

FILED

January 12, 2015

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

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

In the Matter of:

THOMAS P. MCMAHON, JR., M.D.
License No. 25MA02486400

ORDER OF TEMPORARY
SUSPENSION OF LICENSE

This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") on November 24, 2014, upon the filing of a Verified Administrative Complaint seeking the suspension or revocation of the license of respondent Thomas P. McMahon, Jr., M.D. The Complaint is generally predicated upon care provided by Dr. McMahon to eleven patients (each of whom is identified by initial only to protect individual privacy), six of whom are members of one family. The patients have been treated by Dr. McMahon for periods ranging from eleven to twenty-three years. In each instance, the Attorney General alleges, *inter alia*, that Dr. McMahon indiscriminately prescribed Controlled Dangerous Substances and provided grossly negligent medical care, to a degree that would support a finding that his continued practice presents clear and imminent danger to the public health, safety and welfare.

An Order to Show Cause, which set a hearing on the Attorney General's application for the temporary suspension of Dr.

McMahon's license for December 10, 2014, was filed simultaneously with the Complaint. Respondent filed a certification and a brief in opposition to the application for temporary suspension dated December 2, 2014. On December 10, 2014, the scheduled hearing was adjourned to January 7, 2015, subject to a series of conditions agreed upon by Dr. McMahon, to include a voluntary agreement on his part to immediately refrain from prescribing any Controlled Dangerous Substances to any of his patients and his agreement that, in the event any of the eleven patients who were the subject of the Complaint were to seek treatment after December 10, 2014, Dr. McMahon would perform a drug screen on the patient and would provide the results of those drug screens to the Attorney General and to the Board.¹

The application for the temporary suspension of Dr. McMahon's license was heard by the Board on January 7, 2015. Senior Deputy Attorney General Jeri L. Warhaftig and Deputy Attorney General Christopher Salloum appeared for Complainant Attorney General. Nan Gallagher, Esq. and R. Bruce Crelin, Esq., Kern Conroy Schoppmann and Augustine, appeared for respondent. The

¹ Dr. McMahon's agreement was specifically recognized to be voluntary and not to constitute any admission(s) on his part to any allegation within the Verified Complaint. Dr. McMahon was not required to surrender his privileges to prescribe CDS. The agreement further specified that Dr. McMahon could continue to treat patients for co-morbidities, but that he would refer patients needing continued prescribing for pain management to the emergency room or to other qualified providers. Dr. McMahon also agreed to file an answer to the Complaint not later than December 30, 2014. The matter was to be scheduled for hearing on January 7, 2015 on a peremptory basis.

Board was counseled by Senior Deputy Attorney General Steven Flanzman. The temporary suspension hearing commenced at approximately 10:30 a.m. and continued for more than ten hours until after 9:00 p.m. During that hearing, the Board considered arguments and evidence presented by both parties,² to include consideration of witness testimony offered for the movant by Dr. Harry Lessig (Consultant Medical Director of the Board) and Dr. Laura Picciano (expert witness for the Attorney General) and testimony offered for respondent by three of the eleven patients who are the subject of the filed Administrative Complaint (specifically, patients L.U., M.V. and R.V.), four other patients not named in the Complaint, a character witness and by Dr. McMahon.

We find, following review of the evidence presented in this matter and consideration of all offered testimony, that the Attorney General has met the statutory burden set forth at N.J.S.A. 45:1-22 to palpably demonstrate that the continued practice of medicine by Dr. McMahon would present a clear and imminent danger to the public health, safety and welfare. It is apparent that Dr. McMahon has prescribed each and every patient identified in the Administrative Complaint shockingly excessive amounts of Controlled Dangerous Substances, to include massive quantities of opioids. He has caused his patients (presuming that they are taking the

² A complete list of evidence marked and moved into evidence at the hearing is attached as Appendix A. A complete list of witnesses who testified is attached as Exhibit B.

medication as prescribed) to become addicted to and totally dependent upon narcotics. Further, it is apparent that he has done so, for periods spanning many years, with little to no documentary or objective support for many of the diagnoses that he has recorded in his patients' charts. By way of example, fibromyalgia is recognized to be a diagnosis of "exclusion," which should only be made after exploring other possible causes for pain, with the aid of consultants, and after attempting other therapies [such as Transcutaneous Electrical Stimulation Therapy ("TENS"), trigger point injections and/or non-narcotic medications, to include antidepressants). Treatment with narcotics would thus generally be attempted as a last resort, and even then the amounts of narcotics that would ordinarily be prescribed would be far below the amounts prescribed by Dr. McMahon. There is nothing in Dr. McMahon's records that suggest that any of the patients he has treated for fibromyalgia have been appropriately diagnosed or appropriately treated.

It is also apparent that Dr. McMahon's prescribes without first attempting, and/or periodically trying, any alternative or non-narcotic therapies. Once Dr. McMahon begins to prescribe narcotics, his records suggest that he continues to prescribe without making any meaningful attempt(s) to wean a patient from high narcotic usage.

Dr. McMahon has repeatedly turned a blind eye to "red flags" that should warn him of the possibility of patient misuse and/or addiction to prescribed substances, to include his receipt of reports from other physicians questioning his prescribing and/or diagnoses, reports from outside prescription monitoring entities (typically insurance plans which monitor their individual insureds drug usage) questioning the medical appropriateness of prescriptions he has written or advising him that his patients were filling prescriptions at multiple pharmacies, and indeed (in the limited instances when he did conduct drug screens on his patients) aberrant drug testing results. His records suggest that he has prescribed specific opiates requested by an individual patient(s), which again is a "red flag" behavior that should alert a practitioner to possible misuse or diversion and cause the practitioner to reevaluate the propriety of continued opiate prescribing.

In some instances, Dr. McMahon's myopic focus on prescribing opiates to relieve pain has placed his patients at grave risk of harm. For example, some of the combinations of drugs that Dr. McMahon has prescribed are recognized to be dangerous and contraindicated, most notably the many instances where he has simultaneously prescribed multiple long-acting opiates to patients (which, as Dr. Picciano testified, is significant because it increases the risks of respiratory depression, addiction and even

death). In other cases, he has prescribed opiates notwithstanding that his prescribing is contraindicated and potentially counterproductive for treatment of patients diagnosed with migraines and chronic headaches (A.D.), patients diagnosed with fibromyalgia (T.Z., Mi.V. and Ma.V) and patients treated for chronic low back pain (J.R. and R.V.). Dr. McMahon has also placed his patients at great risk of harm, and manifested a fundamental absence of current medical knowledge and/or basic medical judgment, by failing to conduct necessary EKGs on patients who he has prescribed massive doses of Methadone, given that Methadone is recognized to be a drug that can cause lethal arrhythmias. Similarly, he has exposed his patients to grave risks by failing to treat or address significant medical co-morbid conditions that are identified in his patients' records, such as hypertension.

We find the expert report and related testimony offered by the State's expert witness, Dr. Picciano, to include her analysis of each individual case, provides compelling support for the action we herein order. Applying our collective medical expertise, we find the concerns that Dr. Picciano has outlined to be valid if not understated. Significantly, respondent has not offered any expert report or testimony in his defense at this juncture.³

³ While respondent's counsel suggested at oral argument that Dr. McMahon has not yet had significant time to procure a medical expert, it

The sheer volume of opioids prescribed by Dr. McMahon to each and every one of the eleven patients named in the complaint appears staggering. The imminency of the threat that Dr. McMahon presents is thus clearly demonstrated and fully supported by our review of the evidence summarizing Dr. McMahon's prescribing practices (AG-3) and by the PMP printouts in evidence (AG-8). Indeed, focusing on prescribing in 2014 alone, Dr. McMahon prescribed thousands upon thousands of dosage units of opioids to ten of the eleven patients, and prescribed what can only be characterized as an unconscionable volume of Hydrocodone-Homatropine syrup to the eleventh named patient (L.Z.; see further discussion below). By way of example, the evidence before us shows that Dr. McMahon prescribed patient R.V. over 9800 total pills for Oxycodone (which Dr. McMahon simultaneously prescribed in both 15 mg and 30 mg dosages, for reasons that are not at all apparent on review of his records) and Methadone in the 175 day period between January 3, 2014 and June 27, 2014 (over 55 pills per day). Patient A.D. received prescriptions for over 9,000 total pills for Methadone, Oxycodone, Percocet and Xanax in the 200 day period between January 7, 2014 and July 25, 2014 (approximately 45 pills per day), and patient J.R. was prescribed over 6,300 pills in the

is the case that, as a result of the initial adjournment, Dr. McMahon in fact had over six weeks from the date he was served with the moving papers in this case to obtain expert review.

230 day period between January 6, 2014 and August 22, 2014 for Oxycodone, Percocet, Oxycontin and Valium (over 27 pills per day).

The evidence further suggests that Dr. McMahon's shocking and outrageous prescribing practices continued unabated through December 8, 2014 (the date on which he agreed to voluntarily stop prescribing CDS). By way of example, in the ninety day period preceding the date of the filing of the application for temporary suspension (specifically from August 26, 2014 through November 24, 2014), patient C.V. alone filled nine prescriptions written by Dr. McMahon for 120 Oxycodone, 30 mg (1080 pills) and nine prescriptions for 480 Methadone, 10 mg (4320 pills), which amounts to a total of 5400 pills (60 pills per day).

The very real threat Dr. McMahon's continued practice presents is also vividly demonstrated by the evidence detailing his prescribing of Hydrocodan to patient L.Z., a patient Dr. McMahon has been treating since October 1993 for a presumed case of eosinophilic bronchitis. It is evident on review of the evidence before us that Dr. McMahon maintained L.Z. on extraordinarily high doses of Hydrocodan (ordinarily given for the short term relief of a common cold), presumably to address an "intractable cough."⁴ He did so notwithstanding the fact that, in November 2007, he received a letter from a pulmonology consultant who found that L.Z. had no

⁴ Dr. McMahon admitted in his filed Answer to prescribing the volumes of Hydrocodan listed in paragraph 79 of the Administrative Complaint.

significant pathology, despite receiving written communications from a pharmacy benefits management company questioning the volume and need for the prescribing and, perhaps most significantly, notwithstanding the fact that his medical records demonstrated that, on forty-eight separate occasions, L.Z. canceled office appointments and requested that Dr. McMahon simply write prescriptions and allow her to pick up and fill those prescriptions without an office visit.⁵ It is also apparent that he did so without ever trying non-narcotic drugs that are now typically used to treat eosinophilic bronchitis, such as Nexium or Flonase.

When testifying before the Board, Dr. McMahon informed the Board that L.Z. is now no longer being prescribed Hydrocodan, after she suffered bromide poisoning. Remarkably, Dr. McMahon testified that her cough is now "better." While we recognize that, at this juncture, there is nothing in the record other than Dr. McMahon's testimony regarding the facts and circumstances of L.Z.'s bromide poisoning, we trust that this issue will be further developed and addressed in the plenary proceedings below, as we point out that bromide poisoning could well have been a life-

⁵ We suggest that L.Z.'s repetitive cancelation of appointments and requests for refills was a "red flag" that should have caused Dr. McMahon to more carefully consider and evaluate whether L.Z. may have become dependent or addicted to narcotics, and/or caused Dr. McMahon to reconsider the benefits of continuing to prescribe Hydrocodan to L.Z., a treatment which he conceded constituted "unconventional care." See LFZ 1.

threatening condition and that the poisoning was, in all likelihood, related to L.Z.'s use of Hydrocodan. At a minimum, however, we find at this time that Dr. McMahon's treatment of L.Z. strayed far from the norms of accepted medical practice and clearly placed L.Z. at great risk of harm, in turn supporting our finding that Dr. McMahon's practice presents clear and imminent danger.⁶

Finally, we note that our discussion and consideration of the issue whether Dr. McMahon's practice presents clear and imminent danger cannot be conducted without considering the question of possible diversion. While there is simply insufficient evidence in the record before us to allow us to conclude whether any or all of the eleven patients were diverting drugs prescribed by Dr. McMahon and using the drugs acquired to sell, in large measure our inability to know whether or not prescribed drugs were being diverted is a product of the manifest laxity of Dr. McMahon's monitoring practices.⁷ The evidence before us thus suggests that

⁶ We have limited our discussion and focus herein to those findings which support our conclusion that Dr. McMahon's continued practice would present clear and imminent danger and our related decision to temporarily suspend Dr. McMahon's license. We point out that, by doing so, we are not in any way suggesting that other allegations raised in the complaint (such as Dr. McMahon's routine practice of maintaining numerous pre-populated prescription blanks in many patient records, and/or the allegations that he routinely wrote prescriptions exceeding 120 dosage units without cause and in violation of regulatory requirements) are not also serious issues that should be fully considered in the plenary proceedings to follow.

⁷ It should be noted that, as required by the conditions for the adjournment of this hearing on December 10, 2014, drug screens were performed in December 2014 on seven of the eleven patients (M.V., R.V., D.U., L.V., A.V., C.V. and J.R.) Significantly, three of those screens

Dr. McMahon's monitoring and screening of patients for possible misuse (or non-use) of prescribed drugs and/or for use of illegal drugs was inconsistent and sporadic. While some of the records in evidence include pain management contracts and occasional drug screens, it is apparent that Dr. McMahon did not routinely screen his patients and it is likewise apparent that, even when such screening revealed that a patient was not taking prescribed drugs and/or taking illegal drugs, Dr. McMahon readily accepted whatever excuses or explanation his patient gave him and in no way altered his prescribing practices. In doing so, Dr. McMahon in essence negated the value of the testing and/or screening, and reduced any pain contracts which he did require any patients to sign to

revealed inconsistent results. M.V.'s screen thus was positive for the presence of oxazepam (a benzodiazepine metabolite), L.V.'s screen was both positive for the presence of norfentanyl (a fentanyl metabolite) and negative for use of Adderall and Oxycodone, and C.V.'s screen was positive for cocaine. We would suggest that those inconsistent results raise significant concerns regarding either drug addiction or, in L.V.'s case, addiction and diversion.

Dr. McMahon testified that one of the four other patients did return to his office but that he "forgot" to do a drug screen on that patient (Dr. McMahon could not recall the specific identity of that patient), and that the other three did not return to his office. While it is again beyond the record, we would be remiss were we not to at least consider the possibility that any or all of the three non-returning patients may not have visited Dr. McMahon because they may have learned that they would be subject to a drug screen, and/or because they may have learned that he could not continue to prescribe for them. At a minimum, it is curious that three of the eleven patients did not return to Dr. McMahon, given the consistency and frequency of those patients' office visits prior to December 10.

meaningless pieces of paper.⁸ His conduct strayed far from the norms of good medical practice, and was conduct that absolutely endangered the health, safety and welfare of either his individual patients and/or the public at large.⁹

During closing arguments before this Board, respondent's counsel suggested that the Board should consider, in lieu of suspending respondent's license, imposing monitoring conditions on respondent's practice. Ms. Gallagher argued that Dr. McMahon has readily accepted monitoring of his practice by the Board repeatedly in the past, and that he would again agree to resumption of monitoring.¹⁰

⁸ In his testimony before the Board, Dr. McMahon maintained that he employs a "three strike" rule and that he would only discharge a patient after "three strikes." When questioned about that rule, Dr. McMahon conceded that, in all his years of practice, he has only discharged one patient from his practice as a result of the "three strike" rule.

⁹ Our determination that Dr. McMahon's continued practice would present clear and imminent danger is in no way dependent on the question whether or not his patients are diverting prescribed drugs. If diversion is in fact occurring, it is clear that Dr. McMahon is facilitating any diversion by his lax or non-existent oversight, and, if so, is thereby exacerbating the recognized public health crisis associated with illegal use of narcotics. Alternatively, if his patients are using the drugs as prescribed, those patients have become narcotic dependent and addicted individuals, who have clearly been placed in harm's way.

¹⁰ As detailed in the Complaint and as the evidence before us documents (see AG-4), Dr. McMahon's prescribing practices have been the subject of investigations by this Board periodically, dating all the way back to the 1980s. Respondent twice before, in September 1993 and April 2004, entered Private Letter Agreements with the Board to resolve investigations of his prescribing practices. In both cases, Dr. McMahon agreed, *inter alia*, that he would complete Board approved course work in the prescribing of Controlled Dangerous Substances. In April 2007, Dr. McMahon entered a public Consent Order with the Board wherein he was reprimanded for having failed to comply with the terms of the private

In our deliberations, we considered whether any action short of the full, immediate temporary suspension of respondent's license could be crafted to allow respondent to continue to engage in medical practice while affording adequate protection to his patients and the public at large. To that end, we considered

agreements he had made with the Board (those agreements then became a matter of public record). Dr. McMahon was ordered to meet with the Medical Director of the Board, to pay costs and to make certain identified patient records available to the Board.

Most recently, five of respondent's records were reviewed, for a period beginning in or about September 2012 and continuing through April 2014, by Dr. Harry Lessig in his capacity as Consultant Medical Director for the Board. On April 2, 2014, that review ended upon Dr. Lessig's forwarding of a letter to Dr. McMahon in which he told Dr. McMahon to "keep up the good work" and implored Dr. McMahon to "be vigilant to keep improving on your office records and not become trapped by patients to give them CDS medications."

The parties dispute whether Dr. Lessig's "review" or "monitoring" of Dr. McMahon's charts was for the limited purpose of determining the propriety of his record-keeping, or whether it was a broader review that encompassed consideration of the propriety of his prescribing of CDS. Dr. Lessig, in his testimony, stated that he considered his role to be limited to review of Dr. McMahon's record-keeping. Dr. McMahon, however, testified that he considered Dr. Lessig's review to be broader, and to include review of his prescribing practices. The correspondence in evidence exchanged between Dr. Lessig and Dr. McMahon suggests that, although Dr. Lessig repeatedly addressed record-keeping issues following his chart review (to include making repeated references to the need to write legibly, list and check all medications, and to list all patient allergies, vital signs and plans), he also made certain substantive comments regarding the manner in which Dr. McMahon was providing care to individual patients.

Ultimately, we do not consider the question of the scope of Dr. Lessig's review of Dr. McMahon's charts to be a relevant issue for purposes of the application for temporary suspension. Simply put, the five patient records which Dr. Lessig reviewed are not the subject of the filed Administrative Complaint, and thus not the basis for the action we presently take. Even assuming *arguendo* that Dr. Lessig's review included some consideration of Dr. McMahon's treatment and prescribing in five cases, that fact in no way would cause us to excuse or discount any of the extraordinarily serious concerns regarding Dr. McMahon's medical practice that we have identified and discussed above.

whether Dr. McMahon might be allowed to continue to practice with a formal restriction prohibiting him from prescribing any CDS, or with other possible limitations, restrictions and/or monitoring.

Ultimately, however, we are convinced that nothing short of a temporary suspension would be adequately protective of the public interest. The manifest issues that we have identified on the record before us reflect not only on the choices Dr. McMahon has made regarding the prescribing of opiates, but ultimately are reflective of gaping deficits in both his underlying knowledge base and his judgment. We have repeatedly attempted to address concerns regarding Dr. McMahon's prescribing practices by requiring him (twice) to take and complete remedial courses in the prescribing of Controlled Dangerous Substances and by imposing requirements for oversight, monitoring and consultations, yet it is apparent that our past efforts to intervene and ameliorate Dr. McMahon's deficiencies have been entirely unsuccessful. We are convinced that his knowledge and judgment deficiencies cannot be presently remediated through re-education, monitoring, or even by the crafting of limitations on practice such as a preclusion against prescribing CDS, and therefore conclude that our paramount obligation to protect the public interest dictates the entry of an order of temporary suspension.¹¹

¹¹ We announced our decision and action, following closed session deliberations, at the conclusion of the hearing on January 7, 2015, and

WHEREFORE, it is on this 12th day of January, 2015

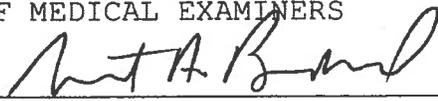
ORDERED (deemed effective as of January 7, 2015, the date of pronouncement orally on the record):

1. The license of respondent Thomas P. McMahon, Jr., M.D. to practice medicine and surgery in the State of New Jersey is temporarily suspended, pending the completion of all plenary administrative proceedings in this matter. Respondent shall immediately make arrangements for transfer of care and medical records of all his patients.

2. Respondent's application for a stay of the Board's Order is denied.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By:


Stewart A. Berkowitz, M.D.
Board President

thus consider the action to be effective as of January 7, 2015. Immediately following our announcement, respondent's counsel moved for a stay of our Order. That application was opposed by the Attorney General.

We formally denied the application for a stay on the record, as we have concluded that the imminency of the threat posed by Dr. McMahon's continued practice militates against any continued practice at this time.

APPENDIX A

IMO Thomas P. McMahon, Jr., M.D.
EVIDENCE LIST

Attorney General's Evidence

- AG-1: Patient records for Patients A.D., J.R., T.Z.,¹ L.Z., A.V., C.V., L.V., Mi.V., Ma.V., R.V., and D.U.
- AG-2: Certified patient prescription profiles for Patients A.D., J.R., T.Z., L.Z., A.V., C.V., L.V., Mi.V., Ma.V., R.V., and D.U.; and a prescription form for L.Z. with a pharmacist's handwritten comment.
- AG-3: Summary analyses of patient prescription profiles of A.D., J.R., T.Z., L.Z., A.V., C.V., L.V., Mi.V., Ma.V., R.V., D.U., and the V family members prepared as demonstrative exhibits.
- AG-4: Expert report of Laura Picciano, D.O., dated October 11, 2014, and her curriculum vitae (Dr. Picciano found in her report that Dr. McMahon's medical treatment substantially deviated from accepted standards of medical practice and that his conduct presents an ongoing danger to the health, safety, and welfare of patients and the community).
- AG-5: Transcript of a Preliminary Evaluation Committee hearing dated March 18, 2010.²
- AG-6: Consent Order dated April 24, 2007; Private letter agreements filed between Dr. McMahon and the Board dated September 1, 1993, and November 21, 2001; and Private letter of advice dated April 15, 1985.
- AG-7: Packet of Correspondence between Dr. McMahon and Dr. Lessig, to include letters from Dr. Lessig to Dr. McMahon

¹ The Attorney General will supplement the progress notes for T.Z.

² The Board accepted AG-5, AG-8, and J-1 under seal as that evidence has not yet been appropriately redacted. The Attorney General was directed to redact the evidence within thirty days, at which time the documents will be unsealed.

dated August 30, 2012, October 4, 2012, February 21, 2013, May 30, 2013, November 6, 2013, and April 2, 2014, and letters from Dr. McMahon to Dr. Lessig dated September 12, 2012, October 10, 2012, January 16, 2013, May 9, 2013, June 4, 2013, September 17, 2013, January 30, 2014, and April 8, 2014 (additional other correspondence between Dr. McMahon and either William V. Roeder, Executive Director of the Board or the "Board" also included).

- AG-8: Prescription monitoring program "PMP" printouts of prescriptions written by Dr. McMahon for:

R.V.	9/1/2011-12/15/2014
A.V.	9/1/2011-12/8/2014
Ma.V.	9/1/2011-12/8/2014
Mi.V.	9/1/2011-12/8/2014
L.V.	9/1/2011-12/8/2014
C.V.	9/1/2011-12/8/2014
J.R.	9/1/2011-12/8/2014
D.U.	9/1/2011-12/8/2014
A.D.	9/1/2011-12/8/2014
T.Z.	9/1/2011-12/8/2014
L.Z.	9/1/2011-12/8/2014
All patients	11/1/2014-1/2/2015

Joint Evidence

- J-1: Urine screens performed upon Ma.V. dated December 24, 2014; R.V. dated December 27, 2014; D.U. dated December 16, 2014; L.V. dated December 24, 2014; A.V. dated December 24, 2014; C.V. dated December 24, 2014; and J.R. dated December 20, 2014.

Respondent's Evidence

- R-1: Letter to the Board from Gerald V. Burke, M.D., J.D. dated December 8, 2014 (regarding Dr. McMahon's character).
- R-2: Letter to Dr. McMahon from Sister Sharon White, M.S.W., dated January 2015 (regarding Dr. McMahon's character).

APPENDIX B

IMO Thomas P. McMahon, Jr., M.D.
LIST OF WITNESSES

Attorney General's Witnesses

- Harry Lessig, M.D.
- Laura Picciano, D.O.

Respondent's Witnesses

- D.U.
- William Chet Atkins (Patient)
- Gerald V. Burke, M.D., J.D. (character witness)
- Keith Miller (Patient)
- Ma.V.
- R.V.
- Robert Cervený (Patient)
- Barbara Soesbee (Patient)
- Thomas McMahon, M.D.

**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.