



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Richard F. Daines, M.D.
Commissioner
NYS Department of Health
James W. Clyne, Jr.
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct

PUBLIC

Kendrick A. Sears, M.D.
Chair
Carmela Torrelli
Vice Chair
Katherine A. Hawkins, M.D., J.D.
Executive Secretary

June 11, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Andrew Ty Ang, M.D.

REDACTED

Re: License No. 117287

Dear Dr. Ang:

Enclosed is a copy of BPMC #10-99 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect June 18, 2010.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Michael J. Roach, Esq.
Connors & Vilardo, LLP
1000 Liberty Bldg., 424 Main Street
Buffalo, New York 14220

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

IN THE MATTER
OF
ANDREW ANG, M.D.

CONSENT
ORDER

BPMC: 10-99

Upon the application of **ANDREW ANG, M.D.** in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: June 10, 2010

REDACTED

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

IN THE MATTER
OF
ANDREW ANG, M.D.

CONSENT
AGREEMENT
AND
ORDER

ANDREW ANG, M.D., represents that all of the following statements are true:

That on or about September 6, 1973, I was registered as a physician in the State of New York, and issued License No. 117287 by the New York State Education Department.

My current address is REDACTED

and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with four (4) specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I, Andrew Ang, M.D., in full satisfaction of the charges against me, agree not to contest the First and Third Specifications of the Statement of Charges and agree to the following penalty:

Pursuant to New York Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for 60 months, stayed, and pursuant to N. Y. Pub. Health Law §230-a(9), I shall be placed on probation for a period of five years, subject to the terms set forth in attached Exhibit "B".

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

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

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

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

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

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

I ask the Board to adopt this Consent Agreement.

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

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

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

Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

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

DATE 5/27/2010

REDACTED

ANDREW ANG, M.D.
RESPONDENT

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

DATE: 6/1/10

REDACTED

MICHAEL J. ROACH, ESQ.
Attorney for Respondent

DATE: 5/12/10

REDACTED

MICHAEL G. BASS, ESQ.
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 6/9/10

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
ANDREW ANG, M.D.

STATEMENT
OF
CHARGES

ANDREW ANG, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 6, 1973, by the issuance of license number 117287 by the New York State Education Department.

- A. Respondent provided medical care and treatment to Patient A, a female, from approximately 1985 through at least 2005, at his office and other locations. Patient A was born November 11, 1920. Respondent documented Patient A's medical history to include, among other things, hypertension, hypertensive cardiovascular disease, cardiac arrhythmia, ASHD, coronary insufficiency, inferior wall MI, gastritis, degenerative joint disease, bronchitis, short term congestive heart failure and loss of consciousness. Respondent's care and treatment of Patient A failed to meet accepted standards of medical care in the following respects:
1. Respondent, on or about July 7, 1996, diagnosed Patient A with a new onset of congestive heart failure. Respondent failed to adequately evaluate and/or document his evaluation of the efficacy of the treatment he prescribed for this condition.
 2. Respondent, during January and February of 1997, failed to take adequate steps, including medication, to treat Patient A's hypertension and complaints of increasing chest pressure of thirty minute duration, one or two times a day.
 3. Respondent, on or about August of 1997, documented a loss of consciousness for Patient A.
 - a. Respondent failed to adequately formulate, and/or document an adequate differential diagnosis, related to

this loss of consciousness.

- b. Respondent failed to perform, and/or document the performance of, an adequate examination of Patient A, such as orthostatic pressures, carotid assessments, and/or neurological assessments.
 4. Respondent, on or about February 23, 1998 documented Patient A with "supraventricular tachycardia and premature atrial contractions". Respondent failed to adequately assess and/or document his assessment of the discrepancy between his diagnosis and a Holter monitor official reading showing no runs of tachycardia.
 - a. Respondent failed to adequately evaluate and/or document his evaluation of the Holter monitor report.
 5. Respondent performed an electrocardiogram on Patient A on virtually every visit during 2005, without adequate medical justification.
 6. Respondent prescribed Sudafed to Patient A without adequate medical justification or clinical rationale.
 7. Respondent failed to maintain adequate, accurate, and/or current medication information for Patient A.
 8. Respondent failed to maintain an office record and/or progress notes for Patient A, in accordance with accepted medical standards and in a manner which accurately reflected the care and treatment of the patient.
- B. Respondent provided medical care and treatment to Patient B, a female, from approximately 1979 through, at least 2006, at his office and other locations. Patient B was born August 9, 1923. Respondent documented Patient B's medical history to include, among other things, essential hypertension, hypertensive cardiovascular disease, rheumatic complaints, chronic anxiety, urinary tract infections, recurrent bronchitis, Bell's palsy and diabetes Type 2. Respondent's care and treatment of Patient B failed to meet accepted standards of medical care in the following respects:
 1. Respondent failed to adequately assess and/or evaluate abnormalities of end organ functions, related to the diagnosis of "hypertensive cardiovascular disease".

2. Respondent failed, from approximately 1994 through 2006, to adequately evaluate and/or document the evaluation of the possibility of whether the complaints of chest discomfort were related to cardiac ischemic.
3. Respondent repetitively noted Patient B to have "more pain and stiffness, both knee and ankle, in the past week", or words to that effect, but failed to do adequate further work-ups, including laboratory tests and/or relevant imaging studies, to evaluate these complaints.
4. Respondent repetitively documented Patient B's heart rate to be 80, and Blood Pressure to be 130/80, regardless of the month, year, presence or absence of chest pain, bronchitis, and/or chest congestion.
5. Respondent failed to adequately document interval data, diagnostic data, and/or treatment data related to the following conditions:
 - a. Musculoskeletal complaints
 - b. Chest discomfort
 - c. Diabetes management
 - d. Patient response to lipid-lowering agents.
6. Respondent failed to maintain adequate, accurate and/or current medication information for Patient B.
7. Respondent failed to maintain an office record, and/or progress notes for Patient B, in accordance with accepted medical standards and in a manner which accurately reflected the care and treatment of the patient.

SPECIFICATION OF CHARGES

FIRST AND SECOND SPECIFICATIONS

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in New York Educ. Law § 6530(3), by practicing the profession of medicine with negligence on more than one occasion, as alleged in the facts of two or more of the following:

1. The facts in paragraph A and A2, A and A5, A and A6.
2. The facts in paragraph B and B1, B and B3, B and B5(a-d).

THIRD AND FOURTH SPECIFICATIONS

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in New York Educ. Law § 6530 (32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the following:

3. The facts in paragraph A and A1, A and A3(a-b), A and A4(a), A and A7, A and A8.
4. The facts in paragraph B and B2, B and B4, B and B6, B and B7.

DATE:

June 3 2010
Albany, New York

REDACTED

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

EXHIBIT "B"

Terms of Probation

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
6. The probation period shall toll when Respondent is not engaged in the active performance of medical services in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, the performance of medical services in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to the performance of medical services in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
9. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
10. Respondent shall enroll in and complete 50 credit hours of AMA Category 1 CME for each year of probation, including but not limited to the areas of record keeping and the ordering and interpretation of electrocardiograms. These continuing education programs are subject to the Director of OPMC's prior written approval.
11. Within thirty days of the effective date of the order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least twice monthly and shall examine all records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC. After 24 months from the effective date of this Order, Respondent may petition for an amendment or modification of this term. Any amendment or modification of any term rests in the sole discretion of the Director of OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

12. Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.