

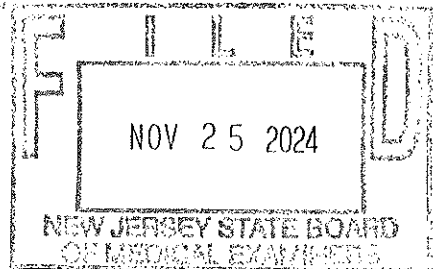
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

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

Bruce Pierce, M.D.
License No. 2MA06372800

TO PRACTICE MEDICINE
IN THE STATE OF NEW JERSEY

**ORDER OF TEMPORARY
SUSPENSION OF LICENSE**



Overview

This matter was opened before the New Jersey State Board of Medical Examiners (the “Board”) on October 9, 2024, when the Attorney General of New Jersey filed an emergent application with the Board seeking the temporary suspension of the medical license of Respondent Bruce Pierce, M.D. The Attorney General alleges that Dr. Pierce’s continued practice would present clear and imminent danger to the public health, safety, and welfare, based on allegations that, on two separate occasions, with two separate patients, Dr. Pierce engaged in predatory sexual misconduct. More specifically, in each instance, Dr. Pierce is alleged to have, outside the presence of any chaperone and under the pretense of conducting a routine gynecologic examination, “rubbed” or “massaged” the patient’s clitoris for an extended period of time, causing each patient to experience an orgasmic, or close to orgasmic reaction. The two incidents occurred on January 31, 2023 (Patient 1), and December 27, 2023 (Patient 2). Significantly, two days following the second incident on December 27, 2023, Patient 2 and Dr. Pierce exchanged text messages. In her text message, Patient 2

accused Dr. Pierce of violating her trust and acting in an unacceptable and unprofessional manner during her “exam.” Dr. Pierce responded – not by denying that anything inappropriate had taken place – but instead by apologizing to Patient 2 and assuring her that “it” or “this” would never happen again. Respondent also thanked Patient 2 for not making “it” public, as [had she done so] “my career would be over.” A few days later, when Patient 2’s husband sent Dr. Pierce a text message confronting him over what he had done to his wife, Dr. Pierce responded, in part, by stating that Patient 2 had a “normal physiological response during an exam.”

On November 13, 2024, we conducted a hearing, at which both Patient 1 and Patient 2 testified. We found each patient’s testimony to be credible, chilling, and compelling. We also found that – in patient 2’s case – the text messages exchanged between the patient and Dr. Pierce fully corroborated the testimony offered, and evidence a conscience of guilt on Dr. Pierce’s part. During the hearing, we also heard testimony from two medical assistants employed by Dr. Pierce. However, it is abundantly clear that neither medical assistant was present in the examination room when Dr. Pierce engaged in sexual misconduct with either patient, and thus neither medical assistant’s testimony refuted the specific allegations that are made against Dr. Pierce.

We conclude that the Attorney General has palpably demonstrated that Dr. Pierce’s continued practice would present clear and imminent danger to the public health, safety, and welfare. Dr. Pierce, on two separate occasions, fundamentally abrogated his responsibilities as a trusted OB-GYN for two long-standing patients, by sexually assaulting both patients under the guise of conducting routine examinations. Both patients permitted the predatory sexual misconduct to occur because they trusted and assumed that Dr. Pierce was conducting a legitimate and necessary medical examination, when in fact he was doing anything but. In

short, the evidence supporting the Attorney General's application for the temporary suspension of Dr. Pierce's license demonstrates that Dr. Pierce has, on two occasions, baselessly sexually exploited patients under the cloak of providing routine medical care. Were Dr. Pierce to be allowed presently (that is, prior to the time that this matter can be transferred to OAL, and thereafter be fully heard and tried at a plenary hearing to be conducted at the OAL) to continue to practice, his patients directly, and the public generally, would be at grave risk. Nothing short of a full and immediate temporary suspension would be adequate to protect the public, and we therefore ordered the immediate and full temporary suspension of Respondent's medical license at the conclusion of the hearing on November 13, 2024.

We set forth below, in greater detail, a summary of the procedural history of this matter and of the evidence that was presented at the hearing of November 13, 2024, along with the findings and conclusions we have reached to support ordering the temporary suspension of Respondent's license.

PROCEDURAL HISTORY

This matter was opened before the Board by way of an Order to Show Cause filed by the Attorney General of New Jersey, by Deputy Attorney General Michelle Mikelberg, on October 9, 2024. The Order to Show Cause was accompanied by a Verified Complaint, a supporting Letter Brief, and a certification of Deputy Attorney General Michelle Mikelberg to which multiple exhibits in support of the application for temporary suspension were appended. Pursuant to N.J.S.A. 45:1-22, the Attorney General sought the temporary suspension of the license of Bruce Pierce, M.D. to practice medicine and surgery in the State of New Jersey pending a plenary hearing on the matter.

The two Count Verified Complaint alleges that Respondent engaged in sexual misconduct under the guise of performing legitimate medical treatment in violation of Board's

statutes and regulations. The Attorney General details that Respondent engaged in offensive sexual touching of two (2) female patients by repeatedly and for inappropriately prolonged period of time massaging these two patient's clitorises. The Attorney General further states that this type of conduct could lead a reasonable person to believe that the activity served the Respondent's personal sexual gratification rather than a legitimate medical purpose. Within the accompanying letter brief, the Attorney General argued that Respondent's actions were egregious and exploitative, and that Respondent presents a clear and imminent danger to the public's health, safety, and welfare.

In response to the Order to Show Cause and Verified Complaint, on November 11, 2024, Respondent, through his counsel, Daniel Giaquinto, Esq. and Alan Blankstein, Esq., filed his Answer together with a letter brief, and a certification of counsel to which multiple exhibits offered in opposition to the Order to Show Cause were appended. Dr. Pierce denies the majority of the substantive allegations within the Complaint. In the accompanying letter brief, his counsel argued that the Attorney General had failed to make a demonstration that the continued practice of medicine by Respondent poses a clear and imminent danger to the public.

NOVEMBER 13, 2024 HEARING

A hearing on the Order to Show Cause seeking to temporarily suspend Respondent's license was held before the Board on November 13, 2024.¹ Deputy Attorney General Michelle

¹ On October 9, 2024, we delegated the hearing of this matter to a Board Hearing Committee, and fully authorized that hearing Committee to make a decision on the application for temporary suspension, and to order any and all relief deemed necessary, to include without limitation the possible immediate temporary suspension of Respondent's license. However, as a result of scheduling conflicts, we were unable to seat a hearing committee and, as a result, this matter was instead heard by the full board on November 13, 2024.

Mikelberg appeared on behalf of complainant Attorney General, and Alan R. Blankstein, Esq., and Daniel G. Giaquinto, Esq. appeared on behalf of Respondent.

Prior to commencing the hearing, we entertained argument upon several pre-hearing motions. We granted a motion made by Respondent's counsel to sequester the State's witnesses (we in fact ordered that all witnesses be sequestered, with the exception of Dr. Pierce), and we likewise granted a motion made by the Attorney General to seal the medical records of Patient 1 and Patient 2 so as to protect their identities (both motions were made without objection).

Respondent's counsel also moved to adjourn the hearing until the next Board meeting, arguing that the defense had not received full and complete discovery which they claimed they were entitled to, and asserting that he had cause to believe that the Attorney General had documents in his possession which had not been turned over to the Respondent, and which would be crucial to his preparation for the temporary suspension hearing.² The Attorney General opposed the motion, arguing that Respondent was not entitled to discovery or anything other than what was being relied upon in support of the application for a temporary suspension pursuant to N.J.S.A. 45:1-22. Deputy Attorney General Mikelberg also argued that certain documents mentioned by Respondent were irrelevant, that the documents could have been obtained by Respondent through other sources, and that it would be unfair to grant an adjournment on the day of the hearing because witnesses had taken time from work to testify.

² Respondent argued that the records that were in possession of the Attorney General that Respondent was entitled to included: interviews of other patients of Respondent; investigative reports of how the Attorney General became aware of Patient 2's complaint; two page typed report written by Patient 1 and handed to the Lawrenceville Police Officer who did the initial interview of Patient 1; video and/or transcript of the interview between Patient 1 and Detective Silowski; photo array presented to Patient 1 by the Lawrenceville Police Department on February 23, 2023; the Mercer County Prosecutor's Office file on Patient 1; and any reports regarding and/or interviews of medical assistants employed in Respondent's practice.

She also pointed out that, when requesting an extension of time to file an Answer to the Complaint, counsel for Respondent represented that he would not be seeking an adjournment of the hearing. Ultimately, we denied Respondent's motion to adjourn the hearing, concluding that there is no right to discovery that exists on an application for temporary suspension, which necessarily is made prior to the time that a matter is transferred to the Office of Administrative Law, and that issues regarding the scope of permissible discovery would be properly before an ALJ after the case is transferred for plenary hearing.

Following pre-hearing motions and opening statements by both parties, the Attorney General supported the application for the temporary suspension of Respondent's license with the following documents, all of which had been appended to the Certification of Deputy Attorney General Mikelberg filed contemporaneously with the Verified Complaint, and all of which were accepted into evidence at the hearing:

P-A Copy of the Statement of Patient 1.³

P-B Copy of Respondent's medical record for Patient 1 [under seal].

P-C Copy of Lawrence Township Police Department reports regarding Patient 1's complaint against Respondent.

P-D Copy of Patient 1's video statement to the Lawrence Township law enforcement.

P-E Copy of the Statement of Patient 2.

P-F Copy of Respondent's Medical Record for Patient 2 [under seal].

P-G Certified Screenshots of Text messages between Patient 2, Patient 2's husband and Respondent.

³ Respondent objected to the introduction of Exhibit P-A and Exhibit P-F arguing that patient statements which made mention of their mental wellbeing and how the incident had affected them were irrelevant and/or prejudicial. The objection was overruled, and the Board instead entered the exhibits into evidence, with recognition that the statements would be given appropriate weight.

P-H Initial Decision in the matter of Prasert
Chunmuang, M.D.⁴

P-I Final Decision of the Board in the matter of
Prasert Chunmuang.

P-J Copy of the "The University of San Diego
School of Medicine Practical Guide to the Clinical
Medicine-The Pelvic Examination."

The Attorney General then called Patient 1 and Patient 2 as witnesses. Patient 1 testified that Respondent had been her OB/GYN since approximately the mid-1990s. On January 31, 2023, she presented to Respondent for a routine annual gynecological examination. Patient 1 testified that after checking in at the front desk, a medical assistant took her height, weight, and blood pressure, and then took her to an examination room. She described the medical assistant who took her vitals as having purple and green hair. Shortly thereafter, Dr. Pierce came into the examination room with a chaperone, asked her if she had any questions, and they then left the room so that she could get undressed. Respondent and the chaperone returned, and in the presence of the chaperone Respondent informed Patient 1 that during this appointment he was going to spend a little time examining the clitoris. Patient 1 asked Respondent why this was necessary, and Respondent said it was often an overlooked area. Respondent then proceeded to perform a regular gynecological examination which took approximately five minutes.

After the routine examination was completed, Respondent thanked the chaperone and dismissed her, closed the door behind her, asked Patient 1 if he could repeat the exam, and

⁴ Respondent also objected to the introduction of Exhibit P-H and Exhibit P-I arguing that the Attorney General was not relying on this case as a legal precedent but rather seeking to introduce those cases as a substitute for offering expert opinion in this matter. We overruled that objection, recognizing that the documents are nothing more than prior decisions of the OAL and then of this Board in a prior matter, which we could recognize and consider (akin to any other board or legal precedent) whether introduced into the evidential record or not.

confirmed with Patient 1 that he had her consent. Respondent then proceeded to place his thumb on Patient 1's clitoris and inserted two fingers into her vagina. After a few seconds, he then inserted his fingers into Patient 1's rectum while continuing to massage her clitoris with his thumb. She asked him what he was looking for, and Respondent stated that he was looking for polyps and cysts, and that it is easier to feel the ovaries from the back. Patient 1 began to feel uncomfortable and testified that she was trying to fight an orgasmic reaction. However, after approximately ten minutes, Respondent told Patient 1 that he was almost done, and then suddenly, Respondent stood up causing the chair he was sitting in to roll across the room. He quickly pulled his gloves off and told Patient 1 that if there was anything wrong with the pap smear, she would hear from him in a week, and then walked out of the room.

Patient 1 testified that she left the office feeling violated as she knew that something about the second examination was not right. Upon arriving at work, she spoke to her supervisor and told her what had happened. During the days that followed, Patient 1 told some family members about the incident, and ultimately reported it to the Lawrenceville Police about one week following the incident. (See P-C and P-D in evidence)

Patient 1 further testified that despite medical records for January 31, 2023 (P-B in evidence) indicating that the chaperone for her examination had been the same medical assistant who had taken her vitals, this was not correct. Patient 1 testified that after the Mercer County Prosecutor's Office declined to prosecute this matter, she filed a complaint against Respondent with the Attorney General's Office, which included her statement. (P-A in evidence).

On cross-examination, Patient 1 described the medical assistant who had served as a chaperone for the initial examination that Dr. Pierce performed as an East Indian looking woman with dark hair. But Patient 1 reiterated that the chaperone in the examination room

was not the medical assistant who took her vitals, as that medical assistant had purple and green in her hair.

Patient 2, the second witness to testify, stated that she had been a patient of Respondent for over twenty years, and he had even delivered her son. Patient 2 testified that she had initially made an appointment with Respondent for December 18, 2023, as she was experiencing pelvic pain in her right lower pelvic area. However, on December 18, 2023, she cancelled the appointment as the pain had subsided. Patient 2 testified that on that same day, she was surprised to receive a telephone call from Respondent from his personal cellphone, asking her why she cancelled the appointment and urging her to reschedule, which she did directly with Dr. Pierce for December 27, 2023.

On December 27, 2023, Patient 2 checked in with the front desk, and then proceeded to undergo an ultrasound with a male technician. She declined the need for a chaperone with the ultrasound technician. Following the ultrasound, she was taken to the examination room. Respondent came in and told her that the ultrasound looked fine. Respondent then asked Patient 2 if she wanted a chaperone, which Patient 2 declined as she trusted Respondent and did not think it was necessary. Patient 2 testified that in the past, she had never had to request a chaperone with Respondent as there had always been a chaperone present.

Respondent told Patient 2 that he was going to examine the clitoris and after allowing her to get undressed, he returned to the room and began the examination. Patient 2 testified that he first used the speculum for the examination, but after removing it, Respondent began to rub her clitoris while also using his other fingers to examine her intravaginally. Patient 2 began to feel uncomfortable, and although she had never had this type of examination before, she believed that this was part of a legitimate examination and said nothing to Respondent about it, even when he asked her if she wanted him to stop. Patient 2 testified that after

approximately five to ten minutes, she experienced an orgasm and immediately asked Respondent to stop, and he complied. Respondent then told Patient 2 that he did not see anything and that her pain was probably the result of a pulled muscle, to call him if there was an issue, and then he just left the room. Patient 2 testified that she got dressed and left the office in shock over what had just occurred.

That same day, she disclosed to her husband what had happened. During that conversation with her husband, Respondent called her cellphone to follow up, which was unusual. Patient 2 testified that she did not want to talk about what had happened during the examination, and just told Respondent that she was ok and hung up. Two days following the examination, Patient 2 texted Respondent expressing how angry and upset she was over what he did to her. She told Dr. Pierce that she would not report him, but she would not be going back to his practice. Dr. Pierce responded by stating that he was sorry and that it would never happen again, thanked Patient 2 for not making it public, and urged her to give him one more chance.⁵

⁵ Patient 2's testimony regarding the text messages exchanged between Dr. Pierce and her are consistent with the actual text of the messages which were introduced into evidence as Exhibit P-G.

The specific text messages exchanged between patient 2 and Dr. Pierce read as follows:

Patient 2 to Dr. Pierce, 10:17 p.m.

Needless to say, I was in a state of shock after my last appointment with you, but now the shock is gone and is replaced with fury and disgust. For perhaps longer than it should have taken me to realize it, I thought I may have misinterpreted what you did during the "exam" you did to me but, in hindsight, I haven't misinterpreted anything - your behavior was plainly unprofessional and unacceptable, and you made me feel very uncomfortable and upset. I keep thinking of what made you treat me like this? You took advantage of the trust I had in you given the 20+ years I have been your patient, and abused my good faith. My only mistake was to not have requested a chaperone before the exam, but I thought that after being your patient for so long, that wouldn't be necessary. I won't be using your practice any more going forward. I don't want my bad experience with you to be made public or brought in front of the board of medical examiners, but I hope you stop doing what you did to me to any other patients.

Dr. Pierce to Patient 2:

Several days later, Patient 2's husband sent Respondent a text message expressing his outrage at what Respondent had done to his wife. Respondent replied by stating that what Patient 2 experienced was a "normal physiological response" that happens during an examination and that he was simply apologizing because she seemed upset.

On cross-examination, Patient 2 acknowledged that despite telling Respondent that she would not be filing a complaint against him, she in fact filed a complaint with the Attorney General's Office in approximately mid-January of 2024. She further acknowledged that during a telephone interview with investigators from the Attorney General's Consumer Affairs Section, she was told that there had been another complaint, of similar nature made against the Respondent, but no other information was shared.

Following presentation of the Attorney General's case, Respondents counsel introduced into the evidential record the following exhibits:

R-A multiple on-line Review screenshots for Dr. Pierce.⁶

R-B Medical note for Patient 2 for the December 27, 2023 examination.

R-C Redacted patient schedule for December 27, 2023.

R-D Medical note for the date of service January 31, 2023, for patient SO.

R-E Medical note for date of service January 31, 2023, for patient AM.

R-F Certification of Medical Assistant Emeli Ramos.

OK, I'm so sorry, I upset you. It will never happen again. I do value our 20 plus year doctor patient relationship. Thank you for not making it public. My career will be over and I don't know what I would do. I hope you can forgive me. This will never happen again. I understand that you are leaving the practice but I hope you will reconsider and give me one more chance.

⁶ The Attorney General objected to the introduction of Exhibit R-A arguing that the reviews could not be authenticated and were irrelevant. We overruled the objection and moved the screenshots into evidence, noting that we would give them appropriate weight.

R-G Certification of Medical Assistant Corynne Wall.

Respondent then called Emeli Ramos, a medical assistant who has worked with Respondent for approximately six years. Ms. Ramos described the procedures employed in the office, including her responsibilities and that of the other medical assistants. She characterized the office as a very busy practice with approximately twenty-six employees, including six physicians. Ms. Ramos testified that there are instances where one medical assistant would take a patient's vitals and then another medical assistant would act as chaperone during an examination. Ms. Ramos further stated that she has acted as a chaperone for Respondent in the past, but had never witnessed Respondent do anything inappropriate, nor had she ever heard anything suggesting that Respondent had engaged in inappropriate conduct. She stated that Respondent is very professional in his interactions with patients, and patients are always pleased and happy with him.

Ms. Ramos further testified that Respondent is always very busy. He sees up to twenty-eight to thirty patients every day, and if there was any type of delay in his schedule, she would notice right away as he is always on time. Ms. Ramos testified that she might have been the chaperone for Patient 1 on her examination on January 31, 2023, but she is not sure.

During cross-examination by the Deputy Attorney General, Ms. Ramos conceded that even though in her certification (R-F admitted into evidence) she states that she was Respondent's chaperone for the whole day on January 31, 2023, the medical records for Patient 1 and the patient referred to as AM (R-E admitted into evidence) do not have her name listed as the chaperone present during the examinations. Ms. Ramos further testified that a typical examination of a patient would take approximately five to eight minutes from beginning to end.

Respondent's last witness, Corynne Wall, has been a medical assistant for twenty years, and has worked at Respondent's practice since March of 2022. Ms. Wall testified that she works directly with patients and takes vital signs and assists in procedures and exams. She also acts as a chaperone for the doctors. Ms. Wall proceeded to describe her duties as a chaperone when there is an examination taking place.

Ms. Wall testified this is a busy practice and if Respondent was running late to appointments, she would notice that delay. Ms. Wall further testified that even though she was working on January 31, 2023, she does not believe she was the chaperone during Patient 1's examination because she had purple hair and did not fit the description given by Patient 1 to police. Ms. Wall stated that Respondent is very prompt with inputting information into the electronic medical record. In fact, she related that Respondent tries to prepare his charts in the morning before the patients come in, and after the patient is seen he goes back and puts the remainder of the information into the chart. Ms. Wall does not recall an instance of Respondent having acted inappropriately with any of his patients, or patients complaining that Respondent acted inappropriately during an examination. Similar to Ms. Ramos testimony, Ms. Wall testified that a typical gynecological examination would take approximately five minutes.

During closing statements, Respondent's counsel reiterated to the Board that the Attorney General proofs are insufficient to meet their heavy burden of palpably demonstrating that Respondent's continued practice constitutes clear and imminent danger to the public health, safety, and welfare. Counsel pointed to the fact that the most recent allegation by Patient 2 occurred almost one year ago, and the allegations of Patient 1 were presented to the Attorney General even earlier. Counsel argued that the mere fact that it has taken the Attorney General over a year to bring about any action against Dr. Pierce, and that there

haven't been any other complaints, is contrary to the definition of the word "imminent" (which counsel noted is defined to mean "ready to take place; happening soon; or about to happen"). Counsel for Respondent also pointed to the fact, due to the busy nature of Respondent's practice, there would have been no conceivable time for Respondent to engage in any sexual misconduct with a patient without his office staff becoming aware, and argued that the time stamping in the medical records for Patient 1 suggests that the entire exam was conducted in about 15 minutes, which he asserted was insufficient time for the alleged events to have occurred. Respondent further relied on his good reputation in New Jersey, including practicing medicine for many years with no prior complaints.

Deputy Attorney General Mikelberg began her closing statement by stressing that the reason why Patient 1 and Patient 2 testified before the Board about such private and embarrassing events was to protect others against any future unprofessional conduct by Respondent. Commenting on Respondent's witnesses, she noted that Respondent put forth two witnesses, neither of whom had any knowledge of the incidents, or whether they were even the chaperone in question for Patient 1's examination, but both of whom ultimately had something to gain by testifying on behalf of Respondent (keeping their jobs and getting promotions/bonuses). Deputy Attorney General Mikelberg also noted that although Respondent had not testified before the Board,⁷ the text messages between Patient 2, Patient

⁷ While Deputy Attorney General Mikelberg did raise the fact that Dr. Pierce had not testified during her closing argument, she did not specifically ask the Board to draw an adverse inference. Respondent's counsel objected to D.A.G. Mikelberg's having made any reference to the fact that Dr. Pierce did not testify, arguing that doing so was highly inappropriate as his client had a constitutional right against self-incrimination, and asserting that what the Attorney General was doing was asking the Board to draw an adverse inference from this fact. Ultimately, the objection was overruled.

We note, however, that it is well settled that in administrative and civil proceedings, it is permissible for the trier of fact to draw adverse inferences from a party's plea of the Fifth Amendment. However, the inference may be drawn only if there is other evidence supporting an adverse finding, and an inference cannot be drawn if the penalty to be imposed at the conclusion of the proceeding is so severe

2's husband, and Respondent are sufficient to show that Dr. Pierce consciously knew that the conduct he engaged in was wrong. She then concluded by asserting that Dr. Pierce should clearly be found to pose a clear and imminent danger to the public and beseeched the Board to order the immediate temporary suspension of his license.

DISCUSSION

The legal standard that must be met on an application for temporary suspension of a medical license is set within N.J.S.A. 45:1-22. Specifically, that statutory provision provides:

A board may, upon a duly verified application of the Attorney General that either provides proof of a conviction of a court of competent jurisdiction for a crime or offense involving moral turpitude or relating adversely to the regulated profession or occupation, or alleges an act or practice violating any provision of an act or regulation administered by such board, enter a temporary order suspending or limiting any license issued by the board pending plenary hearing on an administrative complaint; provided, however, no such temporary order shall be entered unless the application made to the board palpably demonstrates a clear and imminent danger to the public health, safety and welfare and notice of such application is given to the licensee affected by such order...(emphasis added)

N.J.S.A. § 45:1-22

We unanimously conclude that the Attorney General has met the statutory burden of making a palpable demonstration of clear and imminent danger to the public health, safety, and welfare. The Attorney General has presented compelling and convincing evidence that, on two separate incidents, Dr. Pierce engaged in sexual misconduct with his female patients under the guise of a routine gynecological examination.

as to effectively destroy the privilege, such as disbarment or the loss of professional reputation. State, Dep't of Law & Public Safety, Div. of Gaming Enforcement v. Merlino, 216 N.J. Super. 579, 587. We have not drawn any adverse inference against Dr. Pierce based on his election not to testify at the hearing held on the application for temporary suspension. Rather, our findings herein are based on the substantial evidence offered in support of that application, which, standing alone, we find form a compelling predicate to support our ultimate conclusion that Dr. Pierce's continued practice would present clear and imminent danger to the public health, safety and welfare.

We find Patient 1 and Patient 2 both to be credible witnesses. Their testimony and statements detail incidents where Dr. Pierce sexually abused them, thereby shattering the trust placed upon him as a doctor and abusing that trust to enable him to act instead as a sexual predator. There is nothing to suggest that either woman is not telling the truth, or that they somehow may have fabricated their claims. Neither patient knew the other, and both were unaware of the details of the allegations made by the other. But they report strikingly similar conduct by Respondent on different dates. Each patient reports that Dr. Pierce specifically requested to examine the clitoris; that he kept massaging the clitoris for approximately five to ten minutes; and that the "examinations" took place with no chaperone in the room. Both patients presented to Respondent for routine gynecological examinations, and there is no suggestion that either woman presented with medical conditions that would have possibly necessitated or justified any examination of the clitoris at all.

Their individual credibility is further buttressed by the fact that both women had been long standing patients of respondent for many years and had been examined by him many times before. Each patient knew what to expect during a routine examination, and each recognized that what occurred on the dates of the reported incidents was markedly different from prior visits, and anything but a routine gynecologic examination.

Further strengthening the credibility of their claims, both patients reported the incident to coworkers and/or family members shortly after the incident occurred. Patient 1 also reported the conduct to the Lawrenceville Police Department within a week of the incident.

Most significantly, the allegations regarding Patient 2 are supported not only by Patient 2's testimony and statement, but also in large measure by Respondent's own statements in the text message conversations he had with Patient 2 and Patient 2's husband days following the incident. The Board finds the telephone calls and text messages exchanged between

Patient 2, Patient 2's husband, and Respondent to be compelling evidence supporting all of Patient 2's testimony, and to be a window into the mindset of Dr. Pierce in the hours and days following Patient 2's examination. In the text message conversation with Patient 2, Respondent does not deny that anything inappropriate took place during the examination. Rather, he apologizes to Patient 2, thanks her for not making it public as it would ruin his career and asks her to give him one more chance. We find those text messages to clearly signal a recognition on Dr. Pierce's part that he had engaged in inappropriate conduct. And, while Respondent claimed, in his subsequent text message exchange with Patient 2's husband, that he was only apologizing because Patient 2 sounded upset, he went on to assert that Patient 2 simply had a "normal physiological response during an exam". The orgasm Patient 2 experienced during Dr. Pierce's unchaperoned "examination" of her was anything other than a "normal physiological exam" in the context of a routine gynecologic examination, and the product solely of Dr. Pierce's egregious and outrageous sexual deviance.

While there is nothing to suggest that either of the medical assistants who testified during the hearing were not forthright in their testimony, the simple fact is that neither was present during the examinations that Dr. Pierce conducted, and neither has any independent recollection of the examinations which occurred. Clearly, their testimony does not in any way contradict either of the patient's sworn statements and testimony.

Respondent's counsel argued that there would not have been sufficient time for Dr. Pierce to have engaged in the conduct he is alleged to have engaged in with either patient. Yet, both Ms. Ramos' and Ms. Wall's testimony in fact suggest otherwise, as both testified that Dr. Pierce's "routine" gynecological examinations were performed in a very brief period of time – generally less than five minutes. Thus, even if Respondent first performed a "chaperoned" examination of Patient 1 during her visit on January 31, 2023, Ms. Ramos' and

Ms. Wall's testimony makes it clear that he would have had the time necessary – even presupposing that the patient visit only took a total of fifteen minutes – to have dismissed the chaperone and to have then engaged in the very misconduct which Patient 1 testified to after the chaperone had left the room.

The Board also rejects Respondent's argument that the application for temporary suspension should be rejected because the most recent of the two incidents occurred now almost one year ago. We understand that the investigation of these types of serious allegations can take months to complete. We further understand that it would have been inappropriate, and indeed unfair to Dr. Pierce, for the Attorney General to have initiated an action seeking the temporary suspension of Respondent's license before that investigation concluded, even knowing the gravity and the egregiousness of the conduct that Respondent had been alleged to have engaged in.

Lastly, we reject Respondent's argument that the Board should not take the extraordinary step of suspending Respondent's license, as there are other means which would protect the public. As we have remarked previously, the evidence offered in support of the Attorney General's application for the temporary suspension of Dr. Pierce's license supports a finding that Dr. Pierce has repeatedly used the cloak of medical licensure as a conduit to act in a sexually predatory manner and used the guise of conducting necessary and appropriate medical evaluation to enable him to sexually abuse his patients. Respondent engaged in conduct, which is entirely antithetical to medical practice, and runs wholly afoul of all physician's obligations to do no harm to their patients. That conduct unquestionably presents a continuing and immediate danger to any and all of Dr. Pierce's patients. There are no measures short of a full, immediate temporary suspension of license that we could craft which would adequately protect Respondent's patients from such egregious conduct.

Accordingly, for all the reasons set forth above, the Board finds that the Attorney General has met the statutory burden of palpably demonstrating that Respondent's continued practice would present clear and imminent danger to the public health, safety, and welfare. The Board further concludes that no remedial measure, short of an immediate, full temporary suspension of Respondent's license will suffice to protect the public interest. Therefore, we Order the immediate temporary suspension of Respondent's license.

ACCORDINGLY, it is on this 25th day of November, 2024,

ORDERED, as announced orally on the record and effective November 13, 2024:

- 1) The license of Respondent Bruce Pierce, M.D., is immediately and fully temporarily suspended, effective as of November 13, 2024. The Order of Temporary Suspension shall remain in place until all plenary proceedings in this matter are concluded or until further Order of this Board.
- 2) Dr. Pierce shall immediately cease and desist from engaging in the practice of medicine in the State of New Jersey, effective November 13, 2024.
- 3) The annexed "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," are incorporated herein, and Respondent shall comply fully with all requirements and obligations set forth therein.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By: 

Otto F. Sabando, 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

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©. 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

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or Examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A. 45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization 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 entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

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