

**FILED**

January 25, 2001

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

**EFFECTIVE**

January 25, 2001

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

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STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SURRENDER :	:	
OF THE LICENSE OF :	:	Administrative Action
	:	
<b>PETER DANKE, P.A.</b> :	:	<b>CONSENT ORDER OF</b>
	:	<b>VOLUNTARY SURRENDER</b>
TO PRACTICE AS A PHYSICIANS' :	:	
ASSISTANT IN THE STATE OF :	:	
NEW JERSEY :	:	

This matter was opened to the New Jersey State Board of Medical Examiners by way of a December 6, 2000 letter from Louis E. Baxter, M.D., F.A.S.A.M., the Executive Medical Director of the Physicians' Health Program of the State of New Jersey ("PHP"). Dr.

Baxter notified the Board that respondent, a Physicians' Assistant, who had been a participant in the PHP, had relapsed in his use of mood altering chemicals. Dr. Baxter related that Dr. Belsky, Vice President for Medical Affairs at Newark Beth Israel Hospital reported a November 17, 2000 incident whereby a syringe of Fentanyl was reported missing from the medication cart. A drug screen urine test was immediately conducted on respondent which was positive for Diprovan. Mr. Danke then resigned his position at Newark Beth Israel and relinquished his original license and current biennial registration to the PHP.

In order to resolve this matter without recourse to formal proceedings and for good cause shown;

**IT IS HEREBY ORDERED** that:

1. The license of Peter Danke, P.A. to practice as a P.A. in the State of New Jersey shall be and is hereby immediately voluntarily surrendered. Respondent shall immediately cease and desist any practice as a P.A. in this State.

2. Upon receipt of a filed copy of this Order, respondent shall return his original New Jersey license and current biennial registration to the New Jersey State Board of Medical Examiners, 140 E. Front Street, 2nd Floor, Trenton, New Jersey 08608.

3. During the period of voluntary surrender;

a. Respondent shall receive no financial remuneration directly or indirectly related to patient fees paid for medical services rendered by other licensees for patients of respondent;

b. Respondent shall comply with the Directives applicable to disciplined licensees which are attached and made a part hereto;

c. Respondent shall not be permitted to enter upon the premises of a medical facility for the purpose of providing any consultation to other licensees rendering medical services to patients or sign or submit insurance claim forms for treatment rendered during the period of voluntary surrender.

4. Respondent shall submit to random urine monitoring under the supervision of the PHP on a random, unannounced basis, twice weekly. The urine monitoring shall be conducted with direct witnessing of the taking of the samples either from a volunteer or drug clinic staff as arranged and designed by the PHP. The initial drug screen shall utilize the EMIT technique and all confirming tests and/or secondary tests will be performed by gas chromatography/mass spectrometry (G.C./M.S.) ~~Once monthly~~ Respondent's urine shall be tested specifically for Fentanyl. The testing procedure shall include a forensic chain of custody protocol to ensure sample integrity and to provide documentation in the event of a legal challenge. The PHP shall be responsible to

ensure that all urine samples are handled by a laboratory competent to provide these services.

All test results shall be provided in the first instance directly to the PHP and any positive result shall be reported immediately by the PHP to the Executive Director of the Board, or his designee in the event he is unavailable. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guarantee the accuracy and reliability of the testing.

Any failure by the respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event the respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from Louis Baxter, M.D. or his designee of the PHP. Neither the volunteer nor drug clinic staff shall be authorized to consent to waive a urine test. In addition, respondent must provide the PHP with written substantiation of his inability to appear within two (2) days, e.g., a physician's report attesting that the respondent was so ill that he was unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond the control of the Respondent that is so

insurmountable or that makes appearance for the test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The PHP shall advise the Board of every instance where a request has been made to waive a urine test together with the Program's determination in each such case. The Board may in its sole discretion modify the frequency of testing or method of reporting during the monitoring period.

5. Respondent shall continue in counseling with at the discretion of the program director of the PHP. Respondent shall cause counselor to provide the Board with quarterly reports in regard to his attendance and progress in counseling.

6. Respondent shall attend support groups, including NA/AA at a frequency to be determined by the medical director of the PHP.

7. Respondent shall provide appropriate releases to any and all parties who are participating in the monitoring program as outlined herein as may be required in order that all reports, records, and other pertinent information may be provided to the Board in a timely manner. This shall include advising the Board of any and all programs in which Respondent engages. With regard to the requirement for submission of the quarterly reports to the Board.

8. All costs associated with the monitoring program as outlined herein shall be paid directly by Respondent. Upon application for reinstatement, Respondent shall provide documentation that all costs associated with this Order, including but not limited to, costs of monitoring specifically urine monitoring, and costs to the State, have been paid in full.

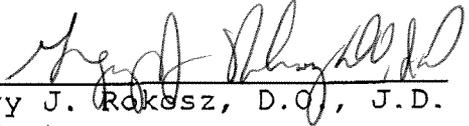
9. In the event respondent wishes to petition the Board for reinstatement of his license to practice in the State of New Jersey, he shall appear personally before a Committee of the Board and demonstrate to the satisfaction of the Board that he is capable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare. At the appearance respondent shall provide at a minimum, evidence of successful completion of a long-term treatment program for substance abuse, a full accounting of all urine monitoring, reports from all mental health professionals who have participated in respondent's care and/or treatment during the period of time during his voluntary surrender, and a report from the PHP detailing the nature and extent of his involvement with that entity, if any. He shall also submit documentation, if any, and all continuing medical education he has completed during his inactive status. Respondent shall be prepared to discuss his readiness to re-enter practice as a P.A. At that time he shall be prepared to propose his future plans for practice and affirmatively establish his fitness, competence and

capacity to re-enter active practice in New Jersey. Following its review of all the relevant documents and submissions, the Board, in its sole discretion, will determine whether the respondent is physically and psychologically fit to practice as a P.A. in the State of New Jersey and/or what limitations may be warranted to assure safe practice.

10. In the event that at any time in the future the Board determines to reinstate respondent's license in any form, respondent shall provide a copy of this Order to any hospital to which he applies to for privileges and to any physician with whom he practices as a P.A.

BOARD OF MEDICAL EXAMINERS

By

  
Gregory J. Rokesz, D.O., J.D.  
President

I have read and understand the within consent Order and agree to be bound by its terms. Consent is hereby given to the board to enter this Order.

  
Peter Danke, P.A.

  
Louis Baxter, M.D.  
Physicians' Health Program

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE  
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE  
HAS BEEN ACCEPTED**

**APPROVED BY THE BOARD ON MAY 10, 2000**

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

**1. Document Return and Agency Notification**

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

**2. Practice Cessation**

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

### **3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies**

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

### **4. Medical Records**

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

## **5. Probation/Monitoring Conditions**

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

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**Peter Danke, Physician Assistant**  
**NJ License #MP00269**

**ADDENDUM**

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number<sup>1</sup>: \_\_\_\_\_

List the Name and Address of any and all Health Care Facilities with which you are affiliated:

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List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:

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Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

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<sup>1</sup> Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

**NOTICE OF REPORTING PRACTICES OF BOARD  
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.