State of Rhode Island
Department of Health
Board of Medical Licensure and Discipline

IN THE MATTER OF:
Todd Handel, MD
License No.: MD 10599
Case No.: 201377 and 201452

CONSENT ORDER

Todd Handel, M.D. ("Respondent") is licensed as a physician in Rhode Island. The Rhode Island Board of Medical Licensure and Discipline ("Board") has reviewed and investigated the above-referenced complaints pertaining to Respondent through its Investigative Committee. The Board makes the following

FINDINGS OF FACT

1. Respondent graduated from the University of Michigan Medical School in 1997 and has been a licensed physician in the State of Rhode Island since June 13, 2001.

2. The Board received two complaints—201377 and 201452—about Respondent.

3. Complaint 201377 included allegations that Respondent had sexually harassed staff and patients, that Respondent otherwise engaged in inappropriate behavior with patients, and that Respondent was practicing with an uncontrolled and unmedicated disorder.

4. On February 24, 2021, the Investigative Committee interviewed Witnesses A and B (aliases) relative to the above-referenced complaints. Both Witnesses A and B were former employees of Respondent.

5. Witness A, a physician assistant who worked for Respondent for four years, stated that she

ceased working for Respondent on November 3, 2020 and that the during the six months leading up to her departure, Respondent acted inappropriately and made numerous sexually inappropriate comments about her and patients of the practice.

6. Witness A stated that Respondent made inappropriate comments about her breasts and her "ass" on multiple occasions. Witness A stated to the Investigative Committee that she told Respondent multiple times that the comments were inappropriate, at one point telling Respondent that her husband would not appreciate the comments. Witness A stated that, when confronted, Respondent would apologize, but would not ultimately change his behavior. Rather, he would regress and then blame his inappropriate actions on his disorder. Witness A stated that Respondent's actions and pattern of behavior were part of the reason for her decision to leave Respondent's practice. She added that the way Respondent spoke to others and treated patients bothered her, too, specifically referencing Respondent's frequent use of profanity and raised voice with patients. Witness A stated that Respondent was clearly angry with patients at times, which made patients uncomfortable to the point patients sometimes asked Witness A where else they could go for pain management.

7. Witness A stated that Respondent often used profanity with patients and at times raised his voice with them so loud that she could hear Respondent through walls. Witness A stated that Respondent would "curse" and use the "f bomb" and say "shut the 'f' up" to patients.

8. Witness A told the Investigative Committee that Respondent openly spoke of his frequent use of marijuana and that Respondent periodically reported to the office, during which periods Respondent would claim—and visibly appear—to have stayed up all night. Witness A stated that Respondent generally reported to work late, but during these periods would arrive even later, looking disheveled, at times talking nonsense to the staff. Witness A stated that Respondent's

appearance and behavior caused her to wonder whether Respondent was drunk or abusing drugs.

9. Witness A specifically recalled one time when she heard Respondent through a wall scream "f--k" at patients. "I don't give a f--k what you think. This is what I am giving you." Witness A recalled that this response was Respondent's reaction to a patient who was on long-term narcotics. Witness A opined that, based on her observation of Respondent's treatment of this and other chronic pain patients, Respondent treated his chronic pain patients poorly, exploiting the fact that many physicians are reluctant to accept chronic pain patients, limiting his patients' options for alternative providers.

10. The Investigative Committee concluded that Witness A was credible and that her testimony was honest, fair, and balanced.

11. Witness B told the Investigative Committee that she had been employed by Respondent for 12 years, working as an assistant in the procedure room, in addition to performing administrative functions. She chose to leave Respondent's practice in 2020.

12. Relative to Respondent's behavior, Witness B stated that Respondent had had episodes over the course of her employment, but that during for the past two years Respondent's behavior had been inexcusable. Witness B stated, "*I have heard [Respondent] speak disrespectfully to patients and staff countless amount of times. He makes sexually inappropriate comments to both patients and staff. The work environment is basically abusive. He has stated numerous times to us he {had a medical disorder}. His disorder is not controlled. I highly doubt he consistently takes his medication or follows treatment. He constantly comes to work in such a state to the point I had to refuse to do procedures with him.*" Witness B told the Investigative Committee that Respondent made other comments, including: "*making rude comments about patients' weight, extensive sexual comments to patients in procedures, telling female patients to push their "girls"*

down [meaning, their breasts], using vulgar words, like "pussy," "blow job," "tits" and "twat," and telling patients to 'shut the f—k up." Witness B stated that Respondent also is known to change his clothes in a stockroom at the practice, leaving the door open while his pants are down.

13. Witness B stated that several patients left the practice because of Respondent's inappropriate sexual comments.

14. Witness B also reported that Respondent prescribed himself and members of his immediate family, including his dog, controlled substances.

15. At his appearance before the Investigative Committee, Respondent admitted that he prescribed tramadol to his dog despite the fact that he is not a licensed veterinarian and is not trained in veterinary medicine.

16. The Investigative Committee concluded that Witness B was credible and that her testimony was honest, fair, and balanced.

17. The Investigative Committee also interviewed Respondent's treating health care provider ("Provider") regarding his opinion of Respondent's ability to practice medicine safely. Provider testified that he has been Respondent's treating health care provider for more than ten years and knew that Respondent has a history of using marijuana. Provider stated, however, that Respondent had recently ceased using. Provider also stated that Respondent did not drink alcohol or abuse drugs, though this conclusion was notably based solely on Respondent's self-reports. Provider did not provide support for his conclusion with drug screening results, stating that he "never had a reason to do this." Provider stated that he treated Respondent with methylphenidate and amphetamine salts, but could not provide an explanation for this unusual combination of medications.

18. Provider's answers to the Investigative Committee only served to raise the Investigative

Committee's concerns about Provider's treatment of Respondent; the Investigative Committee was not confident Respondent is being objectively evaluated and treated. The Investigative Committee specifically found the use of multiple different medications of the same class and absence of urine drug testing inappropriate. The Investigative Committee is not confident that Respondent's conditions are being adequately managed.

19. The Investigative Committee ordered that Respondent be evaluated by the Rhode Island Medical Society's Physician Health Program ("PHP"), pursuant to which Respondent was ultimately evaluated by the Vanderbilt Comprehensive Health Program on December 28-29, 2020. Following the evaluation, the Investigative Committee received a report from the PHP stating that Respondent was fit to continue to practice medicine, with the recommendation that he continue having a female scribe present for patient encounters with female patients, continue with his current treatment team, including medication management with Provider, and be monitored by the PHP, including random urine drug testing.

20. In Complaint 201452, Patient A (alias), a former patient of Respondent, opined that Respondent was "slimy," stating that Respondent made inappropriate comments of a sexual nature. She also stated that Respondent used medical instruments—outside of a medical procedure—to touch her backside inappropriately.

21. Respondent, for his part, provided the Investigative Committee with the statement of an outside health provider who was reportedly in the exam room with Patient A and Respondent at the time of the inappropriate touching and who denied that Respondent touched Patient A inappropriately and used inappropriate language.

22. Respondent appeared before the Investigative Committee and, separately, provided a written response to the aforementioned complaints. Respondent denied the allegations in the

complaints and maintained that he did not act inappropriately in any way. Respondent admitted only to challenges with knowing what was going on financially with his practice, stating that some of his employees had given themselves substantial raises without his knowledge. Respondent admitted to financial difficulties with his practice and to lack of awareness relative to where the money was going. He said that, in these matters, he trusted his office manager.

23. The Investigative Committee concluded that Respondent exhibited a pattern of disruptive behavior in front of patients, sexually harassed an employee, and made inappropriate sexual comments to staff and patients. Additionally, the Investigative Committee concluded that Respondent was not qualified to prescribe to a canine, since he is not a veterinarian. The Investigative Committee concluded, therefore, that Respondent violated R.I. Gen. Laws § 5-37-5.1(19), which defines "unprofessional conduct" as including, "*[i]ncompetent, 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.*"

24. The Investigative Committee reviewed the Prescription Drug Monitoring Program relative to Respondent's prescriptions and those of his immediate family, which review revealed that Respondent had prescribed controlled substances to his spouse.

25. The Investigative Committee determined, therefore, that Respondent violated Section 1.5.9(C) of the rules and regulations for Licensure and Discipline of Physicians (216-RICR-40-05-1), on "Physician Self-Treatment or Treatment of Immediate Family Member," which provides, "*A physician is not authorized to prescribe a controlled substance to one self or an immediate family member under any circumstances.*"

26. Respondent appeared before the Investigative Committee again on March 31, 2021 and

demonstrated substantial remediation and significant insight into these allegations and the Boards concerns. Respondent shared that since first meeting with the Investigative Committee he had sought and obtained further medical opinion, resulting in a substantial change in the treatment of his medical issues, which change in treatment has improved his personal health and judgement. Respondent also has employed new staff at his office and assures the Board that independent accountability measures are in place.

Based on the foregoing, the parties agree as follows:

1. Respondent admits to and agrees to remain under the jurisdiction of the Board.

2. Respondent has agreed to this Consent Order and understands that it 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 to the fact that this Consent Order will be reported to the National Practitioner Data Bank and Federation of State Medical Boards and posted to the Rhode Island Department of Health ("RIDOH") public website.

4. Respondent agrees to pay, within 5 days of the ratification of this Consent Order, an administrative fee of $2750.00 for costs associated with investigating the above-referenced complaints. Such payment shall be made by certified check, made payable to "**Rhode Island General Treasurer,**" and sent to Rhode Island Department of Health, 3 Capitol Hill, Room 205, Providence, RI 02908. Respondent shall send notice of compliance with this condition to DOH.PRCompliance@health.ri.gov within 30 days of submitting the above-referenced payment.

5. Respondent hereby agrees to a reprimand on his physician license.

6. Respondent has agreed to a contract with the Rhode Island Medical Society's Physicians Health Program, ("PHP") and will abide by such contract, or successor contract, and follow the recommendations of the PHP, for the next five years.

7. Respondent, at his own expense, shall retain a chaperone, not supervised by him, for a period of three (3) years from the date of execution of this Consent Order. The chaperone will report any behaviors of concern directly to the Board. Respondent cannot terminate, or take adverse employment action against, a retained chaperone without consent of the Board. The chaperone will document his or her presence for each patient visit, and report to the Board any aberrant behaviors, including but not limited to the use of profanity, disruptive behavior, and sexual harassment. Such reports shall be submitted monthly, no later than the 15th of the month following the reporting period; provided, however, that any concerns shall be immediately reported directly to the Board. All reports shall be submitted to DOH.PRCompliance@health.ri.gov.

8. Respondent has agreed to take, and has already registered for, the Center for Personalized Education for Physicians ("CPEP") PROBE: ethics and boundaries program. Respondent shall

successfully pass within six months of ratification of this Consent Order and shall report the results directly to the Board within 30 days of completion at DOH.PRCompliance@health.ri.gov.

9. Respondent, 12 months after the ratification of this Consent Order, shall submit to the Board an affidavit attesting to his not having prescribed any controlled substances to himself, his immediate family, and his pets. With the attestation, Respondent shall also submit to the Board a copy of his PDMP prescriber report for the previous 12 months. The affidavit and report shall be submitted to the Board at DOH.PRCompliance@health.ri.gov.

10. If Respondent violates any term of this Consent Order after it is signed and accepted, such violation shall be grounds for further disciplinary action, including immediate summary suspension of Respondent's medical license, and the Director of RIDOH ("Director") shall have the discretion to impose such further disciplinary action. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request within 20 days of the suspension and/or further discipline an administrative hearing. The Director shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Administrative Hearing Officer may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

[SIGNATURE PAGE FOLLOWS]

Signed this 4th day of May, 2021.

Todd Handel, MD

Ratified by the Board of Medical Licensure and Discipline on the 13th day of May, 2021.

Nicole Alexander-Scott, MD, MPH
Director
Rhode Island Department of Health
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Providence, RI 02908