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FILED
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NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS
*Effective Retroactively
from 7/28/08*

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

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

DALE STRUBLE, M.D.
License No. 25MA03387500

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY

Administrative Action

**ORDER OF
SUSPENSION**

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") by Anne Milgram, Attorney General of New Jersey (Kim D. Ringler, Deputy Attorney General, appearing) upon notification from the Professional Assistance Program (PAP) that Dr. Struble was non-compliant with the requirements of the PAP. According to the PAP, Dr. Struble was a participant in the program and violated the conditions of a Private Letter Agreement between him and the PAP dated November 11, 2006. In addition, a Consent Order filed November 29, 2006 states that any relapse into the use of psychoactive substances made known to the Board shall form a basis for public discipline.

CERTIFIED TRUE COPY

Dr. Struble maintained years of sobriety from his enrollment in the Alternative Resolution Program in 1995 until 2002 when he suffered a relapse into the abuse of prescription medication. He was treated in-patient for eleven weeks at Marworth, and upon his release in late 2002, he entered into a Private Letter Agreement. Dr. Struble thereafter sustained three and a half years of documented recovery. He relapsed after relocating to Arizona and returned to New Jersey in 2006. The above referenced PLA and Consent Order followed. Thereafter, for more than two years, Dr. Struble did not experience any slip with alcohol or drugs until the recent relapse in July 2008.

Following a report that the doctor had the odor of alcohol on his breath while at work as a physician at Mission Healthcare in Atlantic City, the PAP summoned him. Dr. Struble appeared at the PAP on July 28, 2008. He had not self-reported his alcohol usage but readily admitted that he had experienced a relapse. As of that date, Dr. Struble agreed to cease and desist from the practice of medicine until cleared by the Board and the PAP. He informed his employer of his situation. In addition, the PAP instructed Dr. Struble to see an addiction psychiatrist for a comprehensive evaluation and to submit to urine screens twice weekly.

Dr. Struble appeared before the Impairment Review Committee ("IRC") on October 20, 2008 and testified about his relapse and his work in recovery. He attends AA five times per week and has a sponsor. His PAP-approved psychiatrist, Dr. Jeffrey Berman, started him on Celexa and Naltrexone which he testified provides a significant aid in his recovery program. In addition, he has the support of family members. He plans to continue with PAP monitoring, AA meetings and Naltrexone and Celexa as directed by Dr. Berman.

The IRC found Dr. Struble to be credible and forthcoming in his testimony, but its members observed that the circumstance of his most recent relapse mirrored previous relapses. The presence

of increased family support and the addition of drug therapy as directed by Dr. Berman persuaded the PAP that Dr. Struble is following an adequate recovery program. The PAP has advised the Board that the doctor is fit to practice.

The doctor represents that he is now voluntarily refraining from practice and that he has no active hospital privileges. The Board finds that Dr. Struble's non-compliance with the program dictated by the PAP was not only indicative of a relapse but also a violation of a Board Order thereby contravening N.J.S.A. 45:1:21(h). The Board further finds that the within disposition is adequately protective of the public health, safety and welfare.

THEREFORE, IT IS ON THIS 24th DAY OF NOV, 2008,

HEREBY ORDERED AND AGREED THAT:

1. The license issued to Respondent, Dr. Dale Struble, to practice medicine and surgery in the State of New Jersey is subject to discipline based upon his violation of a Board order. His license is hereby suspended for a period of one year, with four months of active suspension, effective retroactively from July 28, 2008.

2. Dr. Struble shall continue to participate in the PAP monitoring program and comply with all of its requirements for his continued treatment and recovery. Such monitoring at a minimum shall include:

a. Absolute abstinence from drugs and alcohol with the exception of medication prescribed by a treating physician for a documented medical condition with contemporaneous notification to the medical director of the PAP;

b. Random twice weekly monitoring until he has attained a full year of documented, ongoing recovery, and thereafter at a frequency to be determined by the PAP;

- c. Continued aftercare counseling at Francis House or in a setting approved by the PAP;
- d. Attendance at AA meetings at least five times per week;
- e. Psychiatric monitoring with Dr. Berman every four to five weeks;
- f. Continued use of Celexa and Naltrexone as indicated by Dr. Berman;
- g. Monthly face-to-face follow-up with a clinical representative of the PAP;
- h. Regular status reports to the IRC.

3. Any positive test result for drugs or alcohol shall be provided to the PAP and reported by the PAP to the Board. Any failure by Dr. Struble to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed an act of non-compliance with the terms of this order absent an excuse satisfactory to the PAP.

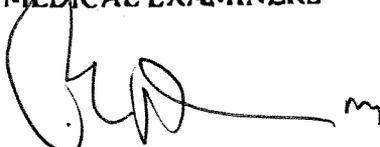
4. Upon the Board's receipt of any information which the Board in its sole discretion deems reliable that Dr. Struble has materially failed to comply with any of the conditions set forth above, or any report of a confirmed positive urine, Dr. Struble consents to the entry of an Administrative Order on forty-eight (48) hours notice, resulting in the renewed immediate suspension of his license. Dr. Struble may petition the Board within five (5) days of his receipt of notice of the Administrative Order for a hearing limited to the sole issue of the validity of the finding that he materially violated the terms of this Order.

5. Dr. Struble may resume the practice of medicine after a period of four months active suspension of his license beginning July 28, 2008, to wit: November 28, 2008 conditioned upon his ongoing compliance with the terms of this Order.

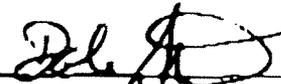
6. Dr. Struble is responsible for all monitoring costs arising from compliance with this Order.

7. Dr Struble shall comply with the Directives of the Board which are attached hereto and made a part hereof

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By 
Paul C. Mendelowitz, M.D.
Board President

I have read and understood
the within Order and agree
to be bound by its contents.


Dale Struble, M.D.

Dated: 11-30-08

Consented to
on behalf of the PAP


Louis E. Baxter, Sr., M.D.
Executive Medical Director - PAP

Dated: 11/10/08

**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.

NJ License #

ADDENDUM

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.