

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Steven Wayne Powell, MD  
License No.: 061801

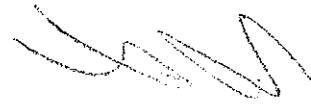
Petition No. 2023-866

**VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE**

Steven Wayne Powell, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health ("the Department") to practice medicine and surgery, license number 061801.
4. I hereby voluntarily agree not to renew or reinstate my license to practice medicine and surgery in the State of Connecticut as provided pursuant to Section 19a-17(d) of the General Statutes.
5. I agree and acknowledge that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2023-866 shall be deemed true. I further agree and acknowledge that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Section 19a-14(a)(6) of the General Statutes.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I agree and acknowledge that this affidavit and the case file in Petition Number 2023-866 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I agree and acknowledge that this agreement not to renew or reinstate my license is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services, will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.

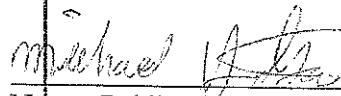
10. I agree and acknowledge that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2023-866.
11. I agree and acknowledge that I have the right to consult with an attorney prior to signing this affidavit.
12. I agree and acknowledge that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I agree and acknowledge that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.



Steven Wayne Powell, MD

Subscribed and sworn to before me this 10th day of November 2023.

**MICHAEL DOTSON**  
 NOTARY PUBLIC  
 Fulton County  
 State of Georgia  
 My Comm. Expires Jan. 05, 2025



Notary Public  
 Commissioner of Superior Court

*Christian D. Andresen* 11/30/2023

Accepted: \_\_\_\_\_  
 Christian D. Andresen, MPH, Section Chief  
 Practitioner Licensing and Investigation Section  
 Healthcare Quality and Safety Branch

11/30/2023  
 Date