

FILED

May 21, 2014

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

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

IN THE MATTER OF THE LICENSE OF	:	
	:	ADMINISTRATIVE ACTION
RUSSELL FERSTANDIG, M.D.	:	
LICENSE NO. 25MA03504800	:	CONSENT ORDER
	:	
TO PRACTICE MEDICINE AND SURGERY	:	
IN THE STATE OF NEW JERSEY	:	

This matter was most recently opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of a petition from Russell Ferstandig, M.D. ("Respondent") requesting that the Board grant him an unrestricted medical license.

The record in this matter reveals that Respondent had previously signed an Interim Consent Order entered on or about May 22, 2008, in which he agreed to surrender his license to practice medicine and surgery on an interim basis based on his use of cocaine. By way of a Consent Order filed on or about July 24, 2008, Respondent's license was restored, and he was reprimanded and ordered to comply with all recommendations of the Professional

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Assistance Program ("PAP"). Under the terms of the July 2008 Order, Respondent's license to practice medicine was subject to compliance with the terms imposed by the Professional Assistance Program of New Jersey ("PAP"), including absolute abstinence from all psychoactive substances.

Upon the Board's receipt of information from the PAP that Respondent had relapsed into cocaine use, Respondent voluntarily surrendered his license in a Consent Order dated August 3, 2009. Dr. Ferstandig's license was subsequently reinstated with restrictions by way of a Consent Order Granting Restricted Licensure entered on or about February 25, 2011. The 2011 Order further provided that in the event Respondent seeks an unrestricted license, he must affirmatively demonstrate to the Board full compliance with the Order and that he is fit and competent to practice without restrictions.

Dr. Ferstandig now requests that he be granted an unrestricted medical license. Respondent appeared before a Committee of the Board on August 1, 2012 and testified that he has been fully compliant with the terms of the 2011 Order, including documented abstinence for over two years, and has actively participated in the PAP. He continues to attend weekly individual therapy sessions as required by the 2011 Order, and the most recent quarterly reports from his therapist, Dr. Lynn Richmond, indicate that Respondent is ready for formal discharge from individual therapy. Respondent presently practices in a Board-approved setting and meets with his

practice monitor three to four times each week. His monitor, Robbin Kay, Ph.D., has provided quarterly reports which reflect Respondent's practice to be completely appropriate and highly professional. In addition, Dr. Edward Reading testified on behalf of the PAP and supported Dr. Ferstandig's application.

The Board is satisfied that Respondent has complied with all the conditions imposed upon his practice of medicine and surgery by the February 25, 2011 Consent Order. Accordingly, the Board concludes that good cause exists to remove and/or modify some of the restrictions on Respondent's license. However, in consideration of Respondent's history of substance abuse, which extends to a previous surrender of licensure in 2008, and his documented relapses, the Board finds that the balance of the restrictions set forth in the 2011 Order should remain in effect, as removal of all restrictions is premature at this time.

Respondent, agreeing to the removal and modification of certain restrictions from his license, and the Board finding the within disposition adequately protective of the public health, safety and welfare, and for other good cause shown;

IT IS THEREFORE on this 21st day of May, 2014,

ORDERED THAT:

1. The restrictions on Respondent's license to practice medicine and surgery contained in the February 25, 2011 Consent Order are superseded by this Order, and the modified restrictions on Respondent's license are as follows:

2. Respondent shall continue to practice medicine and surgery solely in a hospital or institutional setting and/or a setting pre-approved by the Board. Respondent must receive pre-approval from the Board to work in any setting other than a hospital or institutional setting.

3. Respondent shall immediately notify the Board in writing of the name and address of each entity or practice where he is practicing medicine and surgery, including any change in employment, and including periods when he is unemployed.

4. Respondent shall be monitored at all professional settings by a licensed health care professional who holds a valid and unencumbered license in the State of New Jersey and is pre-approved by the Board. The monitor shall have face-to-face contact with Respondent on a monthly basis and discuss Respondent's progress, work schedule, and patient interaction issues. The monitor shall have knowledge of Respondent's relapse history, including the Consent Orders filed on May 22, 2008, July 24, 2008, August 3, 2009 and February 25, 2011, and shall have the authority to require appropriate professional behavior of the Respondent. The monitor shall sign a copy of the within Consent Order confirming to the Board that he or she has read and understands this Consent Order and the prior Consent Orders and agrees to monitor Respondent and report to the Board.

5. The monitor shall report to the Board in writing all information in his or her possession concerning Respondent's

compliance with the terms of this Order, and concerning Respondent's professional behavior and progress at work, on a bi-annual basis, until no earlier than April 1, 2015 and further order of the Board. The first report shall be due six (6) months from the "filed" date of this Order.

6. Respondent shall continue his participation in the PAP, at his own expense, and comply fully with the monitoring program established for him. Such monitoring program shall include:

A) Absolute abstinence from all psychoactive substances, including alcohol, except as prescribed by a treating health care practitioner for a documented medical condition and with immediate written notification to the Executive Medical Director of the PAP of the diagnosis, treatment plan, and medications prescribed.

B) Respondent shall continue to attend a support group of Alcoholics Anonymous at a frequency of no less than three meetings per week.

C) Respondent shall undergo random urine monitoring under the supervision of the PAP at a frequency of a minimum of one (1) time per month for a minimum of 1 year. Subsequent reductions in the frequency of urine monitoring shall be determined by the Executive Medical Director of the PAP with prior written notification to the Board. All positive results shall be confirmed by the Gas Chromatography Mass Spectrometry

(GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.

D) Respondent shall participate in face-to-face visits with a clinical staff member of the PAP on a quarterly basis.

E) Respondent shall be responsible for ensuring that the PAP shall submit quarterly reports to the Board outlining his participation and progress in the monitoring program.

F) Respondent shall obtain the agreement of the PAP via a signature of its representative on this Order to notify the Board within twenty-four (24) hours of its receipt of information that evidences a relapse or any non-compliance with the monitoring requirements.

7. Respondent shall not apply to have the restrictions on his license lifted no earlier than April 1, 2015.

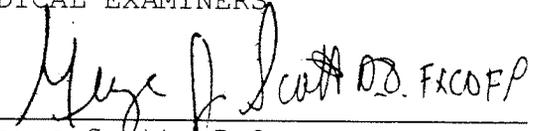
8. Respondent hereby consents to the entry of an Order of automatic suspension of license without notice, upon receipt of any information which the Board deems reliable that Respondent has failed to comply with any of the terms and conditions set forth in this Order, or any report of a confirmed positive urine screen, or a prima facie showing of a relapse of drug abuse and/or the use of alcohol or controlled substances.

9. Respondent shall have the right to apply for removal of the automatic suspension on five (5) days notice but in such event

shall be limited to a showing that the urine tested was not his or was a false positive in the case of urine testing, or that other information submitted was materially false.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:


George Scott, D.O.
Board President

I have read and understood the above Order and agree to be bound by its terms. I further hereby consent to the entry of this Order.


Russell Ferstandig, M.D.

I have read and understood the within Order and agree to comply with the terms which relate to the Professional Assistance Program of New Jersey (PAP).


Louis E. Baxter, M.D., FASAM
Executive Medical Director
Professional Assistance Program
of New Jersey

I have read all five Consent Orders and agree to comply with the monitoring and reporting requirements as to the supervisor under this Order.

ROBBIN KAY PhD 35S100297-500
Print Name and License No.
Monitor

**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.