



### **Findings of Fact**

3. The Board opened Docket No. MPC 028-0317 upon receipt of a complaint alleging that Respondent provided substandard medical treatment to Patient A who died of a myocardial infarction on May 28, 2016.

4. Respondent provided pharmacotherapy to Patient A from September 23, 2013 through May 5, 2015 while employed as a psychiatrist at Grace Cottage Hospital. Respondent took over and continued the existing treatment from Patient A's prior psychiatrist who prescribed Patient A an excessive dose of Adderall to treat Patient A's attention deficit hyperactivity disorder ("ADHD"). Respondent continued to prescribe Adderall to Patient A at this high dose.

5. The Committee's investigation included, but was not limited to, an extensive review of Patient A's medical records from Grace Cottage Hospital with a focus on Respondent's treatment of Patient A.

6. The Committee determined that Respondent's treatment notes contain deficiencies as described below.

- a. The overall quality of Respondent's documentation regarding communications with colleagues of her treatment of Patient A was poor in that the records were sparse and lacked important elements and details required by the standard of care regarding those communications.

### **Conclusions of Law**

7. The Board may find, "that failure to practice competently by reason of any cause on...multiple occasions constitutes unprofessional conduct." 26 V.S.A. § 1354(b).

“Failure to practice competently includes, as determined by the board... (1) performance of unsafe ...patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice.” 26 V.S.A. § 1354(b)(1) and (2).

8. The Board may also find, “in the course of practice, failure to use and exercise on...repeated occasions, 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” constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(22).
9. Respondent’s treatment of Patient A, in particular her substandard medical recordkeeping, constituted unprofessional conduct as defined above in 26 V.S.A. § 1354 (a)(22) and §1354(b)(1) and (2).
10. Consistent with Respondent’s cooperation with the Board, she agrees that if the State were to file charges against her it could satisfy its burden at a hearing and a finding adverse to her could be entered by the Board, pursuant to 26 V.S.A. §§ 1354(a)(22), 1354(a)(27) and § 1354(b)(1) and (2).
11. Respondent agrees that the Board will enter as its facts and conclusions in this matter Paragraphs 1 through 10 above, and further agrees that this is an adequate basis for the Board actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.
12. Therefore, in the interest of Respondent’s desire to fully and finally resolve the matter presently before the Board, she has determined that she shall enter into this instant agreement with the Board. Respondent enters no further admission here, but to resolve

this matter without further time, expense and uncertainty; she has concluded that this agreement is acceptable and in the best interest of the parties.

13. Respondent agrees and understands that by executing this document she is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of her own to contest any allegations by the State.
14. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be administratively closed by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this document by Respondent.
15. This Stipulation and Consent Order is conditioned upon its acceptance by the Board. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, she shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence. And it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.
16. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in her permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical

Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

17. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

### Order

WHEREFORE, based on the foregoing Findings of Fact, Conclusions of Law, and the consent of Respondent, it is hereby ORDERED that:

1. Respondent shall be REPRIMANDED for the conduct set forth above.
2. In the event that Respondent reapplies for and is granted a Vermont medical license, Respondent will successfully complete AMA PRA Category 1 continuing medical education ("CME") courses on the following topics: psychopharmacology; treating and managing adult ADHD; and medical recordkeeping. Respondent shall seek prior approval, in writing, from the Committee for each CME course. Respondent shall complete the CME courses no later than 90 days after being granted a Vermont medical license. Upon successful completion of each CME course, she shall provide the Committee with proof of attendance. Respondent shall also provide the Committee with a brief written narrative of each CME course which will document what she learned from each course, and how she will apply that knowledge to her practice. Respondent shall provide proof of attendance and the written narrative to the Committee within 30 days of completion of each course. Respondent shall be solely responsible for all costs associated with the CME courses.

Dated at Chelsea, Vermont, this \_\_\_\_ day of February, 2021.

STATE OF VERMONT  
THOMAS J. DONOVAN, JR.  
ATTORNEY GENERAL

By: E-SIGNED by Megan Campbell  
on 2021-02-11 12:14:22 EST

Megan Campbell  
Assistant Attorney General  
Vermont Attorney General's Office  
109 State Street  
Montpelier, VT 05609-1001

Dated at Brattleboro, Vermont, this 26 day of February 2021.

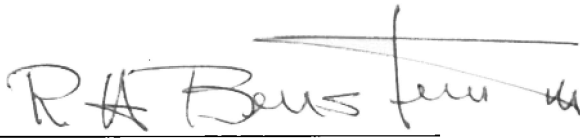
Amalia F. Lee  
Amalia F. Lee, M.D.  
Respondent

Dated at South Burlington, Vermont, this 18 day of February, 2021.

Matthew Shagan  
Matthew Shagan, Esq.  
Rich Cassidy Law, P.C.  
1233 Shelburne Road  
Suite D5  
South Burlington, VT 05403  
Counsel for Respondent

**AS TO AMALIA F. LEE, MD  
APPROVED AND ORDERED  
VERMONT BOARD OF MEDICAL PRACTICE**

Signed on behalf of the Vermont Board of Medical Practice

By: 

Richard Bernstein, MD  
Chair  
Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,  
dated March 3, 2021.

**Dated:** 03/04/2021