

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NO. 2024-4799-A

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF KENNETH
DAVID KRAUSE, M.D., LICENSE NUMBER DR-20384,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel A (“Panel”) of the Colorado Medical Board (“Board”) and Kenneth David Krause, M.D. (“Respondent”) (collectively, the “Parties”) as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on September 14, 1976, and was issued license number DR-20384, which Respondent has held continuously since that date (“License”).
2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
3. On April 10, 2025, the Panel reviewed case number 2024-4799-A and determined that further proceedings by formal complaint were warranted pursuant to Section 12-240-125(4)(c)(V), C.R.S. The Parties have agreed to resolution of this matter prior to referral to the Attorney General.
4. It is the intent of the Parties and the purpose of this Stipulation and Final Agency Order (“Order”) to provide for a settlement of all matters set forth in case number 2024-4799-A, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the Parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.
5. Respondent understands that:
 - a. Respondent has the right to be represented by an attorney of the Respondent’s choice, and Respondent is represented by counsel in this matter;
 - b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-240-125(4)(c)(V) and 12-240-125(5)(a), C.R.S.;

c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

6. Respondent specifically admits and the Panel finds that:

a. Respondent is a physician who specializes in psychiatry who treated patient for panic disorder, generalized anxiety disorder, and opiate use disorder.

b. Between 2014 and 2019, Respondent prescribed 8 mg per day of immediate release alprazolam (Xanax), a high dose, for more than five (5) years during patient's treatment. In certain cases, for certain medications, prescribing at or above FDA guidelines may be appropriate if clinically indicated. However, this should be rare with controlled substances, and the rationale for prescribing a high dosage of immediate release alprazolam should be clearly documented, and Respondent failed to do so. Respondent only minimally attempted to manage the patient's anxiety disorder with other evidence-based medications and practices.

c. Buprenorphine carries several FDA black box warnings, including that combining buprenorphine with benzodiazepines, alcohol, or other CNS depressants increases the risk of profound sedation, respiratory depression, overdose, and death. Respondent's 2014-2019 prescription of high dose, short-acting alprazolam and buprenorphine concomitantly to patient, without structured treatment and monitoring, failed to meet the standard of care.

d. Before initiating buprenorphine therapy with the patient, Respondent did not document a thorough history or describe how patient met criteria for opiate use disorder, the only FDA-approved indication for buprenorphine. Additionally, his therapy did not include sufficient utilization of urine drug screens and monitoring of vital signs, with intervals between some visits extending beyond a year. Respondent did not document his consideration of involving collateral contacts (such as family or primary care), and referral for other treatment support, even in the presence of multiple indicators of misuse of prescribed alprazolam.

e. Respondents' documentation of the patient's care repeatedly failed to include essential patient care entries.

7. Respondent admits and the Panel finds that the acts and/or omissions described in the factual basis above constitute unprofessional conduct pursuant to Section 12-240-121(1)(j) and (v), C.R.S., which state:

(1) "Unprofessional conduct" as used in this article 240 means:

(j) Any act or omission that fails to meet generally accepted standards of medical practice;

(v) Falsifying or repeatedly making incorrect essential entries or repeatedly failing to make essential entries on patient records.

8. Based upon the above, the Parties stipulate that the terms of this Order are authorized by Section 12-240-125(5)(c)(III), C.R.S.

LETTER OF ADMONITION

9. This provision shall constitute a Letter of Admonition as set forth in Sections 12-240-125(4)(c)(IV) and 12-240-125(5)(c)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

10. By entering this Order, Respondent agrees to waive the rights provided by Section 12-20-404(4)(b), C.R.S., to contest this Letter of Admonition.

CONTROLLED DRUGS PRESCRIBING COURSE

11. Respondent has enrolled in and successfully completed the continuing medical education course titled Prescribing Controlled Drugs offered at Vanderbilt University School of Medicine (Nashville, TN) ("Prescribing Course"). Respondent was solely responsible to enroll in and pay for the Prescribing Course.

12. Respondent shall sign any and all releases necessary to allow the course instructors to communicate with the Panel directly. Respondent shall not revoke such releases. Any failure to execute such a release or any revocation of such a release shall constitute a violation of this Order.

13. In order to successfully complete the Prescribing Course, Respondent's participation in the course was rated as successful, without condition or qualification.

16. Respondent has provided the Panel with written proof of Respondent's successful completion of the pre-approved Prescribing Course.

OTHER TERMS

14. The terms of this Order were mutually negotiated and determined.

15. Both Parties acknowledge that they understand the legal consequences of this Order; both Parties enter into this Order voluntarily; and both Parties agree that no term or condition of this Order is unconscionable.

16. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

17. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

18. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

19. So that the Board may notify hospitals of this agreement pursuant to section 12-240-125(11), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

20. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to section 12-240-125(5)(c)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in section 12-240-(5)(c)(V), C.R.S. This Order and all its terms also constitute a valid board order for purposes of section 12-240-121(1)(n), C.R.S.

21. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

22. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

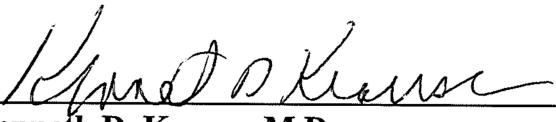
23. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

24. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

25. This Order shall be effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

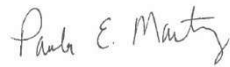
26. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

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Kenneth D. Krause, M.D.

THE FOREGOING Stipulation and Final Agency Order is approved this 31st day of August, 2026.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL A



Paula E. Martinez
Program Director
Delegated Authority to Sign by Inquiry Panel

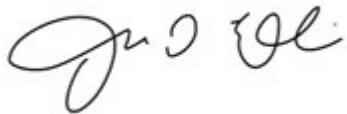
THE FOREGOING Stipulation and Final Agency Order is effective upon service to Respondent, on August 31st, 2026.



APPROVED AS TO FORM

FOR RESPONDENT

PHILLIP J. WEISER
ATTORNEY GENERAL



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