that he smoked marijuana on a trip to India in 2012. When asked about the passage of time between 2012 and

the more recent test results in 2014, the licensee stated that he smoked marijuana on a trip to Mexico in February 2013 and also smoked marijuana with friends in Michigan and Washington state but that he never uses marijuana in Kentucky.

14. The Board subpoenaed forty-three (43) charts of patients who had received controlled substance prescriptions from the licensee. Of the forty-three, the licensee produced records for sixteen (16) patients; the licensee had no records on the other twenty-seven (27) patients.

15. A Board consultant reviewed the sixteen (16) patient charts obtained by subpoena and found that the licensee departed from acceptable and prevailing medical practices in that:

- The licensee did not appropriately address a high risk patient whose KASPER report showed multiple providers;
- Urine drug screens for compliance were not done on the majority of the patients;
- The licensee did not have a controlled substance agreement or obtain routine urine drug screens on a patient to whom he prescribed benzodiazepines and whose KASPER report showed multiple providers. The patient later had a psychiatric admission, during which time she stated that he abused the prescribed medications;
- The licensee prescribed refills of hydrocodone to a patient who was only seen once in 2009;
- One patient's narcotic prescriptions were not documented in the progress notes;
- Routine health maintenance was poorly documented, if at all;
- Patients' problem lists appear to be filled out at the first visit and are not updated as the patients' histories evolve;
- The licensee focused primarily on pain during patient visits and did not address other medical issues (for instance, issues such as hypertension, diabetes, elevated blood pressures, low GFR on a BMP, and abnormal CAT scan results were not addressed);
- The licensee did not order urine micro albumins or recommend eye exams for a diabetic patient;
- The licensee did not address complaints of fluttering in the chest in a patient with a history of heart disease before her 2013 death;
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16. On June 19, 2014, the Board's Inquiry Panel A considered the above information and chose to allow the licensee an opportunity to resolve the investigation by entering into an Agreed Order of Indefinite Restriction in lieu of a Complaint and Emergency Order of Restriction. The Panel also referred information regarding upcoding of medical bills to the Department of Medicaid Services.

17. The Agreed Order of Indefinite Restriction included the following terms and conditions:

- Dr. Reddy is restricted from prescribing, dispensing, or otherwise professionally utilizing controlled substances unless and until approved to do so by the Panel;
- The Panel will not consider a request to allow him to resume the professional utilization of controlled substances unless and until:
    - He completes a 96-hour inpatient evaluation at a facility approved by the Kentucky Physicians Health Foundation, at his expense;
    - He completes residential treatment, at his expense, if recommended by the facility which conducts the 96-hour inpatient evaluation;
    - He has completed a clinical skills assessment in the specialties of internal medicine and pain management at the Center for Personalized Education for Physicians ("CPEP") and has entered into an Educational Plan, if so recommended, by CPEP, at his expense;
    - He has completed and "unconditionally passed" the *ProBe* Program (ethics course) offered through CPEP, at his expense; and
    - He has reimbursed the Board the full costs of the investigation in the amount of $1,800.00;
- Any request to resume the professional utilization of controlled substances must be accompanied by a favorable recommendation by the Medical Director, Kentucky Physicians Health Foundation (the Foundation), and shall include a copy of his 96-hour evaluation report; his contract with the

Foundation, if applicable; a copy of the discharge summary from a residential treatment facility, if applicable; and copies of any reports of other evaluations performed; and

- If the Panel should allow Dr. Reddy to resume the professional utilization of controlled substances in the future, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall require that he maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized and shall provide for periodic review of the log and relevant records by Board agents upon request, along with any other conditions deemed necessary by the Panel at that time.

18. After entering into the Agreed Order of Indefinite Restriction, the licensee underwent a 96-hour evaluation at the Florida Recovery Center ("FRC"), during which time it was noted that his "story changed significantly, not only at the beginning of this evaluation but as the evaluation progressed." Eventually, the licensee acknowledged that he used marijuana 4 or 5 times each week; drank at least five days each week, sometimes consuming four drinks in one setting; engaged in an affair with an employee and diverted his daughter's Percocet. FRC noted

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23. In or around April 2015, the licensee repeated the CPEP ethics program, ProBE, and unconditionally passed.

24. In or around June 2015, CPEP, at the licensee's request, developed an Educational Intervention Plan for the licensee.

25. In or around February 2016, the licensee requested that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. The Panel denied his request but stated that he could renew his request after nine months, if he demonstrated compliance with his Foundation contract and his CPEP Education Plan.

26. On February 16, 2017, the licensee renewed his request that the Agreed Order of Indefinite Restriction be modified to allow him to resume the prescribing of controlled substances. At that time, the licensee appeared before the Panel with counsel and stated that he did not intend to practice in a solo setting due to his age and that he also did not intend to prescribe for chronic pain. The Panel granted the licensee's request pursuant to terms and conditions set forth in this Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Amended Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.

2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there is a legal basis for disciplinary action.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this matter and allow the licensee to resume prescribing controlled substances by entering into an informal resolution such as this Amended Agreed Order.

AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to allow the licensee to resume the prescribing and/or dispensing of controlled substances, the parties hereby ENTER INTO the following **AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Chandra M. Reddy, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Amended Agreed Order;
2. During the effective period of this Amended Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
    a. Beginning immediately, the licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized. The controlled substances log SHALL include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets shall be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions shall be maintained in the following manner: 1) patient; 2) chart; and 3) log;
        i. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant

records, upon request, for review by the Board's agents and/or consultants;

ii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Amended Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Amended Agreed Order;

iii. The licensee understands and agrees that at least two (2) favorable consultant reviews of the licensee's medical practices and prescribing practices must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Amended Agreed Order;

b. The licensee SHALL comply with and SUCCESSFULLY complete all requirements of the Educational Intervention Plan developed for him by CPEP, at his expense and as directed by CPEP;

i. The licensee SHALL comply with all directives of CPEP to execute and complete the Educational Intervention Plan and any failure to comply with the directives of CPEP shall constitute a violation of this Order and shall render the licensee's practice of medicine an immediate danger to the health, welfare and safety of patients and the public;

ii. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Education Assessment, at his expense and as directed by CPEP;

iii. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely written reports to the Board outlining his compliance with the Educational Intervention Plan;

c. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and SHALL fully comply with all requirements of that contractual relationship;

d. The licensee SHALL completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. The licensee SHALL ensure that any such medical treatment and prescribing is reported directly to the Board in writing by my treating physician within ten (10) days after the date of treatment. The licensee SHALL inform the

treating physician of this responsibility and ensure timely compliance. The licensee's failure to inform the treating physician of this responsibility SHALL be considered a violation of this Amended Agreed Order;

e. The licensee SHALL be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, and under the conditions specified by the Board's testing agent, the purpose being to ensure that the licensee remain drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports SHALL be paid by the licensee, and the licensee SHALL pay those costs under the terms fixed by the Board's agent for testing. The licensee's failure to fully reimburse the Board's agent within that time frame SHALL constitute a violation of this Amended Agreed Order; and

f. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that if he should violate any term or condition of this Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125

would be whether the licensee violated a term or condition of this Amended Agreed Order.

4. The licensee expressly understands and agrees that any violation of the terms of this Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 21st day of February, 2017.

FOR THE LICENSEE:

CHANDRA M. REDDY, M.D.

BRIAN GOOD, ESQ.
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

LEANNE K. DIAKOV
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FILED OF RECORD

JUL - 2 2014

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1579

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY CHANDRA M. REDDY, M.D., LICENSE NO. 32087, 793 STEEPLECHASE ROAD, GLASGOW, KENTUCKY 42141

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Chandra D. Reddy, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Indefinite Restriction:

1. At all relevant times, Chandra D. Reddy, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. In October, 2010, in KBML Case No. 1251, the licensee entered into an Agreed Order pursuant to which he was required to complete a boundaries course and have a chaperone when in the presence of female patients, after the Board investigated a report from the Cave City Police Department that the licensee inappropriately touched and made inappropriate comments to two female patients during examinations. The Agreed Order was terminated in October, 2011.

4. In 2013, the Barren-Edmondson-Allen County Drug Task Force reported to the Board that it had received information that Monica Berry, an employee in the licensee's medical office, was illegally providing controlled prescription medications to acquaintances. During the preliminary investigation, Ms. Berry and different sources provided information that the licensee was providing prescription medication without the patient visiting his office. In addition, information was provided which suggested that the licensee was providing controlled prescription medication in exchange for cash and marijuana and that the licensee was using marijuana. The Barren-Edmondson-Allen County Drug Task Force reported that an over dose that did not result in death sparked an irate mother to complain to the licensee and evidence suggests that the licensee then fired Ms. Berry as an escape goat to the over dose. The Barren-Edmondson-Allen County Drug Task Force also reported that information received indicates that the licensee is overprescribing controlled medications; and that, in August 2013, the licensee contacted a local pharmacy and requested a copy of all controlled medications filled at the pharmacy from his office over the course of a year and that there was concern that the licensee was planning to falsify charts to cover-up that he did not keep accurate charts on patients or that some charts may not have even existed prior to the investigation.

5. The Board's medical investigator, Detective Eric Guffey of the Barren-Edmondson-Allen County Drug Task Force, and Kentucky State Police Detective Regina Lutz, interviewed Patient A, who stated substantially as follows: he contacted the licensee's employee, Monica Berry, about obtaining pain

medications when he began to run low on his supply and that she brought him Oxycontin and a prescription made out his girlfriend; that about two weeks later, Ms. Berry contacted him to ask about obtaining marijuana and he provided some for her; that this type of trading continued and began to expand as she would provide a prescription in whoever's name he provided her; that he never had contact with the licensee concerning the prescriptions or the marijuana; and that he suffered a nonfatal overdose.

6. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed Patient A's mother, who stated substantially as follows: she knew that her son, Patient A, obtained prescriptions through Ms. Berry and that in exchange he provided Ms. Berry marijuana for the licensee; that after Patient A experienced a non-fatal overdose, she went to the licensee's office and confronted him about her son's overdose and the licensee's receiving marijuana in exchange; that the licensee admitted to her that he had received the marijuana; and that she recorded the confrontation on her cell phone and provided a copy to the police.

7. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's medical assistant, Dana Stergin, who stated substantially as follows: the licensee pre-signed blank prescriptions pads and left them for his APRN, Michelle Goodman, to use while he traveled to India and this was a common practice if the licensee was going to be away from the office; that the licensee did not perform urine drug screens on patients receiving controlled substances; that about 70% of the licensee's patients were there for pain management, but since the licensee became aware of the investigation he had

begun to refer more patients to pain management clinics and to psychologists more often; that the licensee and/or his wife "upcoded" billings to Medicaid and insurance companies and that it was common to adjust charts to match billing as many as 50 at a time.

8. The Board's medical investigator, Detective Guffey and Detective Lutz interviewed the licensee's APRN, Michelle Goodman, who stated substantially as follows: the licensee is in control of his practice and is aware of everything that occurs there; that the licensee was aware that Ms. Berry was passing out the prescriptions; that the licensee would leave up to ten (10) pre-signed prescription blanks in a drawer next to Ms. Berry's desk; that the licensee was not documenting, treating or testing pain patients properly and she was not aware of him running any urine drug screens; that when the licensee's office received reports that his patients were selling their medications, he did not follow up with pill counts or urine drug screens; that the licensee typically worked from 10:00 a.m. until 2:00 p.m. and she frequently called him on Friday afternoons and found that he sounded intoxicated; that about 50% of the licensee's patients were there for pain management, and the licensee stated that "They [DEA] are not looking at people like him, only higher pain patient percentages"; and that the licensee and/or his wife "upcoded" billings to Medicaid and insurance companies.

9. Detective Eric Guffey interviewed Monica Berry, who stated substantially as follows: the licensee was known around town as "the candy man" because of the large amount of pain medication prescriptions that he wrote; that when patients would call in and report that they could not come into the office and request that

their medications be phoned into the pharmacy, the licensee would approve the prescriptions and every prescription she phoned in was according to his orders; that the licensee requested that she get marijuana for him and she did this 4 or 5 times, obtaining it from Patient A – first by cash and then by exchanging prescription medications for it; that she had been involved in a sexual affair with the licensee and had smoked marijuana with him at his lake house; and that the licensee's wife "upcoded" billings.

10. Detective Eric Guffey interviewed Ms. Berry's mother, Carolyn Diaz, who stated that the licensee had taken her to his lake house and showed her how to use marijuana for medical purposes due to the fact that she suffers from anxiety.

11. Detective Eric Guffey interviewed the licensee's former employee, Dee Stahl, who stated that the licensee's wife directed her "upcode" almost every bill she prepared.

12. On or about January 3, 2014, the licensee was evaluated by Greg Jones, M.D., Medical Director of the Kentucky Physicians Health Foundation. During the interview, the licensee reported to Dr. Jones that he had not used marijuana for many years, since his college days in India. Following the interview, the licensee submitted to a 14-panel hair test and the results were positive for cannabinoids at a level of 1pg/mg, and for carboxy THC at a level of 0.65/pg/mg – values consistent with repeated use of cannabis within the prior three months.

13. The Board's medical investigator interviewed the licensee about the positive hair test at the Foundation and the licensee explained that he smoked marijuana on a trip to India in 2012. When asked about the passage of time between 2012 and

the more recent test results in 2014, the licensee stated that he smoked marijuana on a trip to Mexico in February 2013 and also smoked marijuana with friends in Michigan and Washington state but that he never uses marijuana in Kentucky.

14. The Board subpoenaed forty-three (43) charts of patients who had received controlled substance prescriptions from the licensee. Of the forty-three, the licensee produced records for sixteen (16) patients; the licensee had no records on the other twenty-seven (27) patients.

15. A Board consultant reviewed the sixteen (16) patient charts obtained by subpoena and found that the licensee departed from acceptable and prevailing medical practices in that:

- The licensee did not appropriately address a high risk patient whose KASPER report showed multiple providers;
- Urine drug screens for compliance were not done on the majority of the patients;
- The licensee did not have a controlled substance agreement or obtain routine urine drug screens on a patient to whom he prescribed benzodiazepines and whose KASPER report showed multiple providers. The patient later had a psychiatric admission, during which time she stated that he abused the prescribed medications;
- The licensee prescribed refills of hydrocodone to a patient who was only seen once in 2009;
- One patient's narcotic prescriptions were not documented in the progress notes;
- Routine health maintenance was poorly documented, if at all;
- Patients' problem lists appear to be filled out at the first visit and are not updated as the patients' histories evolve;
- The licensee focused primarily on pain during patient visits and did not address other medical issues (for instance, issues such as hypertension, diabetes, elevated blood pressures, low GFR on a BMP, and abnormal CAT scan results were not addressed);
- The licensee did not order urine micro albumins or recommend eye exams for a diabetic patient;
- The licensee did not address complaints of fluttering in the chest in a patient with a history of heart disease before her 2013 death;
- The licensee did not screen a patient with a hematoma on her cheek for IPV;

- The licensee did not include eye and foot exams in a poorly controlled diabetic patient's routine management. The same patient had a history of colon cancer, heart disease, obstructive sleep apnea and gout and when a lung nodule was detected on a CT scan in 2011, a follow up pet scan was recommended but never obtained (the patient presented to the hospital in March 2013 with atypical chest pain was diagnosed with lung cancer);
- The licensee did not provide treatment for a patient's multiple elevated blood pressures;
- The licensee started a patient with serotonin syndrome on high-dose buspirone.

16. On June 19, the Board's Inquiry Panel A considered the above information and chose to allow the licensee an opportunity to resolve the investigation by entering into this Agreed Order of Indefinite Restriction in lieu of a Complaint and Emergency Order of Restriction. The Panel also referred information regarding upcoding of medical bills to the Department of Medicaid Services.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(12). Accordingly, there is a legal basis for disciplinary action.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Chandra M. Reddy, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;
2. During the effective period of this Agreed Order of Indefinite Restriction, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
    a. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;
    b. The Panel will not consider a request by the licensee to resume the professional utilization of controlled substances unless and until the following conditions have been satisfied:
        i. The licensee completes a 96-hour inpatient evaluation at a facility approved by the Kentucky Physicians Health Foundation, at his expense. The licensee shall take all necessary actions, including the execution of any necessary waivers and/or releases, so that the evaluation facility may provide copies of any and all reports to the Board and the Kentucky Physicians Health Foundation on a recurring bases;
        ii. The licensee completes residential treatment, at his expense, if recommended by the facility which conducts the 96-hour inpatient evaluation. The licensee shall take all necessary actions, including the execution of any necessary waivers and/or releases, so that the treatment facility may provide copies of any and all reports to the

Board and the Kentucky Physicians Health Foundation on a recurring bases;

iii. The licensee's request to resume the professional utilization of controlled substances is accompanied by a favorable recommendation by the Medical Director, Kentucky Physicians Health Foundation (the Foundation), which shall include a copy of his 96-hour evaluation report; his contract with the Foundation, if applicable; a copy of the discharge summary from a residential treatment facility, if applicable; and copies of any reports of other evaluations performed;

iv. The licensee has completed a clinical skills assessment in the specialties of internal medicine and pain management at the Center for Personalized Education for Physicians ("CPEP"), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230, Tel. (303) 577-3232, at his expense. Both parties may provide relevant information to CPEP for consideration as part of the clinical skills assessment. In order to permit the Board to provide such relevant information, the licensee shall immediately notify the Board's Legal Department of the assessment dates once the assessment is scheduled. The licensee shall take all necessary actions, including the execution of any necessary waivers and/or releases, so that CPEP can provide a copy of its Assessment Report to the Board;

v. The licensee has entered into an Educational Plan, if so recommended, by CPEP, at his expense. The licensee shall take all necessary actions, including the execution of any necessary waivers and/or releases, so that CPEP can provide a copy of its Educational Plan, if recommended, to the Board;

vi. The licensee has completed and "unconditionally passed" the *ProBe* Program offered through CPEP, at his expense. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board; and

vii. The licensee has reimbursed the Board the full costs of the investigation in the amount of $1,800.00;

c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands ad agrees that if, in the future, the Panel should grant the licensee's request to resume the professional utilization of controlled substances, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall provide for the licensee to maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized and shall provide for periodic review of the log and relevant records by Board agents upon request, along with any other conditions deemed necessary by the Panel at that time.

4. The licensee expressly understands and agrees that if he should violate any term or condition of this Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be

whether the licensee violated a term or condition of this Agreed Order of Indefinite Restriction.

5. The licensee expressly understands and agrees that any violation of the terms of this Agreed Order of Indefinite Restriction would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 2nd day of July, 2014.

FOR THE LICENSEE:

CHANDRA M. REDDY, M.D.

BENJAMIN D. ALLEN
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

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