

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

In re: Scott Cohen, D.D.S.

Petition No. 2019-551

**CONSENT ORDER**

WHEREAS, Scott Cohen of Trumbull, Connecticut (hereinafter "respondent") has been issued license number 009840 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. On one or more occasions in 2018, respondent inappropriately accessed the Connecticut Prescription Monitoring and Reporting System database to obtain record(s) for personal use, in violation of, without limitation, the General Statutes of Connecticut, §21a-254.
2. In or about September 2018, respondent abused or utilized to excess marijuana.
3. On or about October 12, 2018, respondent abused or utilized to excess alcohol.
4. Respondent's abuse and/or excess use of marijuana and/or alcohol does, and/or may, affect his practice as a dentist.
5. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114, including, but not limited to:
  - a. §20-114(a)(2); and/or
  - b. §20-114(a)(10).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut State Dental Commission

(hereinafter "the Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-114 of the General Statutes of Connecticut; and

WHEREAS, respondent has successfully completed a substance abuse treatment program, which included therapy and toxicology screening. Respondent attended all required therapy sessions and all toxicology screening was negative.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license number 009840 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of two thousand dollars (\$2,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of one (1) year under the following terms and conditions:
  - a. Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing

controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) Respondent, at his own expense, shall submit to twice monthly random observed urine screens for alcohol, controlled substances, Ethylglucuronide (EtG) and legend drugs; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens'). Respondent shall submit to such screens on a more frequent basis if requested to do so by the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.
- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All screens shall be negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent Order. All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (3) Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.

- (4) Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.
- (5) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

b. Within the first three (3) months of the effective date of this Consent Order, respondent shall successfully complete and provide proof of completion to the satisfaction of the Department, a class pre-approved by the Department in professional ethics.

5. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant  
Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308
6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.

7. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
  - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.
  - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Commission which shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Commission by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. If, during the period of probation, respondent practices as a dentist outside Connecticut, he shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary

period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of dentistry in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.

11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Commission.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Commission.
14. Respondent understands and agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Commission in which his compliance with this Consent Order or with Chapter 379 of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
15. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a dentist, upon request by the Department, with notice to the Commission, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological

evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Commission and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Commission has complete and final discretion as to whether a summary suspension is ordered.

16. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
17. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

18. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
19. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Commission. Respondent understands that the Commission has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Commission's discussions regarding whether to approve or reject this Consent Order and/or a Commission member's participation during this process, through the Commission member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Commission and/or a panel of the Commission and a final decision by the Commission.
20. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
21. Respondent has the right to consult with an attorney prior to signing this document.
22. 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 State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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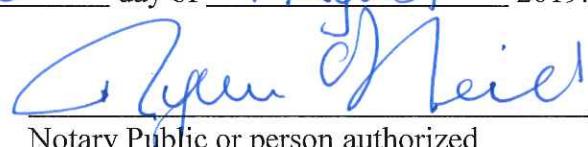
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I, Scott Cohen, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
Scott Cohen

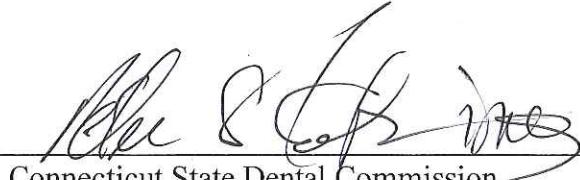
Subscribed and sworn to before me this 20<sup>th</sup> day of August 2019.

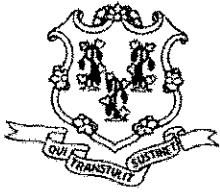
  
\_\_\_\_\_  
Ryan Neel  
Notary Public or person authorized  
by law to administer an oath or affirmation  
Commissioner of Superior  
Court  
429366

The above Consent Order having been presented to the duly appointed agent of the  
Commissioner of the Department of Public Health on the 21<sup>st</sup> day of  
August 2019, it is hereby accepted.

  
\_\_\_\_\_  
Christian D. Andresen, M.P.H., Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut  
State Dental Commission on the 4<sup>th</sup> day of September 2019, it is hereby  
ordered and accepted.

  
\_\_\_\_\_  
Connecticut State Dental Commission



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

**Respondent:** Scott Cohen, D.D.S.

**Petition No.:** 2019-551

Screening Monitor Information (Name, Address, Phone, Fax, and E-Mail):

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Phone:

Fax:

E-Mail:

### **SCREENING MONITORS: PLEASE READ THE FOLLOWING CAREFULLY AND CONDUCT SCREENS ACCORDINGLY:**

1. Each screen must test for the following substances: ethanol (alcohol) [breathalyzer tests are not acceptable], EtG, amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, meperidine, tramadol, methadone, methaqualone, opiates (metabolites), and phencyclidine (PCP). Screens for additional substances may also be required if so requested by the Department. Partial screens will not be accepted.
2. **Urine collections must be directly observed. The urine monitor must be in the room with the respondent and directly observe the donor providing the urine specimen into the cup.**
3. The frequency of screens is as follows: through weekly; through 2 times per month; and through weekly.
4. **Collections must be random. There must be no pre-arrangement between respondent and his or her employer, supervisor, therapist, screening monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays). If a respondent's therapist is also serving as screening monitor, the specimen collection may not occur on the same day as a therapy session.**



Phone: (860) 509-7458/Fax: (860) 706-5820  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

5. Specimens will be collected as follows (CHECK ONE):

- The screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with ONE telephone number where s/he may be reliably reached. Respondent shall check calls and messages frequently. Respondent shall appear for specimen collections no later than five (5) hours from the time the screening monitor makes his or her call.

OR

- Respondent shall phone the screening monitor (pre-approved by the Department) every day, Monday through Friday, before 9 a.m., without exception, at which time s/he shall be advised of whether s/he must appear for a screen. Respondent shall appear for specimen collections no later than five (5) hours from the time s/he speaks with the screening monitor.

**Respondent must appear for specimen collections within 2 - 5 hours of being notified. The clock starts ticking from the time the screening monitor places the call.**

**The screening monitor must provide immediate notice to the Department if respondent fails to phone the screening monitor before 9 a.m. (if applicable) or fails to arrive at the collection site within 5 hours of the screening monitor's call.**

**A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.**

6. **Respondent will notify the screening monitor and the Department in writing at least two weeks prior to scheduled vacations.** Screens will be collected prior to and following periods of vacation at the Department's discretion. **Respondent will give the screening monitor a minimum of seventy-two hours' prior notice if s/he will be unavailable for a screen on a certain day. Absent notice, a missed screen will be considered to be a positive screen.**
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. **Respondent must document all medications s/he is taking on each Chain of Custody form (just find a blank space on the form).** Respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.
8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.
9. Lab analysis of urine specimens must be conducted at LabCorp. To set up an account, and to reorder supplies, contact LabCorp at (800) 437-4986 or otsrarcustsvc@LabCorp.com. Always keep a minimum of six weeks supplies available at all times.

10. If any problems or questions arise, the screening monitor should call Lavita Sookram at (860) 509-7458, or Olive Tronchin at (860) 509-7644.

**Note: There must be one primary screening monitor and at least one backup screening monitor. All screening monitors must sign below acknowledging receipt and review of this protocol and indicating agreement to conduct screens accordingly.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the form and fax all three pages to Lavita Sookram at (860) 706-5820.**

Re: Scott Cohen, D.D.S.

Pet. No.: 2019-551

