

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: Brendon Winters, PA-C

Petition No. 2004-0602-023-003

**CONSENT ORDER**

WHEREAS, Brendon Winters of Woodbury (hereinafter "respondent") has been issued license number 001140 to practice as a physician assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. At all relevant times, respondent was employed as a physician assistant at Waterbury Orthopaedic Associates in Waterbury, Connecticut.
2. From approximately January 2004 through May 2004 respondent prescribed Oxycodone, a Schedule II controlled substance, to his father, without the prescription being initiated by a physician as required by Connecticut General Statutes §20-12d(a)(B).
3. From approximately August 2003 through May 2004 respondent acted beyond the scope of his practice when he self-prescribed medications including Ambien, Maprotiline, Prilosec, Tramadol and Carisoprodol.
4. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut including, but not limited to:
  - a. §20-9; and/or
  - b. §20-12f.

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 Medical Examining Board (hereinafter "the Board"), 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 20-12f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-12f 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 001140 to practice as a physician assistant in the State of Connecticut is hereby reprimanded.
3. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
4. Respondent shall pay all costs necessary to comply with this Consent Order.
5. 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 Board.
6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
7. Respondent 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 Board in which his compliance with this Consent Order or with §20-12f of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that unless the only discipline imposed by this Consent Order is a civil penalty, this action will be reported to the National Practitioner Data Bank.

8. 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. Further, this 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.
9. 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.
10. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
11. Respondent has the right to consult with an attorney prior to signing this document.
12. 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.

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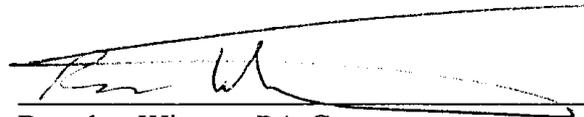
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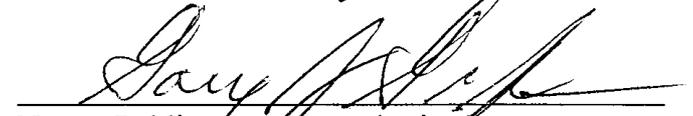
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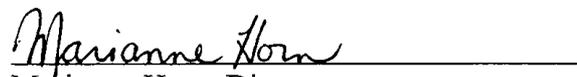
I, Brendon Winters, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Brendon Winters, PA-C

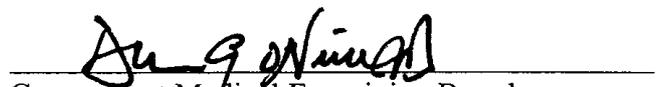
Subscribed and sworn to before me this 3 day of March, 2005.

  
Notary Public or person authorized  
by law to administer an oath or affirmation  
My Commission Expires: 01-31-2007

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 4<sup>th</sup> day of March, 2005, it is hereby accepted.

  
Marianne Horn, Director  
Division of Health Systems Regulation  
Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the 15<sup>th</sup> day of March, 2005, it is hereby ordered and accepted.

  
Connecticut Medical Examining Board