



IN THE MATTER OF:

Theodore Carter Palumbo M.D.

License Number MD 08962

Case # C211171

CONSENT ORDER

Theodore Palumbo, MD ("Respondent") is licensed as a physician in Rhode Island. The Board of Medical Licensure and Discipline ("Board") makes the following

FINDINGS OF FACT

1. The Rhode Island Board of Medical Licensure and Discipline (hereinafter "Board") has reviewed and investigated the above referenced complaint pertaining to Dr. Theodore Palumbo (hereinafter "Respondent") through its Investigative Committee.
2. Respondent has been a licensed physician in the State of Rhode Island since July 10th, 1995. Respondent is a graduate of Case Western Reserve University School of Medicine. Respondent's specialty is Gastroenterology.
3. The Board received a complaint from the relative of a patient who reported that Respondent was prescribing medications for COVID, off-label, specifically Ivermectin and hydroxychloroquine and doing so without appropriate clinical indication.
4. Respondent submitted a written response November 9th, 2021, in which he denies prescribing any medication for COVID and that he is a gastroenterologist and does not treat patients for COVID.
5. Respondent appeared before the Investigative Committee and reported he did prescribe Ivermectin not specifically for COVID, but rather off-label for conditions such as Irritable Bowel Syndrome. Respondent was asked to send in peer reviewed literature justifying

this treatment. The Investigative Committee reviewed the articles submitted by Respondent and did not see clear scientific evidence that Ivermectin was an appropriate treatment for Irritable Bowel Syndrome or a clinical basis for utilizing Ivermectin to treat Irritable Bowel Syndrome.

6. The Investigative Committee subsequently issued a subpoena for 5 patients' medical records in the past year where Ivermectin was prescribed by Respondent for any condition. These medical records were received and reviewed by the Investigative Committee April 7th, 2022.
7. Upon Review of the medical records, the Investigative Committee focused on Patients A, B, C and D (alias), for whom Respondent was the attending physician.
8. Patient A was treated for Irritable Bowel Syndrome 9/27/2021 with Ivermectin 3 mg, 4 tablets today and repeat in 2 weeks. Upon review of the medical record, the Investigative Committee determined there was lack of clinical justification documented in the medical record for use of Ivermectin, off-label. Additionally, there was no documentation in the medical record that Respondent explained to Patient A that Ivermectin was being used off-label.
9. Patient B was treated with Ivermectin 3mg, 3 tabs now and repeat in 2 weeks. Upon review of the medical record, the Investigative Committee determined there was lack of clinical justification documented in the medical record for use of Ivermectin, off-label. Additionally, there was no documentation in the medical record that Respondent explained to Patient B, that Ivermectin was being used off-label and the potential risks and benefits of using this medicine off-label. It is not clear in the medical record what condition Patient B was being treated for with Ivermectin.

10. Patient C was treated with Ivermectin 3mg four tablets once and repeat in 2 weeks, 8/13/2021 for leaky gut, bacterial overgrowth. There is a notation for 8/19/21 to "*consider hydroxychloroquine because this may help with post COVID ibs, would discuss with Dr Becker or American Frontline Doctors*" The Investigative Committee reviewed the medical record and determined there was lack of clinical justification documented in the medical record for use of Ivermectin, off-label. It appeared Patient C did not have COVID yet had received a COVID vaccine, and there was no evidence in the medical records that the patient had any adverse effect from the COVID vaccine. Additionally, there was no documentation in the medical record that Respondent explained to Patient C that Ivermectin was being used off-label and potential risks and benefits of using this medicine off-label. The Investigate Committee also noted that although Respondent states in his written response he does not treat patients with COVID, in treating this patient he explicitly considered hydroxychloroquine for Post-COVID IBS and suggested that the patient could consult with America's frontline doctors. The committee found the medical record not entirely consistent with Respondent's written response and the statements he made during his appearance.

11. Patient D was treated with Ivermectin 3mg 3 tablets before breakfast and repeat in 2 weeks. Upon review of the medical records, the Investigative Committee determined there was lack of clinical justification documented in the medical record for use of Ivermectin, off-label; it was not clear why it was prescribed at all. Additionally, there was no documentation in the medical record that Respondent explained to Patient D that Ivermectin was being used off-label and the potential risks and benefits of using this medicine. off-label.

12. Upon review of the complaint, Response, appearance, medical records the Investigative Committee determined that Respondent demonstrated a pattern of lacking appropriate documentation in the medical record of clinical justification for the use of Ivermectin. Additionally, Respondent displayed a pattern of not documenting that he explained to patients why they were being treated with an off-label medication and its potential risks and benefits. Respondent stated that he does not treat COVID, but he suggested that the patient consult with other physicians about off-label use of hydroxychloroquine for treatment of post-COVID IBS.
13. The Investigative committee concluded that Respondent had committed Unprofessional Conduct and that, accordingly, Respondent had violated the R.I. Gen. Laws § 5-37-5.1(19) *Incompetent, negligent, or willful misconduct in the practice of medicine, which includes the rendering of medically unnecessary services, and any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board. The board does not need to establish actual injury to the patient in order to adjudge a physician or limited registrant guilty of the unacceptable medical practice in this subsection.*

Based on the foregoing, the parties agree as follows:

1. Respondent admits to the jurisdiction of the Board.
2. Respondent acknowledges the Board's decision and accepts the discipline set forth above. Respondent understands that this Consent Order is subject to final approval of the Board, and is not binding on Respondent until final ratification by the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:

- a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence on his behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review; and
 - h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank and Federation of State Medical Boards, as well as posted on the Department's public web site.
4. Respondent agrees to a Reprimand on his license.
5. Respondent is no longer a resident of Rhode Island and is not practicing medicine. In the event that the Respondent either returns to Rhode Island to practice medicine, or seeks a medical license in another state, then Respondent shall, in advance of either of those events and at his own expense, complete and successfully pass a course of Continuing Medical Education (CME) as specified by the Board through the Center for Personalized Education for Professionals (CPEP). Respondent shall provide documentation of the completion and passage of said CME to the Board at least sixty (60) days prior to resuming the practice of medicine in Rhode Island or seeking a license to practice medicine in another state.

6. Respondent agrees to pay to the Board, within five days of the ratification of this Consent Order, an administrative fee in the amount of \$1250.00, for costs associated with investigating the above-referenced complaint. Such administrative fee is to be paid by check, made payable to the "Rhode Island General Treasurer." Respondent will send notice of compliance with this condition to DOH.PRCCompliance@health.ri.gov within 30 days of mailing the above-referenced payment.

7. If Respondent violates any term of this Consent Order after it is signed and accepted, the Director of the Department of Health shall have the discretion to impose further disciplinary action, including immediate suspension of his medical license. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request a hearing within 20 days of the suspension and/or further discipline. The Director of the Department of Health shall also have the discretion to request a hearing after notice to Respondent of a violation of any term of this Consent Order. The Board may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensure period if any alleged violation is proven by a preponderance of evidence.

[Signature Page Follows]

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Ratified this 8th day of JUNE, 2022 by the Board of Medical Licensure and Discipline.


James V. McDonald, M.D., M.P.H.
Integrity Director

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