

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

IN THE MATTER OF THE SUSENSION
OR REVOCATION OF THE LICENSE OF

JEFFREY J. DAVIS, M.D.
License No. 25MA04397200

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY

Administrative Action

FINAL ORDER
OF DISCIPLINE

THIS MATTER was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of information which the Board has reviewed and on which the following findings of fact and conclusions of law are made;

FINDINGS OF FACT

1. Respondent, Jeffrey J. Davis, M.D., is the holder of License No. 25MA06493600 and was licensed to practice medicine and surgery in the State of New Jersey on March 20, 1984 and is currently active.

2. On or about October 8, 2015, the Massachusetts Board of Registration in Medicine ("Massachusetts Board") entered a "Final Decision and Order" at which time Respondent's Massachusetts medical license was revoked. The Massachusetts Board found that between April 6, 2007 and January 18, 2012, Respondent placed and received from PD-Rx pharmaceuticals, a mail order pharmacy, forty-nine (49) orders for controlled substances for himself and for a family member.

The controlled substances he ordered for his family member included Fioricet, Citalopram, and Butalbital.¹ The Massachusetts Board also found that he ordered and received Crestor, Lorazepam and Alprazolam.² Despite receiving a subpoena, Respondent failed to provide a copy of the family member's medical record to the Massachusetts Board.

The Massachusetts Board concluded that Respondent failed to respond to a subpoena in violation of 243 CMR 1.03(5)(a)(16); failed to issue prescriptions for controlled substances for legitimate purposes and in the usual course of the physician's medical practice in violation of G.L. c. 94C, Sec., 19(a); failed to make available to the Massachusetts Board any relevant and authorized records with respect to an inquiry or complaint against a licensee's professional conduct in violation of 243 CMR 2.07(12) and failed to maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment; and failed to maintain a patient's medical record in a manner which permits the former patient or a successor physician to access to them in violation of 243 CMR 2.07(13)(a).

¹ Fioricet is a medication containing Butalbital, acetaminophen, and caffeine and is not a scheduled controlled dangerous substance ("CDS"). Citalopram is an anti-depressant medication. Butalbital is a barbiturate and a Schedule III CDS substance.

² Crestor is medication for the treatment of high cholesterol. Lorazepam and Alprazolam are CDS and classified as Schedule IV substances.

PROCEDURAL HISTORY

A Provisional Order of Discipline ("POD") was filed by the Attorney General, by Deputy Attorney General David Puteska, before the New Jersey State Board of Medical Examiners ("the Board") on March 10, 2016, provisionally revoking Respondent's license to practice medicine and surgery in New Jersey based on the Massachusetts disciplinary action pursuant to N.J.S.A. 45:1-21(g).

The POD was subject to finalization by the Board on the 30th day following entry unless Respondent submitted a modification or dismissal.

On May 18, 2016, the Board, not having received any response from Dr. Davis, issued a Final Order of Discipline ("FOD") revoking Respondent's license to practice medicine in New Jersey. Subsequent to the filing of the FOD, the Board received correspondence from Dr. Davis dated May 14, 2016, advising that he had not changed his address with the Board and therefore, had only recently received the POD and was requesting an opportunity to appear to appeal the Board's decision.

On June 8, 2016, the Board considered Dr. Davis's request and was informed that the Attorney General had no objection to vacating the FOD and allowing Dr. Davis an opportunity to respond to the POD.

The Board found that Dr. Davis's explanation as to why he did not respond earlier to the POD to be credible and further found that vacating the FOD and reopening the matter to be appropriate.

Pursuant to the terms of the June 16, 2016 Order Dr. Davis was given the opportunity to request modification or dismissal of the stated Findings of Fact or Conclusion of Law in the POD within fifteen days. The Attorney General was then permitted fifteen days to respond in writing.

On July 5, 2016, Respondent submitted a request for dismissal of the Findings of Fact and Conclusion of Law and requested a hearing before the Board. In that submission, Dr. Davis challenged the findings made in Massachusetts and offered explanations for his actions. For instance, he explained that the patient record in question belonged to his ex-wife who refused to allow him to provide her original medical record to Massachusetts. He also disputed the time period that Massachusetts found that he self-prescribed medication and further argued that he never ordered Lorazepam and Alprazolam from the pharmacy but that the medication was sent to him in error and upon discovering the shipment returned the medication. Dr. Davis also stated that in Massachusetts, unlike New Jersey, all prescription medications are known as a controlled dangerous substance and designated a schedule number and the medication that he had ordered and dispensed were non-opioid medications.

Lastly, Dr. Davis put forward factors mitigating against the revocation of his license, including his forty year history of practicing medicine, his private practice in Massachusetts focused on non-opioid pain management, and that he directly ordered

medication to be shipped to his office in an effort to curtail high costs of prescription medication to his patients. Respondent also explained that he choose not to participate in the Massachusetts proceedings because he was no longer going to practice in Massachusetts and had been unaware of the consequence the Massachusetts Order would have on his medical licenses in other states.

DAG Puteska submitted a response on July 27, 2016, urging the New Jersey Board to revoke Dr. Davis's New Jersey license based on the revocation of Respondent's Massachusetts license. He argued that the statutory language of N.J.S.A. 45:1-21(g) authorizes the New Jersey Board to suspend or revoke a medical license any time a licensee "has had his authority to engage in the activity regulated by the Board revoked or suspended by any other state, agency or authority for reasons consistent with this section." DAG Puteska further argued that the reasons for the revocation of Dr. Davis's Massachusetts medical license are consistent with New Jersey's grounds for disciplinary actions. Respondent's recourse if he wishes to challenge the Massachusetts findings should be with the Massachusetts Board directly.

DISCUSSION AND CONCLUSION OF LAW

Upon consideration of the submissions by Respondent and reply by Deputy Attorney General Puteska on August 10, 2016, the Board, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 to -15, scheduled a plenary hearing on September 14, 2016.

The parties were ordered to submit witness lists and exchange evidence by a date certain. The parties were further advised that in the event that the Board determined that the Attorney General had established a basis for disciplinary sanction, a penalty hearing would immediately commence following the plenary hearing.

DETERMINATION OF LIABILITY

A hearing was held before the Board on September 14, 2016. Deputy Attorney General David Puteska appeared on behalf of the State. Svetlana Ros, Esq., of the firm Kern Augustine, appeared on behalf of Respondent.

Prior to the hearing commencing, Respondent stipulated that the Massachusetts Order provided a basis for the Board to take disciplinary action against him. Both parties agreed that the Board could consider liability without further need to present evidence or testimony. The Board, thereafter, found that there existed a basis to discipline Respondent pursuant to N.J.S.A. 45:1-21(g) as Respondent's medical license has been revoked by another state for reasons consistent with grounds for disciplinary sanction in New Jersey, including, engaging in repeated acts of negligence pursuant to N.J.S.A. 45:1-21(d), engaging in professional misconduct pursuant to N.J.S.A. 45:1-21(e), violating or failing to comply with a Board regulation pursuant to N.J.S.A. 45:1-21(h), specifically, N.J.A.C. 13:45C-1.3 and N.J.A.C. 13:35-6.5, and prescribing or dispensing of a controlled dangerous substances indiscriminately pursuant to N.J.S.A. 45:1-21(m).

PENALTY HEARING

Immediately following the Board's announcement of its determination that cause for discipline had been found, the Board proceeded to a hearing regarding mitigating circumstances in this matter. Exhibits submitted by counsel for Respondent were entered into evidence without objection.³

Respondent's counsel, in an opening statement, asked the Board to impose a sanction on Respondent that would allow him to continue to work. She argued that the Massachusetts Order contained inaccurate information and was really just an unfortunate set of circumstances involving only one medical record. She urged the Board to consider Respondent explanations as to the reasons why he ordered certain medication, why he failed to produce his ex-wife's medical record, and the reasons for prescribing to his ex-wife.

The Deputy Attorney General argued in an opening statement that Respondent's Massachusetts license was currently revoked and the Board should respect Massachusetts' decision by giving it "full faith and credit." He further suggested that if the Respondent has explanations as to why he failed to appear in Massachusetts or to the underlying charges, it is more appropriate for Respondent to

³ R-1 Respondent's Curriculum Vitae
R-2 The Commonwealth of Massachusetts Division of Administrative Law Appeals Summary of Decision dated July 1, 2015
R-3 The Commonwealth of Massachusetts Final Decision and Order dated October 8, 2015
R-4 Commonwealth of Massachusetts Board of Registration in Medicine Prescribing Practices Policy 15-05, Adopted October 8, 2015
R-5 Portion of M.D.'s patient record dated February 27, 2010 through February 26, 2012

address those explanations to the Massachusetts Board. He urged the Board to revoke or suspend Respondent's medical license, and that any reinstatement should be contingent on his resolving the Massachusetts matter with the Massachusetts Board.

Respondent testified on his own behalf and was subject to cross-examination by the Deputy Attorney General. Members of the Board also questioned Respondent. He was first licensed to practice medicine in Massachusetts in 1977. He obtained a New Jersey license in 1985, which he allowed to lapse in 1986 but was renewed in 2011.

But for the action in Massachusetts, he has not had any other issues with medical licensing boards or governmental agencies.

Respondent had been married and began prescribing medication to his ex-wife following their divorce. He testified that his ex-wife had multiple medical conditions, including daily chronic migraines and seizure disorders, and that he, in consultation with her doctors, would help her obtain medication by calling in a prescription for her. He was aware of her thirty year history and believed he was able to treat her chronic pain. Respondent testified that he maintained a medical record for her but that she is in possession of most of the medical record, with the exception of the records from February 27, 2010 through February 26, 2012, which were produced to the Board during the hearing. Specifically, Respondent acknowledged that he placed a number of orders from PD-Rx for his ex-wife, including three bottles of 100 Fioricet tablets on October 14, 2011, one bottle of 100 Citalopram 40 mg tablets on October 31,

2011, three bottles of 100 Fioricet tablets on November 28, 2011, and three bottles of 100 Fioricet tablets on January 18, 2012. He denied dispensing the full amount of Fioricet to her and testified that he only provided her 150 tablets per month. Respondent denied placing the December 2, 2011 order of twenty bottles of 30 Butalbital tablets as detailed in the Massachusetts Order.

As to the other findings, he denied ordering Lorazepam and Alprazolam from PD-Rx pharmacy; however, he acknowledged that he received these drugs but returned them once received. He admitted that he ordered Crestor medication once for himself following the loss of his medical insurance in either 2010 or 2011.

Respondent acknowledged that he failed to notify the Massachusetts Board when he moved to New York in 2011 but had received notice that he was under investigation by the Massachusetts Board. He made attempts to get the medical record from his ex-wife in order to comply with the investigation but he was unsuccessful.

The Massachusetts investigation continued and he retained an attorney briefly to represent him. He eventually allowed his Massachusetts license to lapse at the end of 2012 because he had no intention to continue practicing in Massachusetts and had a new job in New York. After being unable to obtain any records from his ex-wife and afraid to provide what limited records he had, Respondent decided not to further respond to the Massachusetts inquiry. He was unaware of the ramifications of the Massachusetts action on his license in other states and was not advised of the potential

consequence by his attorney. If he had been aware of the consequences of the Massachusetts order on his career then he would have made greater efforts to comply with the subpoena from the Massachusetts Board, including providing the limited patient record.

In 2011, he moved to New York City and has been employed by an anesthesia group where he administers anesthesia for outpatient procedures in New York and New Jersey. He has not issued any prescriptions since practicing in New Jersey.

Respondent wishes to retain his medical license in order to continue earning a living as he has many financial responsibilities, including alimony payments to his ex-wife and assistance to his children and grandchild with special needs.

DAG Puteska and Ms. Ros offered closing arguments. DAG Puteska urged the New Jersey Board to suspend or revoke Respondent's license to practice pending further action by the Massachusetts Board. Ms. Ros urged the Board to consider leniency in determining the appropriate penalty. She argued that the Massachusetts action involved only one patient record and did not involve patient harm. Massachusetts was unable to properly decide the case on the merits because of Respondent's lack of cooperation in turning over one patient record to them. Respondent has cooperated with the New Jersey Board and has produced the portion of his ex-wife's patient record today. Respondent does not intend to practice again in Massachusetts and has been working in New York and New Jersey uninterrupted since he moved here.

DISCUSSION ON PENALTY

We turn to determining the appropriate penalty in New Jersey for the revocation of Respondent's medical license in another state.

The Massachusetts Order revoking his medical license found that Respondent failed to respond to a subpoena; issued prescriptions for controlled substances not for a legitimate purpose nor in the usual course of the physician's medical practice; failed to make available to the Massachusetts Board relevant records regarding an inquiry or complaint against respondent's professional conduct and failed to maintain an adequate medical record for each patient, containing a proper diagnosis and treatment in a manner which permits the former patient or a successor physician access.

In affording Respondent an opportunity to be heard in mitigation, we have considered his testimony and reviewed all evidence submitted, including the portion of the patient record provided to us today.⁴ We have listened to Respondent's explanations regarding his actions in Massachusetts and his denials regarding other findings made by the Massachusetts Board - such as his denials that he ordered Alprazolam and Lorazepam to his office, ordered

⁴ We are mindful that part of his ex-wife's patient record, dated February 27, 2010 through February 26, 2012, was presented to us for the first time today and that Respondent has admitted that he never provided this record to the Massachusetts Board despite his testimony that he has maintained the record contemporaneously to when he prescribed medication to her and continues to maintain the original record in his possession. Following Respondent's testimony and review of the patient record, we do have some concerns regarding the contents on the patient record, i.e. whether proper documentation was contained in the record, the medical justification for the prescribing of Fioricet, the extent of alternative remedies recommended to his ex-wife, and whether Respondent was aware of the potential addictiveness of Fioricet.

medication for himself on multiple occasions, and prescribed Butalbital to his ex-wife.

We have reviewed the Massachusetts order and considered Respondent's admissions made during the hearing - such as his failure to cooperate with the Board, failure to maintain and produce a patient record, and his prescribing of certain medication to himself and a family member - and are satisfied that the revocation of his Massachusetts medical license was based upon conduct consistent with N.J.S.A. 45:1-21, specifically engaging in repeated acts of negligence pursuant to N.J.S.A. 45:1-21(d), engaging in professional misconduct pursuant to N.J.S.A. 45:1-21(e), violating or failing to comply with a Board regulation pursuant to N.J.S.A. 45:1-21(h), specifically, N.J.A.C. 13:45C-1.3 and N.J.A.C. 13:35-6.5, and prescribing or dispensing of a controlled dangerous substances indiscriminately pursuant to N.J.S.A. 45:1-21(m).

To this day, we note that the Massachusetts Board has never been provided with any explanation from Respondent as to the serious conduct he was charged with because he chose to not participate in the Massachusetts investigation or subsequent litigation. Instead, he is asking us to consider his explanations for conduct that occurred in Massachusetts when rendering our penalty.

As has been our practice and comporting with established case law in New Jersey, we will not go behind the Massachusetts Order. See In re Cole, 194 N.J. Super 237 (1984). We therefore, cannot afford much weight to Respondent's denials and explanations for his

actions in Massachusetts though we note that Respondent has accepted responsibility for failing to cooperate with the Massachusetts investigation and for failing to attend the disciplinary proceedings in Massachusetts.

The facts established by the Massachusetts Board concerning his ordering and prescribing of medication, including controlled substances, from 2007 through 2012 and the lack of a patient record supporting the prescribing are concerning and display a lack of judgment that deserves serious sanction in New Jersey. We will take the facts established by the Massachusetts Board and apply our statute, N.J.S.A. 45:1-21(g), which gives us the discretion to revoke a licensee based upon proof of the revocation elsewhere.

We therefore moved, and unanimously voted to revoke the license of Respondent to practice medicine and surgery in New Jersey, with reapplication permitted at such time as he can demonstrate to the Board that his medical license in Massachusetts has been fully reinstated with no restrictions, conditions, or probation along with completion of the ordered terms set forth below.

THEREFORE, IT IS ON THIS 13th day of OCT, 2016,

ORDERED:

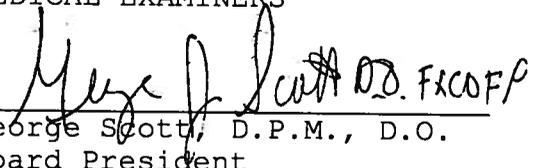
1. The license of Respondent to practice medicine and surgery in the State of New Jersey is hereby revoked until such time as his license to practice medicine and surgery in Massachusetts is fully reinstated without restriction, conditions or probation.

2. The revocation of license is effective thirty (30) days after oral announcement on the record on September 14, 2016, that is respondent shall cease and desist practicing on October 14, 2016, in order to permit transition of patient care.

3. Prior to resuming active practice in New Jersey, Respondent shall be required to appear before the Board (or a Committee thereof) and has the burden to demonstrate that he is fit and competent to practice medicine in this State and, further, demonstrate that he holds an active, unrestricted license to practice medicine and surgery in Massachusetts. Any practice in this State prior to said appearance and further Order of this Board shall constitute grounds for the charge of unlicensed practice. In addition, the Board reserves the right to place restrictions and/or limitations upon Respondent's practice should his license be reinstated in this State.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:


George Scott, D.P.M., D.O.
Board President

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. 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 licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms 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. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. 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, surrender or

cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The licensee subject to the order is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order 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 subject to the order 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), subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to 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 subject to the order 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.¹ The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements

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This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing.

incurred on a patient's behalf prior to the effective date of the Board order.

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 or who is ordered to cease practice 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 disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following 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 Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

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) immediately 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. If the licensee has a website, a notice shall be posted on the website as well.

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.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at

its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

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.