STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Mario J. Hasaj, M.D.	)	Docket No. MPC 026-0317

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont, by and through Attorney General Thomas J. Donovan, Jr., and alleges as follows:

1. Mario J. Hasaj, M.D. ("Respondent") held medical license number 042.0011143 issued by the Vermont Board of Medical Practice ("Board") on November 6, 2014. Respondent did not apply to renew his license and it lapsed on November 30, 2016, and thus he no longer has an active Vermont medical license.

2. Jurisdiction in this matter vests with the Board pursuant to 26 V.S.A. §§ 1353-57, 3 V.S.A. §§ 809-814, and other authority.

I. Background

3. The Board commenced an investigation of this matter in February of 2017 after receiving a complaint that Respondent prescribed exceptionally high doses of Adderall to a patient ("Patient") without considering or addressing the patient's cardiac risk factors.

4. The case was assigned to the Central Investigative Committee ("Committee") as docket number MPC 028-0317.

5. While Respondent was a psychiatrist employed at Grace Cottage Hospital, he treated the Patient from October 20, 2011 through July 10, 2013. Respondent provided pharmacotherapy and took over prescribing Adderall (a Schedule II controlled substance) at the same dose previously prescribed by another provider.

6. Throughout Respondent's treatment of the Patient, he continued to prescribe an

extremely high dose of Adderall, 40 mg four times per day, a total of 160 mg/day, to manage Attention Deficit Hyperactivity Disorder ("ADHD"). The usual upper limit for Adderall is 60mg/day.

7. The Patient had a history of obesity, hypertension, tobacco use, and alcohol use.

8. The Patient died on May 28, 2016 from myocardial infarction.

9. Over approximately a 21-month period, the records from Respondent's treatment of the Patient contain no evidence of the following:

a. Consideration and/or documentation of an adequate, comprehensive medical history, rationale or specific symptoms that supported the Patient's ADHD diagnosis.

b. Adequate documentation of the clinical appropriateness and rationale for the initial and continued prescribing of the extremely high dose of Adderall to the Patient.

c. Documentation of discussions with the Patient that the extremely high dose of Adderall may have contributed to the Patient's hypertension, and a recommendation to follow up with his primary care physician to assess his cardiac status in light of his cardiac risk factors.

d. Consideration of treatment alternatives to stimulant medications to treat the Patient's symptoms.

e. Documentation of any consideration and/or discussions with the Patient regarding treatment alternatives to simulant medications to treat the Patient's symptoms.

f. Consideration of the potential risks versus benefits of the initial and

continued prescribing of the extremely high dose of Adderall based on the Patient's overall state of health, including cardiac risk factors.

g. Documentation of a discussion with the Patient regarding the potential risks versus benefits of the continual prescribing of the extremely high dose of Adderall.

h. Clinical monitoring of the potential risks of prescribing the extremely high dose of Adderall to the Patient.

i. Efforts to reduce the extremely high dose of Adderall to the Patient.

j. Documentation related to any communications or collaboration with other providers involved in the Patient's care regarding the extremely high dose of Adderall and the Patient's overall health.

II. State's Allegations of Unprofessional Conduct

Count 1

10. Paragraphs 1 through 9, above, are restated and incorporated herein by reference.

11. Respondent's initial and continued prescribing of Adderall to the Patient without considering and/or documenting an adequate and comprehensive medical history, rationale or specific symptoms that led to and supported the patient's ADHD diagnosis constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

12. Alternatively or cumulatively, Respondent failed to practice competently by the

performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 2

13. Paragraphs 1 through 12, above, are restated and incorporated by reference.

14. Respondent's initial and continued prescribing of the extremely high dose of Adderall to the Patient without adequate documentation of the rationale and clinical appropriateness for the prescribing constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

15. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 3

16. Paragraphs 1 through 15, above, are restated and incorporated by reference.

17. Respondent's failure to consider, discuss, and/or document discussions with the Patient that the extremely high dose of Adderall may have contributed to the Patient's hypertension, and a recommendation to follow up with his primary care physician to assess his cardiac status in light of his cardiac risk factors constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful,

careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

18. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 4

19. Paragraphs 1 through 18, above, are restated and incorporated by reference.

20. Respondent's failure to consider treatment alternatives to stimulant medications to treat the Patient's symptoms constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

21. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 5

22. Paragraphs 1 through 21, above, are restated and incorporated by reference.

23. Respondent's failure to discuss, and/or document discussions, with the Patient about treatment alternatives to stimulant medications to treat the Patient's symptoms constitutes

a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

24. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 6

25. Paragraphs 1 through 24, above, are restated and incorporated by reference.

26. Respondent's failure to consider the potential risks versus benefits of the initial and continued prescribing of the extremely high dose of Adderall based on the Patient's overall state of health constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

27. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 7

28. Paragraphs 1 through 27, above, are restated and incorporated by reference.

29. Respondent's failure to discuss, and/or document discussions, with the Patient the potential risks versus benefits of prescribing the extremely high dose of Adderall constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

30. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 8

31. Paragraphs 1 through 30, above, are restated and incorporated by reference.

32. Respondent's failure to perform clinical monitoring of the potential risks of prescribing the extremely high dose of Adderall to the Patient despite the associated risks constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

33. Alternatively or cumulatively, Respondent failed to practice competently by the

performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 9

34. Paragraphs 1 through 33, above, are restated and incorporated by reference.

35. Respondent's failure to make any efforts to reduce the extremely high dose of Adderall to the Patient despite the associated risks constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

36. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

Count 10

37. Paragraphs 1 through 36, above, are restated and incorporated by reference.

38. Respondent's failure to engage in, and/or document, any communications or collaboration with other providers involved in the Patient's care regarding the extremely high dose of Adderall and the Patient's overall health constitutes a gross failure to use and exercise that degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions whether or not actual injury to a patient has occurred. Such conduct by Respondent thereby

constitutes multiple violations of 26 V.S.A. § 1354(a)(22) and is unprofessional.

39. Alternatively or cumulatively, Respondent failed to practice competently by the performance of unsafe or unacceptable patient care, or failure to conform to the essential standards of acceptable and prevailing practice, which constitutes one or more violations of 26 V.S.A. § 1354(b)(1-2) and is unprofessional.

WHEREFORE, Petitioner, the State of Vermont, moves the Board to:

(1) Order Respondent to pay an administrative penalty of a minimum of $5,000.00 in accordance with 26 V.S.A. § 1361(b);

(2) **Condition** Respondent's Vermont medical license in the event that he reapplies for a Vermont medical license in the future, to require that he: (a) have a practice monitor, pre-approved by the Board, to monitor his practice for a minimum of three years; (b) complete live, in-person AMA PRA Category 1 continuing medical education courses on the topics of medical recordkeeping, and treating and managing adult ADHD; and (c) any other condition(s) imposed by the Licensing Committee of the Board; and

(3) Take any additional disciplinary action against the medical license of Respondent Mario J. Hasaj, M.D. permitted by 26 V.S.A. §§ 1361(b) and/or 1398 as it deems proper.

Dated at Waterbury, Vermont this 7th day of May 2020.

STATE OF VERMONT

THOMAS J. DONOVAN, JR
ATTORNEY GENERAL

By: E-SIGNED by Kassandra Diederich on 2020-05-07 12:21:32 EDT

Kassandra P. Diederich
Assistant Attorney General
109 State Street
Montpelier, VT 05609

The foregoing Specification of Charges, filed by the State of Vermont, as to Mario J. Hasaj, M.D., Vermont Board of Medical Practice Docket Number MPC 026-0317 are hereby issued.

Dated at South Burlington Vermont this 7th day of May 2020.

VERMONT BOARD OF MEDICAL PRACTICE

By: _____

Marga Sproul, M.D.
Secretary, Vermont Board of Medical Practice