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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	**FINAL DECISION AND ORDER**
RONALD G. RUBIN, M.D., RESPONDENT.	:	
	:	ORDER 3029

Division of Legal Services and Compliance Case No. 13 MED 039

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Ronald G. Rubin, M.D.
13128 Fox Hollow Road
Mequon, WI 53097

Wisconsin Medical Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

PROCEDURAL HISTORY

On February 19, 2014, the Board issued an Order summarily suspending Respondent's license based on the allegations set forth in some of the findings of fact below. A formal complaint was filed in this matter on February 26, 2014, and was amended on April 25, 2014. Prior to the hearing on the formal complaint, the parties have agreed to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Ronald G. Rubin, M.D., (dob 1/20/1955) is licensed in the State of Wisconsin to practice medicine and surgery, having license number 36298-20, first issued on January 27, 1995, with registration current through October 31, 2015. He is or has been licensed

in Illinois, Indiana, Michigan, New York, and Utah. Respondent is certified in psychiatry by the American Board of Psychiatry and Neurology.

2. The most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) for Respondent is 13128 Fox Hollow Road, Mequon, Wisconsin 53097.

3. During the calendar year 2013, Respondent provided care to Patient A, a woman born in 1980. Respondent diagnosed Patient A with ADHD, and prescribed schedule II stimulants to her. Respondent's chart is incomplete and does not support either the diagnosis or the dosage of medication prescribed.

4. While providing prescriptions to Patient A, Respondent permitted her to install drywall in his home remodeling project.

5. For approximately 6 years preceding April, 2012, Respondent provided care to Patient B, a man born in 1978. Respondent diagnosed Patient B with ADHD and prescribed schedule II stimulants to him.

6. During this period, Respondent and his immediate family also had a personal relationship with Patient B, including having him as a guest in Respondent's home, allowing Patient B to provide child care to Respondent's children, and requesting him to set up Respondent's home office computers and other electronic devices.

7. Respondent also prescribed other prescription-only medications to Patient B, for conditions which are not psychiatric.

8. Respondent did not maintain a patient health care record for Patient B.

9. Beginning in November 2010, and until April, 2011, Respondent provided care to Patient C, a woman born in 1994, and who was a minor during the period of Respondent's care. Patient C was a regular visitor to Respondent's home beginning in 2009, and regularly assisted Respondent's children with 4-H projects, assisted Respondent's wife with childcare and animal care, frequently had meals with the family, and occasionally stayed overnight.

10. In December, 2010, Respondent diagnosed Patient C with ADD and depression, and on December 24, 2010, he prescribed Vyvanse 30 mg #5, with instructions to take one every morning. He also prescribed Vyvanse 50 mg #25, with instructions to take one each morning following completion of the 30 mg series. On January 6, 2011, Respondent prescribed amphetamine salts, a schedule II stimulant, to her. The initial prescription was for 90 mg per day. Three subsequent similar prescriptions were issued to this patient in the winter of 2011.

11. Beginning sometime before 2013, Respondent provided care to Patient D, a woman born in 1983. On the following days, Respondent issued the following prescriptions to the patient:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	11/21/12
amphetamine salts 30 mg tab	240	30	12/21/2012

Also on December 21, 2012, Respondent issued a second prescription for amphetamine salts 30 mg, #240, a 30 day supply. The patient filled this prescription on February 6, 2013.

12. This dosage is 240mg/day, six times the recommended maximum dose on the FDA-approved label.

13. Respondent then added 20mg/day of methamphetamine to Patient D's regimen, issuing the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	1/11/2013
methamphetamine 5 mg tablet	120	30	1/11/2013
amphetamine salts 30 mg tab	240	30	3/5/2013
amphetamine salts 30 mg tab	240	30	4/2/2013
methamphetamine 5 mg tablet	120	30	4/2/2013

14. Although this purported to be a 30 day supply, 16 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	4/18/2013
methamphetamine 5 mg tablet	120	30	4/18/2013

15. Although Patient D should have had enough medication, if she was taking it as directed, to last until June 1, 2013, on May 14, 2013, he issued the following prescriptions:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	5/14/2013
methamphetamine 5 mg tablet	120	30	5/14/2013

16. Although this also purported to be a 30 day supply, 25 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
methamphetamine 5 mg tablet	120	30	6/4/2013
dextroamp-amphet ER 30 mg cap	120	30	6/4/2013
amphetamine salts 30 mg tab	120	30	6/4/2013

17. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	6/25/2013
methamphetamine 5 mg tablet	120	30	6/25/2013

18. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	7/16/2013
methamphetamine 5 mg tablet	120	30	7/16/2013

19. Although this also purported to be a 30 day supply, 23 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	8/8/2013
methamphetamine 5 mg tablet	120	30	8/8/2013

20. Although this also purported to be a 30 day supply, 26 days later, Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	9/3/2013
methamphetamine 5 mg tablet	120	30	9/3/2013

21. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
methamphetamine 5 mg tablet	120	30	9/24/2013
amphetamine salts 30 mg tab	240	30	9/24/2013

22. 28 days later, Respondent issued the following:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
amphetamine salts 30 mg tab	240	30	10/22/2013
methamphetamine 5 mg tablet	120	30	10/22/2013

23. If Patient D had been taking all medications as directed, on October 22, 2013, she would have had (in addition to the medications prescribed on that day) a 90 day supply of medication (some 1,080 pills), based on all prescriptions issued from April 2, forward.

24. On the following days, Respondent issued the following prescriptions to Patient D:

MEDICATION	DOSAGE UNITS	DAYS SUPPLY	DATE SIGNED
d-amphetamine salt combo 30mg tab	60	8	11/19/2013
amphetamine combo 30mg	240	30	12/10/2013
d-amphetamine salt combo 30mg tab	214	26	12/29/2013

25. During calendar year 2013, Respondent prescribed dosages of 120 mg per day or more, of amphetamine salts, to at least 4 other patients, at least one of whom was 15 years old. Respondent prescribed dosages of 90 mg a day or more, of amphetamine salts, plus 70 mg per day of Vyvanse® (lisdexamfetamine, a schedule II stimulant), to at least 3 patients.

26. A statistical analysis shows that between 1/1/13 and 2/18/14, Respondent prescribed more than 60 mg/day of amphetamine stimulants to a significantly larger proportion of his patients who received amphetamine stimulants, than his peers. The charts of a sample of such patients examined by the Board do not support such prescribing.

27. Throughout 2013, and for several years preceding, Respondent provided prescriptions for controlled substances to a group of people who owned, managed, or were employed by a business enterprise in Wisconsin Dells. Respondent evaluated these persons in business establishments owned by the enterprise, including while other patrons and staff were present.

28. Respondent failed to consistently maintain patient health care records for the persons described above. The records that Respondent did create do not contain pertinent medical information sufficient to justify the prescription orders.

29. On multiple occasions extending over several years and through January, 2014, Respondent requested and received prescriptions for controlled substances from an advanced practice nurse prescriber for whom he served as the collaborating physician.

30. For extended period of years and through 2013, Respondent has received sample medications, both controlled and legend, and has failed to keep complete and accurate records of the receipt, dispensing (including a controlled substances dispensing log), and disposal by means other than dispensing, of these medications.

31. For extended period of years and through 2013, Respondent has received controlled substances directly from patients, and failed to record what was received, the date received, or the circumstances regarding the receipt.

32. For an extended period of years and through February 11, 2014, Respondent has stored substantial quantities of controlled substances at his home office, garage, and basement. These medications were not adequately secured, nor were there effective controls and procedures to guard against theft.

33. For an extended period of years and through 2014, Respondent did not conduct an initial, or any biennial, inventory of his office supply of controlled substances.

34. Over the past several years, Respondent has provided prescriptions for controlled substances and prescription medications, and has provided prescription drugs samples, to members of his immediate and extended family, and employees.

35. Respondent did not maintain a patient health care records for some of these persons, and, when such records were kept, they did not justify the prescribing, or meet the requirements of Wis. Admin. Code § Med 21.03(2).

36. During the course of the investigation, general medical records were requested for 3 such patients, on February 19, 2014. Respondent initially refused to produce one of the records. The record was not produced until May 2, 2014.

PROFESSIONAL STANDARDS AND UNACCEPTABLE RISK OF PATIENT HARM

37. By treating persons with whom he had a personal relationship, Respondent created the following unacceptable risks to the health, safety, and welfare of the patient: the physician may make decisions or recommendations that place the physician's personal needs above those of patient care; trust in the professional relationship is placed at risk and the patient may misinterpret professional behavior as personal, and *vice versa*; what is allowed in the professional relationship becomes ambiguous, and the risk of unethical conduct and other unprofessional behavior increases; the physician may use his or her professional role for a tangible benefit or gain; the patient may lose trust in all physicians, or the medical system in general, and fail to seek needed care in the future.

38. A minimally competent practitioner would have avoided risk associated with dual relationships by establishing clear boundaries between his professional relationship to a patient, and his personal life. A minimally competent physician would have ended either the personal or the professional relationship. A minimally competent physician would not have permitted a patient to interact socially with his family, or be employed (even as a volunteer) by the practitioner.

39. Respondent's prescribing as described above was below the standard of minimal competence because the higher than usual doses of medication was not consistently supported by the information in the patients' health care records, and constituted overprescribing.

40. Respondent's conduct in prescribing medications in dosages higher than recommended for legitimate medical reasons created the following unacceptable risks to the health, safety, and welfare of the patient or public: the public was placed at increased risk of that unauthorized medications would be made available to persons without legitimate medical need and medical oversight; each patient was placed at risk of psychostimulant toxicity including:

a. Agitation, panic states and acute behavioral disturbances;
b. Psychosis (particularly paranoid hallucinations and delusions);
c. Hyperthermia (high body temperature);

d. Cerebrovascular and neurological complications (e.g. CVA [cerebrovascular accident, or stroke], cerebral vasculitis, disseminated intravascular coagulation, seizures, coma);
e. Cardiovascular complications (e.g. myocardial infarction and ischemia, hypertension, tachycardia, arrhythmia);
f. Delirium;
g. Electrolyte disturbances (e.g. hyponatremia, hyperkalemia);
h. Hypoglycemia;
i. Rhabdomyolysis (a syndrome characterized by muscle necrosis and the release of intracellular muscle constituents into the circulation); and
j. Serotonin toxicity of varying severity.

76. A minimally competent practitioner would have avoided or minimized these risks by adhering to accepted standards in the field: prescribing amphetamine salts in excess of accepted guidelines only with close monitoring and consultation with the patient's primary care physician and only after attempting other stimulants or nonstimulant medications, by not adding methamphetamine to Patient D's regimen, and by routinely and objectively checking the patient's apparent usage against the practitioner's prescribing records.

77. Respondent's conduct in prescribing controlled substances to family members fell below the standard of minimal competence.

78. Respondent's conduct in prescribing controlled substances to family members created the following unacceptable risks to the health, safety, and welfare of the patient: professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician. Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents.

79. A minimally competent practitioner would have avoided or minimized the risks inherent in prescribing controlled substances for family members by declining, except in emergent situations, to prescribe controlled substances to a family member.

80. Prescribing psychoactive substances for, or undertaking psychiatric care of, family members (other than in an emergency) is below the standard of minimal competence, and

and diagnosing and treating a family member for other than minor injuries or illnesses, or routine matters such as immunizations, is below minimum standards, for the reasons set forth in paragraph 78, above. A minimally competent practitioner would have avoided or minimized the risks inherent in such prescribing or care, by declining, except in emergent situations, to prescribe to, or care for, a family member.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h)[1], by engaging in a personal relationship with psychiatric patients. After October 1, 2013, Respondent's conduct was unprofessional conduct pursuant to Wis. Admin. Code § Med 10.03(2)(b) and (c).

3. Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h), in that Respondent overprescribed stimulants to patients without close monitoring and consultation with the patient's primary care physician and without attempting other stimulants or nonstimulant medications.

4. Respondent violated Wis. Admin. Code §§ Med 10.02(2)(intro), (p), and (z) by obtaining and/or supplying controlled substances otherwise than in the course of legitimate professional practice, or as prohibited by law (Wis. Stat. §§ 961.38(5), 961.41(3g), 961.43(1)(a)). For acts after October 1, 2013, Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.03(intro) and (2)(b) and (c).

5. By failing to keep complete and accurate records of the receipt, dispensing, and disposal of controlled substances and prescription medications, Respondent violated Wis. Admin. Code §§ Med 10.02(2)(a), (p), and (z), and 17.05, and Phar 8.02; and 21 CFR §§ 1304.03(b) and 1304.22(c).

6. By failing to take and/or preserve an initial inventory, and subsequent biennial controlled substance inventories, Respondent violated Wis. Admin. Code §§ Med 10.02(2)(a), (p) and (z), and 17.05, and Phar 8.02; and 21 CFR § 1304(a), (b), (c), and (e)(3).

7. By receiving controlled substances from patients, Respondent violated Wis. Admin. Code §§ Med 10.02(2)(p) and (z), and Phar 8.02; Wis. Stat. §§ 450.11(7)(h) and 961.41(3g); 21 CFR § 1305.03; and 21 USC § 844(a).

8. By failing to provide for effective controls and procedures to guard against theft, Respondent violated Wis. Admin. Code §§ Med 10.02(2)(a), (p), and (z), and 17.05, and Phar 8.02; and 21 CFR §§ 1301.71(a) and 1301.75(b).

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[1] All references to Wis. Admin. Code § Med 10.02(2) refer to the Code as it existed before October 1, 2013.

9. Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h), in that prescribing controlled substances to family members, other than in an emergency, is below minimum standards, under the circumstances of this case. By prescribing a controlled substance to a person who was not an established patient, Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(p) and Wis. Admin. Code § Med 10.03(2)(c) and (e).

10. By failing to maintain adequate patient health care records, Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(za) and Wis. Admin. Code § Med 10.03(3)(e).

11. By failing to produce patient health care records requested by the Board within 30 days, without lawful excuse, Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(3)(d) and (g).

12. As a result of the above conduct, Ronald G. Rubin, M.D., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Ronald G. Rubin, M.D., is REPRIMANDED.

3. The license to practice medicine and surgery issued to Ronald G. Rubin, M.D., (license number 36298-20) is indefinitely SUSPENDED.

4. The suspension of Respondent's license will be STAYED, effective on the date of this order, subject to LIMITATIONS described in paragraph 5 below.

a. The Board or its designee may, without hearing, remove the stay, in its entirety, upon receipt of information that Respondent is in violation of any provision of this Order. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:

i. Mailing to Respondent's last-known address provided to the Department of Safety and Professional Services pursuant to Wis. Stat. § 440.11; or

ii. Actual notice to Respondent or Respondent's attorney.

b. The Board or its designee may reinstate the stay, subject to the limitations described below, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.

c. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. SPS 2. The hearing

shall be held in a timely manner with the evidentiary portion of the hearing being completed within 20 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

5. The license to practice medicine and surgery issued to Ronald G. Rubin, M.D. (license number 36298-20) is LIMITED, effective on the date of this order, as follows:

a. Respondent's practice is restricted to the performance of Preadmission Screening and Resident Reviews for Behavioral Consulting Services, Inc., for submission to the Wisconsin Department of Health Services.

b. Unless conducted in a facility which has been provided with a copy of this Order, all examinee contact with respect to such Preadmission Screening and Resident Reviews must take place within the field of vision of a third person, who has no business or personal relationship with Respondent, and whose name shall be documented in the related report.

6. Respondent may petition to amend the above-described limitation to that outlined in paragraph 7 below, upon proof of completion of the following requirements, and not to be effective before August 19, 2014:

a. EDUCATIONAL COURSES: Respondent shall show that he has successfully completed preapproved courses in the areas of professional ethics (20 hours) and professional boundaries (23 hours).

i. Respondent shall be responsible for locating those courses, for providing adequate course descriptions to the Department Monitor, and for obtaining pre-approval of the courses from the Wisconsin Medical Examining Board, or it designee, prior to commencement of the courses.

ii. The Board or its designee may reject any course(s) and may accept a course(s) for less than the number of hours for which Respondent seeks approval.

iii. The following courses are preapproved for the professional ethics requirement:

- Professional Renewal in Medicine through Ethics (PRiME), Center for Continuing Education and Outreach Education at Rutgers Biomedical and Health Sciences and BioEthics Consulting, LLC.

- Professional/Problem Based Ethics (ProBE), Competency Assessment Educational Intervention, Denver, Colorado.

iv. The following courses are preapproved for the professional boundaries requirement:

- Maintaining Proper Boundaries, offered by Vanderbilt University School of Medicine.
- Maintaining Proper Boundaries, jointly sponsored by the University of Texas Southwestern Medical Center and the Santé Institute of Professional Education and Research.

v. Respondent may propose alternative courses, which shall be the substantial equivalent of the courses are preapproved, above.

vi. Within thirty (30) days of completion of each educational component, Respondent shall file an affidavit with the Department Monitor stating under oath that he has attended, in its entirety, the course(s) approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organizations.

vii. Respondent is responsible for all costs associated with compliance with this educational requirement.

viii. This limitation shall be removed upon Respondent satisfying the Board's designee that he successfully completed the required remedial education.

b. AODA ASSESSMENT AND TREATMENT: Respondent shall obtain an alcohol and other drug assessment and comply with all treatment recommendations to the satisfaction of the Board, and participate in an ongoing monitoring program, as follows:

i. Respondent shall obtain an AODA assessment by a pre-approved AODA assessor, at a facility acceptable to the Board.

ii. Respondent shall provide a copy of this Final Decision and Order to the assessor, and shall ensure that the assessor contacts the Division to allow the Division to provide any information from its investigative files deemed relevant.

iii. Respondent shall execute an authorization for release of confidential information sufficient to allow the Division and the Board's representative to provide any information and materials to the assessor and subsequent treater that may be relevant, including but not limited to this Order and any other materials in the Division's investigative file. Respondent shall authorize the assessor and treater(s) if any, to communicate directly with the Board's representative, whether orally or in writing.

iv. Respondent shall authorize the release of the assessor's report, and his complete patient health care record from the assessing or treating facility, directly to the Department Monitor as the Board's designee, and who may provide it to the Professional Mentor.

v. Respondent shall participate in, cooperate with, and follow any and all treatment recommended by the facility. Provided that Respondent is compliant with all recommended treatment, this requirement will be deemed satisfied before treatment is completed if, in the sole discretion of the Board's designee, Respondent will be able to practice medicine with reasonable skill and safety during the treatment process.

vi. The Board may impose such additional limitations as it deems advisable, in addition to the terms and conditions of this order.

7. In the event Respondent petitions the board and shows that he has complied with the requirements of paragraph 6, the LIMITATIONS on the license to practice medicine and surgery issued to Ronald G. Rubin, M.D. (license number 36298-20) will be amended, subject to the continuing stayed suspension, to the following:

a. SCOPE OF PRACTICE AND WORKPLACE SETTING RESTRICTIONS:

i. Respondent shall not examine or treat patients outside the scope of practice of psychiatry, except in a *bona fide* emergency.

ii. Respondent shall not provide any psychiatric care or medical advice to any member of his family, to any employee, to any member of the family of his former spouse, or to any person named as a patient in the formal amended complaint which has been filed, except in a *bona fide* emergency.

iii. Respondent shall not provide any professional care or advice to any person outside of a clinic office setting except in a *bona fide* emergency. This shall not prevent Respondent from providing *bona fide* tele-mental health services, where Respondent is physically located in a clinic office. Respondent shall not provide any professional services from any location outside a clinic, including from his home, except in a *bona fide* emergency; Respondent shall fully chart any such emergency service.

iv. Respondent shall not work as a physician or other health care provider in a setting in which Respondent is permitted access to controlled substances.

v. Respondent shall practice only in a work setting pre-approved by the Board or its designee. Approval of a work setting shall not be unreasonably withheld.

vi. Respondent shall not supervise any physician assistant who has a DEA registration, nor be the collaborating physician of record for an advanced practice nurse prescriber who has a DEA registration.

vii. Respondent shall post a notice in a conspicuous place at every location in which he engages in practice, describing the procedures for filing a complaint with the Board.

viii. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

b. PROFESSIONAL MENTOR:

i. Respondent shall obtain a Professional Mentor acceptable to the Board. Respondent shall practice only under the oversight of a Professional Mentor approved by the Board.

ii. The Professional Mentor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the Professional Mentor to render fair and unbiased reports to the Department (including but not limited to any bartering relationship or mutual referral of patients). The Professional Mentor shall be actively practicing in Respondent's field of practice, hold a valid and unlimited Wisconsin license, shall be certified by an ABMS-recognized board in a specialty relevant to Respondent's field of practice, and shall have read this Final Decision & Order and agree to be Respondent's Professional Mentor.

iii. Oversight by the Professional Mentor shall include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing and charting in a professional and competent manner. Respondent must obtain all necessary releases/consents for review of all patient charts by the Professional Mentor.

iv. All controlled substance prescriptions shall be reviewed by the Professional Mentor;

v. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance. Respondent's Professional Mentor shall immediately report to the Department Monitor and the Respondent's Supervising Health Care Provider any conduct or condition of the Respondent that may constitute unprofessional conduct, a violation of this Order, substance abuse, or a danger to the public or patient. If a report indicates poor performance, the Board may institute appropriate corrective limitations, or may revoke a stay of the suspension, in its discretion.

vi. The Professional Mentor may designate another qualified physician or other health care provider to exercise the duties and responsibilities of the Professional Mentor in an absence of up to four weeks. If the absence will exceed four weeks, the Professional Mentor must obtain approval of the Board or its designee before delegating the mentoring duties under this Order.

vii. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's Professional Mentor, Respondent shall propose a new professional Mentor. If Respondent is unable to do propose a Professional Mentor acceptable to the Board, the Board may in its sole discretion select a successor Professional Mentor.

viii. The Professional Mentor shall have no duty or liability to any patient or third party, and the Mentor's sole duty is to the Board.

c. BOUNDARY THERAPY:

i. Respondent shall engage in therapy with a mental health provider acceptable to the Board for the purpose of preventing future boundary violations.

ii. Respondent shall authorize, and the provider shall provide, quarterly reports to the Department Monitor regarding Respondent's progress in therapy as it relates to boundary issues. Respondent shall authorize the provider to communicate freely with the Division concerning the quarterly reports and Respondent's impressions contained therein.

iii. Unless specifically authorized by the Board or its designee, for a period of at least two years, Respondent shall participate in therapy sessions at least monthly. The provider may require more frequent sessions, in his or her professional discretion. After one year, Respondent may, with the support of the therapist, petition the Board for a reduction in the minimum frequency of sessions; it shall be completely within the discretion of the Board or its designee to grant any reduction.

iv. Respondent shall authorize the provider, and the provider shall agree, to report to the Board any suspected unprofessional conduct which comes to the provider's attention. Copies of these authorizations shall be maintained on file with the Department Monitor.

v. This limitation shall be removed upon the treatment provider's report to the Board, and the discretionary determination of the Board or its designee that removal of the limitation does not create an unacceptable risk that Respondent will engage in future boundary violations.

d. PRESCRIBING LIMITATIONS:

i. Respondent shall not possess or dispense, directly or indirectly, any sample prescription medication.

ii. Respondent shall not possess, prescribe, order, or administer any prescription medication to himself or any of his children except as prescribed by another authorized prescriber, pursuant to a valid practitioner-patient relationship.

iii. Respondent shall not prescribe, order, administer, or possess any controlled substance, except as a patient, and except as prescribed by another authorized prescriber, pursuant to a valid practitioner-patient relationship, nor shall he apply for or hold a DEA registration. Respondent shall not supervise any physician assistant who has a DEA registration, nor be the collaborating physician of record for an advanced practice nurse prescriber who has a DEA registration.

iv. This limitation may be modified upon demonstration of successful completion of 25 hours of continuing medical education in the area of prescribing controlled substances, and 15 hours in psychopharmacology. Respondent shall be responsible for obtaining the courses required under this Order, for providing adequate course descriptions to the Department Monitor, and for obtaining pre-approval of the courses from the Wisconsin Medical Examining Board, or it designee, prior to commencement of the courses. The Board or its designee may reject any course(s) and may accept a course(s) for less than the number of hours for which Respondent seeks approval.

v. The following courses are preapproved for prescribing controlled substances:

- Intensive Course in Controlled Substance Prescribing, Case Western Reserve University School of Medicine.

- Physician Prescribing Course, University of California, San Diego School of Medicine.

- Prescribing Controlled Drugs: Critical Issues & Common Pitfalls of Misprescribing, University of Florida College of Medicine, Department of Psychiatry.

- Prescribing Controlled Drugs, Vanderbilt University School of Medicine and the Center for Professional Health.

vi. The following course is preapproved for psychopharmacology:

- Essential Psychopharmacology, Harvard Medical School Summer Institute (or Winter Institute) and the Department of Psychiatry at Beth Israel Deaconess Medical Center.

vii. Respondent may propose alternative courses, which shall be the substantial equivalent of the courses are preapproved, above. The psychopharmacology course(s) must include a significant component on the appropriate use of stimulants for ADD/ADHD.

viii. Respondent shall file an affidavit with the Department Monitor stating under oath that he has attended, in its entirety, the courses approved for satisfaction

of this requirement along with supporting documentation of attendance from the sponsoring organizations.

ix. Respondent is responsible for all costs associated with compliance with this educational requirement.

x. None of the remedial education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department.

xi. This limitation may be modified upon Respondent satisfying the Board's designee that he successfully completed the required remedial education, and upon Respondent's appearing before the Board and satisfying the Board that he will prescribe controlled substances in a manner which is not a danger to the health, safety, or welfare of patient or public.

xii. The Board may, in its sole discretion, limit Respondent's prescribing of controlled substances in any other manner necessary to protect the health, safety, and welfare of patient and public. Such limitations may include, but are not limited to, the following:

1) Respondent may apply for and hold a DEA registration only for non-narcotic medications;

2) Respondent shall not order, prescribe, dispense, or administer any opioid or opiate which is a controlled substance;

3) Respondent shall not order, prescribe, dispense, or administer any C-II stimulant;

4) Respondent shall not prescribe any controlled substance in a dose inconsistent with the labeling approved by the FDA;

e. EDUCATIONAL COURSES: Respondent shall, within 9 months of the date of this order, show that he has successfully completed one or more preapproved courses in the areas of record keeping (17 hours).

i. Respondent shall be responsible for locating those courses, for providing adequate course descriptions to the Department Monitor, and for obtaining pre-approval of the courses from the Wisconsin Medical Examining Board, or it designee, prior to commencement of the courses.

ii. The Board or its designee may reject any course(s) and may accept a course(s) for less than the number of hours for which Respondent seeks approval. The following courses are preapproved:

- Medical Record Keeping with Individual Preceptorships, Case Western Reserve University, Continuing Medical Education Program, Cleveland,

Ohio (including the preceptorship option, which includes a post-course three and six month self-critique of medical records followed by an expert preceptor review and feedback).

- Medical Record Keeping Course, University of California at San Diego, Physician Assessment and Clinical Education Program.

iii. Respondent may propose alternative courses, which shall be the substantial equivalent of the courses are preapproved, above.

iv. Within thirty (30) days of completion of each educational component, Respondent shall file an affidavit with the Department Monitor stating under oath that he has attended, in its entirety, the course(s) approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organizations.

v. Respondent is responsible for all costs associated with compliance with this educational requirement.

vi. This limitation shall be removed upon Respondent satisfying the Board's designee that he successfully completed the required remedial education.

8. Respondent may petition the Board for modifications of his limitations, annually. The Board may modify any of the limitations or restrictions, on such terms and conditions as the Board, in its sole discretion, may deem appropriate. Denial of such petition shall not be deemed a denial of license, and Respondent shall not have the right to a hearing on such denial.

9. After 2 years of practice without violation of any term or condition of this Order, Respondent may petition the Board for termination of the suspension and/or for termination or modification of any of the limitations or restrictions. The Board may terminate the suspension in whole or in part, or modify any of the limitations or restrictions, on such terms and conditions as the Board, in its sole discretion, may deem appropriate. Denial of such petition shall not be deemed a denial of license, and Respondent shall not have the right to a hearing on such denial. Respondent may initiate subsequent petitions, annually, as long as his license is subject to the suspension or as otherwise limited.

10. Within three years from the date of this Order, Ronald G. Rubin, M.D., shall pay partial COSTS of this matter in the amount of $10,000; Respondent shall make monthly payments of no less than $300, starting no later than October 1, 2014. In imposing only partial costs, the Board takes into consideration the substantial cost of compliance with this Order.

11. Proof of successful course completion and payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services

P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

12. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered, Respondent's license (no. 36298-20) may, in the discretion of the Board or its designee, be or remain SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs.

13. This Order is effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

by: _____ July 16, 2014
A Member of the Board Date

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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	**STIPULATION**
RONALD G. RUBIN, M.D., RESPONDENT.	:	

ORDER3029

Division of Legal Services and Compliance Case No. 13 MED 039

Respondent Ronald G. Rubin, M.D., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Corneille Law Group, LLC.

4. Respondent denies any unprofessional conduct in this matter, but agrees to the attached Final Decision and Order solely to resolve this investigation and avoid the expenses and uncertainties of litigation. The parties intend that this is a compromise within the meaning of Wis. Stat. § 904.08.

5. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Medical Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

6. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, nor shall the fact or content of this Stipulation be evidence in any future proceeding in this or any other matter, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

7. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, with or without the presence of Respondent or Respondent's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

8. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

9. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Ronald Rubin

Ronald G. Rubin, M.D., Respondent
13128 Fox Hollow Road
Mequon, WI 53097
License no. 36298-20

7/11/14
Date

Chester A. Isaacson, Attorney for Respondent
Corneille Law Group, LLC
7618 Westward Way, Suite 100
Madison, WI 53717

7/11/14
Date

Arthur Thexton, Prosecuting Attorney
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

7/14/14
Date