



State Medical Board of

Ohio

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March 9, 2022

Aaron Goldfein, M.D.
4890 Ballantrae Road
Bloomfield Hills, MI 48301

RE: Case No. 21-CRF-0148

Dear Dr. Goldfein:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Kimberly A. Lee, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on March 9, 2022, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Any such appeal must be filed in accordance with all requirements specified in Section 119.12, Ohio Revised Code, and must be filed with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within (15) days after the date of mailing of this notice.

THE STATE MEDICAL BOARD OF OHIO

Kim G. Rothermel, M.D.
Secretary

KGR:jam
Enclosures

CERTIFIED MAIL NO. 9414 8149 0315 2968 0018 34
RETURN RECEIPT REQUESTED

Cc: Levi J. Tkach, Esq.

Mailed 3/10/2022

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Ronda Shamansky, Esq., State Medical Board Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on March 9, 2022, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the Roozbeh Badii, M.D., Case Nos. 19-CRF-0131 and 20-CRF-0098, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.

(SEAL)



Kim G. Rothermel MD

Kim G. Rothermel, M.D.

Secretary

March 9, 2022

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

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CASE NO. 21-CRF-0148

AARON GOLDFEIN, M.D.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on March 9, 2022.

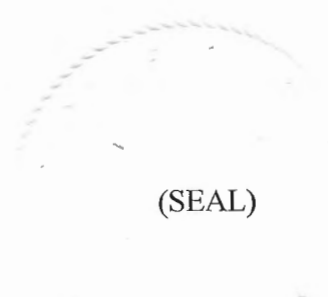
Upon the Report and Recommendation of Kimberly A. Lee, Esq., State Medical Board Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

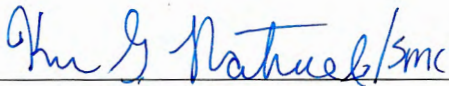
It is hereby ORDERED that:

The application of Aaron Goldfein, M.D., for a license to practice medicine and surgery in Ohio is PERMANENTLY DENIED. Pursuant to R.C. 4731.22(L), the Board will not accept a future application for licensure from Dr. Goldfein.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

(SEAL)





Kim G. Rothermel, M.D.
Secretary

March 9, 2022
Date

STATE MEDICAL BOARD
OF OHIO

RECEIVED:
February 7, 2022

BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Matter of

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Case No. 21-CRF-0148

Aaron Goldfein, M.D.,

*

Respondent.

*

Hearing Examiner Lee

REPORT AND RECOMMENDATION

Basis for Hearing:

In a Notice of Opportunity for Hearing dated (“Notice”), the State Medical Board of Ohio (“Board”) notified Aaron Goldfein, M.D., that it intended to determine whether to limit, refuse to grant or register, or otherwise take action against his pending application for a license to practice medicine and surgery in Ohio. The Board based its proposed action on allegations that Dr. Goldfein submitted a licensure application in May 2021; that in March 2017 he had pleaded guilty to conspiracy to commit health care fraud and wire fraud, a felony; that in February 2010 the Michigan Board of Medicine (“Michigan Board”) adopted a Consent Order and Stipulation (“2010 Michigan Order”) which placed him on probation for one year for his prescribing of Oxycontin; that in March 2014 the New York State Board of Professional Medical Conduct (“New York Board”) adopted a Modification Order (“2014 New York Order”), based on the 2010 Michigan Order, which allowed him to surrender his license; and in May 2017 the Michigan Board issued a Consent Order and Stipulation (“2017 Michigan Order”), based on Dr. Goldfein’s guilty plea, which suspended his license to practice for two years.

The Board further alleged that Dr. Goldfein’s guilty plea constitutes “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony,” as that clause is used in Ohio Revised Code Section (“R.C.”) 4731.22(B)(9). The Board further alleged that the 2010 Michigan Order, 2014 New York Order, and 2017 Michigan Order, individually, constitute “[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand,” as that clause is used in R.C. 4731.22(B)(22).

Accordingly, the Board advised Dr. Goldfein of his right to request a hearing and received his written request on October 3, 2021. (State’s Exhibit (“St. Ex.”) 1)

Appearances:

Dave Yost, Attorney General of Ohio, and Brandon Puckett, Assistant Attorney General, for the State of Ohio. Levi Tkach, Esq., on behalf of Dr. Goldfein.

Hearing Date: November 30, 2021

PROCEDURAL MATTER

1. With the agreement of the parties, this hearing was conducted virtually via GoToWebinar.
2. The record was held open until January 14, 2022, to allow Respondent to provide documentation of journal articles he has read or continuing medical education courses he has completed. No documents were provided, and the record was closed on January 14, 2022.

SUMMARY OF THE EVIDENCE

All exhibits and the transcript of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background

1. Aaron Goldfein, M.D., earned his medical doctorate from the Autonomous University of Guadalajara in 1993. He then spent one year in the clinical fifth pathway program at New York Medical College. From 1996 to 1997, he participated in a surgical internship with the Western Reserve Care System in Youngstown, Ohio. From 1997 to 1998 he was an anesthesia resident in Tucson, Arizona, with the University of Arizona. He then returned to Ohio and spent another year of anesthesia residency with the Meridian Health System in Cleveland, Ohio, followed by a year residency with the Cleveland Clinic Foundation. From 2000-2003, Dr. Goldfein worked as an anesthesia resident at Ruby Memorial Hospital in Morgantown, West Virginia. (Transcript (“Tr.”) at 44-46); Respondent’s Exhibit (“Resp. Ex.”) A)
2. In 2004, Dr. Goldfein moved to Michigan to practice at Tri City Medical Centers, P.C., (“Tri City”) and Friendly Home Care Services. He testified that Tri City was a home care practice and that he had not worked in the home care setting prior to taking the job. (Tr. at 46-47; Resp. Ex. A) In 2007, Dr. Goldfein purchased Tri City. (Tr. at 48) Dr. Goldfein testified that, after he purchased Tri City, he employed three to four physicians at a time. (Tr. at 51-52) When Tri City was solely a home care practice, Dr. Goldfein saw approximately eight to twelve patients

a day, and his patient population consisted of mostly geriatric patients or patients with mental health issues. (Tr. at 113, 115) He worked to grow the practice and started a research department for phase 3 pharmaceutical testing in 2008. In 2012, Dr. Goldfein purchased a building in a Swartz Creek, Michigan, with plans to develop an office-based practice there. As that practice grew, his time there increased to three or four days a week. He also purchased surgical equipment, such as an anesthesia machine, and diagnostic equipment for that office and hoped to open a colonoscopy suite. (Tr. at 110-112) On the days he was not working at the Swartz Creek office, Dr. Goldfein would review charts, home care orders, research documents, and other documents he needed to review and sign. (Tr. at 120) Dr. Goldfein closed Tri City in December 2013 after the FBI came to the office. (Tr. at 125)

3. Dr. Goldfein holds a license to practice medicine in Michigan which is currently suspended. He previously held a New York license but never practiced there. As of the hearing, Dr. Goldfein was unemployed. (Tr. at 20-21; St. Ex. 4; Resp. Ex. A)
4. In May 2021, Dr. Goldfein filed for an application to practice medicine and surgery in Ohio. (Tr. at 128)

2010 Michigan Order

5. On February 5, 2010, the Michigan Board issued the 2010 Michigan Order. In the order, Dr. Goldfein did not make any admissions but agreed that the Michigan Board could treat as true the allegations in a March 3, 2009 complaint. (St. Ex. 2) The complaint alleged the following actions by Dr. Goldfein:
 6. On November 21, 2008, Complainant began an investigation into the dispensing practices of Your Tele Pharmacy in Dearborn, Michigan, based on a Michigan Automated Prescription Service report that indicated that 143 prescriptions for OxyContin 80 mg were dispensed for the period of March 7, 2008, to March 31, 2008, and that Respondent had written half the prescriptions.
 7. Complainant's subsequent investigation into the matter revealed the following:
 - a. Between April 2, 2008, and October 31, 2008, 73% of OxyContin prescriptions filled at the pharmacy were written by Respondent. Respondent wrote multiple OxyContin prescriptions for several patients on the same day;
 - b. According to the pharmacy's physician utilization report, between June 1, 2008, and July 30, 2008, Respondent prescribed 16,077 tablets of OxyContin 80mg;
 - c. On July 18, 2008, Respondent prescribed OxyContin 80 mg for patients L.Y. and N.A. (initials are used throughout to protect patient privacy.)

Subsequent examination of these patients' medical records revealed that Respondent wrote these prescriptions prior to his first examination of the patients;

- d. On July 18, 2008, Respondent prescribed OxyContin 80 mg for patient M.C. The patient was initially examined on May 6, 2008, and complained of hip pain. Respondent prescribed the medication despite patient M.C.'s failure to obtain a cat scan. Further, Respondent failed to prescribe any other medications to alleviate this patient's pain prior to prescribing OxyContin 80 mg;
 - e. On September 24, 2008, Respondent prescribed OxyContin 80 mg for patient H.W. Respondent confirmed that the patient was initially examined over three months prior and that the patient's medical record lacked clinical evidence to support the use of the medication.
8. On November 20, 2008, during an interview with Complainant's investigator, Respondent indicated that he advises his patients to fill their prescriptions at Your Tele Pharmacy.

(St. Ex. 4 at 2-3)

The complaint further alleged that these actions demonstrated negligence or failure to exercise due care, a lack of good moral character, and obtaining or possessing a controlled substance or drug without lawful authority, or attempting to do so, and/or selling, prescribing giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes. (St. Ex. 4 at 3-4)

6. In the 2010 Michigan Order, the following factors were noted to have been considered:

During a compliance conference held in the matter, Respondent indicated that he was not aware of the high potential for abuse for the medications he was prescribing. Respondent indicated that he has changed his prescribing practices and more actively screens patients for whom he prescribes narcotic medications. Further, Respondent indicated that he has significantly reduced the number of patients to whom he prescribes narcotics.

(St. Ex. 2 at 5)

7. The 2010 Michigan Order placed Dr. Goldfein on probation for one year and required that he successfully complete continuing education courses on pain management and prescription drug addiction in patients. Dr. Goldfein was also fined \$1,000.00. (St. Ex. 2 at 2-3)

2014 New York Order

8. On March 21, 2014, the New York Board adopted the 2014 New York Order which modified an April 2011 order. (St. Ex. 3) In the original order, Dr. Goldfein did not contest allegations which included the 2010 Michigan Order as well as a March 10, 2010 Consent Order he entered into with the Michigan Board of Pharmacy regarding the prescribing of OxyContin to three patients. (St. Ex. 3 at 7, 12-13) The original New York order permanently restricted Dr. Goldfein from prescribing controlled substances. The 2014 New York Order modified this provision to be a surrender of Dr. Goldfein's New York license to practice medicine. (St. Ex. 3 at 2)
9. Dr. Goldfein testified that, despite having a New York license, he had not really practiced in that state. (Tr. at 21)

Criminal Conviction

10. On March 2, 2017, Dr. Goldfein entered into a Rule 11 Plea Agreement in Case No. 13-CR-20882, United States District Court, Eastern District of Michigan, Southern Division ("Plea Agreement"). As part of the Plea Agreement, Dr. Goldfein agreed to plead guilty to one count of conspiracy to commit health care fraud and wire fraud. (St. Ex. 5 at 1) The Plea Agreement included the following factual basis:

The following facts are a sufficient and accurate basis for Defendant's guilty plea:

Beginning in approximately December 2008, and continuing through approximately December 2013, Defendant willfully conspired with others to commit health care fraud and wire fraud, in violation of 18 U.S.C. § 1349. * * *

Defendant, a resident of Oakland County, Michigan, was a licensed physician in the State of Michigan who was enrolled as a participating provider with Medicare. Defendant owned and operated Tri City Medical Centers, P.C., ("Tri City") and purported to provide physician home visits and other services for Tri City to Medicare beneficiaries in Michigan and referred beneficiaries to multiple home health agencies for home health services.

Defendant, William Sokoll, M.D., William Binder, M.D., Muhammad Zafar, Tariq Khan, Ghulam Shakir and their co-conspirators would submit or cause the submission of false claims to Medicare by billing for physician home visits that were provided by unlicensed physicians; billing for physician home visits that he did not know whether they were medically necessary; and (b) billing for physician home visits where referrals for the services were obtained through the payment to a marketer on a per patient basis, in violation of the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b.

In support of fraudulent claims to Medicare, Defendant would sign medical documentation completed by unlicensed co-conspirators, including Sokoll, as if he had provided physician home visit services to the beneficiaries, when he had not. He would also sign medical documentation, including home health prescriptions and certifications, ordering physical therapy and other services purportedly provided to Medicare beneficiaries by Blue Water, Professional, Agility, and other home health agencies, when, at times, the beneficiaries did not qualify for home health care, and where referrals for the services were obtained through the payment and promised payment on a per patient basis, in violation of the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b.

In addition, Defendant would prescribe Medicare beneficiaries medications, including controlled substances, and allow unlicensed physicians and a physician who did not have a DEA registration number, including Sokoll, Binder, to prescribe beneficiaries medications, including controlled substances, under his name and DEA registration number, when Defendant had not seen or diagnosed the beneficiaries. Defendant would sign medical documentation completed by other unlicensed co-conspirators as if he had examined the patient, when he had not. Medicare Part D ultimately paid for some of these prescriptions.

The preceding statement is a summary, made for the purpose of providing the Court with a factual basis for the Defendant's guilty plea to the charge against him. Defendant makes this statement knowingly and voluntarily and because he is in fact guilty of the crime charged.

(St. Ex. 5 at 2-5)

11. In a Judgment in a Criminal Case filed on October 12, 2017, the court found that Dr. Goldfein had pleaded guilty to one count of Conspiracy to Commit Health Care Fraud and Wire Fraud, in violation of 18 U.S.C. §§ 1349, 1347, and 1343. (St. Ex. 5 at 30) Dr. Goldfein was sentenced to 52 months imprisonment followed by two years of supervised release. (St. Ex. 5 at 31-32) Further, Dr. Goldfein was ordered to pay restitution in the amount of \$1,572,743, but that amount is owed jointly and severally with his five co-defendants. (St. Ex. 5 at 35-36) In an Amended Judgment in a Criminal Case filed on August 5, 2020, Dr. Goldfein's prison term was modified to time served and the supervised release was increased to three years. (St. Ex. 5 at 38-40) After a two week quarantine, he was ordered to spend the first six months of supervised release in his home. (St. Ex. 5 at 42) His restitution obligation was unchanged.
12. At hearing, Dr. Goldfein testified that he was released from prison in August 2020 and is currently under supervised release. The conditions of his supervised release include monthly reporting, not leaving Michigan without permission, and making restitution payments. (Tr. at 18-19) Dr. Goldfein explained that he moved the court to reconsider his sentence after he contracted COVID in prison. (Tr. at 105) Dr. Goldfein is still under supervised release, and he intends to ask the Court to terminate his supervised release early. (Tr. at 67-68)

13. Dr. Goldfein testified that he does not have a formal payment plan for the restitution but that he tries to make monthly payments of \$250. In addition to these payments, he paid \$600,000 after taking out a reverse mortgage on his home, \$150,000 from the sale of another property, and several other smaller payments. He estimated he has so far paid \$760,000. (Tr. at 19-20)
14. Dr. Goldfein testified that Dr. Sokoll had passed away while Dr. Binder and Mr. Khan were also given prison sentences. However, Mr. Zafar and Mr. Shakir fled the country. (Tr. at 27-28)

Dr. Goldfein's Testimony Regarding Dr. Sokoll

15. Dr. Goldfein testified that Dr. Sokoll was a physician that worked for Tri City beginning in 2005. However, Dr. Sokoll's medical license was later suspended for five years in Michigan for writing a prescription for nasal narcotic for a friend who then gave the medication to Dr. Sokoll. According to Dr. Goldfein, Dr. Sokoll was also criminally prosecuted for Medicaid fraud and spent five months in jail. After Dr. Sokoll was released from jail, Dr. Goldfein allowed him to return to work at Tri City doing diagnostic testing and research. (Tr. at 30-31, 49, 137) Sometime later, Dr. Goldfein had Dr. Sokoll assist Dr. Goldfein's father, a licensed physician who suffered from Parkinson's, on appointments with patients. His father became mentally unable to work in the summer of 2012. However, Dr. Sokoll, without an active license, continued to work for approximately another one year and five months without any direct supervision from a licensed physician. (Tr. at 31-33)
16. When asked how he falsified claims to Medicare for work provided by unlicensed physicians as stated in the Plea Agreement, Dr. Goldfein answered, "In my mind, the falsification of the claims was Dr. Sokoll was seeing the patients without my direct supervision. So it was he who saw the patients and not me and, therefore, it's false. Not that the patient didn't need care. Care was administered, given." (Tr. at 34)
17. Dr. Goldfein explained that he relied on research he did about delegation including a document titled "Scope of Practice of Health Professionals in the State of Michigan." (Tr. at 33; Resp. Ex. C) He testified:

And then when my dad became too ill to work, I then had Dr. Sokoll -- I had read some laws in the past from the Michigan State Medical Society, and I pulled them and reviewed them again, and I saw that, yes, it says that he could -- I could delegate tasks to a licensed or unlicensed individual.

I don't know if you've read these documents, if you've looked through them. That was the Michigan State Medical Society document we were referring to earlier. It said I could delegate tasks to a licensed or unlicensed individual so long as the task was within the realm of my practice and the abilities of the person I was delegating the task to based on their level of education, and that I should be available via telephone, telecommunication, radio or in person.

However, that did not -- that was not applicable to Medicare, and I did not know that but I -- I used that law or guideline to justify in my mind that I could have Dr. Sokoll see patients without my direct supervision. I did review his work. And it was wrong what I did and I take responsibility for it.

(Tr. at 33-34)

He also explained that he reviewed this document with Dr. Sokoll. (Tr. at 61) He later testified that he believed the document contained Michigan state laws and that it was drafted by the State of Michigan to help practitioners understand the law. (Tr. at 139-140)

18. At hearing, Dr. Goldfein admitted that he signed medical documentation completed by Dr. Sokoll as if Dr. Goldfein had provided the home visit services and that he billed Medicare and/or Medicaid as if he had provided the services. (Tr. at 39, 130) He further testified that he reviewed Dr. Sokoll's charts daily or every other day and that he would talk to Dr. Sokoll about any questions he had. He believed that Dr. Sokoll was a good physician who created accurate medical records. (Tr. at 62-63)
19. Dr. Goldfein testified that a licensed physician worked with Dr. Sokoll after he was interviewed by an agent of Health and Human Services in the summer of 2013. (Tr. at 55-57)
20. In regard to the admission in the Plea Agreement that he falsified claims to Medicare by billing for physician home visits when he did not know if such visits were medically necessary, Dr. Goldfein testified, "...I would never intend to do an evaluation or give care to somebody that wasn't necessary." (Tr. at 37) He further testified:

Well, I believe when we went to see patients we were seeing them for medical purposes, not for any other reason. They needed the health care. So this statement that "he did not know whether they were medically necessary", I suppose that means that they might say how could he know if he wasn't the one there. Since it was billed in my name, and another physician was seeing them, then how could he know for sure. Of course I did review all of the work that was done when I wasn't there.

So -- so this is -- this is their interpretation of the fact that I wasn't standing there with him, I suppose, and that he wasn't licensed at the time. Although, he did have an extensive amount of training, more than myself, in terms of number of years of practice.

(Tr. at 38)

Dr. Goldfein's Testimony Regarding Dr. Binder

21. At hearing, Dr. Goldfein testified that Dr. Binder, a co-defendant, was a licensed physician but did not have an active DEA certificate. (Tr. at 52) He testified:

What I did with Dr. Binder that was wrong was that I think there were a few patients that he had that -- most of his patients I gave him were nonnarcotic patients because he didn't have his DEA. But on some occasions he would come to me and present me with ones that had other conditions but they also had pain-related conditions that they needed pain medication, and I would review it.

Frequently -- he had gotten in trouble for narcotics before, and he had his DEA taken away. Frequently I'd have discussions with him about prescribing less because he tended towards the high end of normal. And I would tell him, no, that's not what we're going to do, and I would write for less. But I would question him about the patient and the pain. So even though he was disciplined, he still tended to want to prescribe more, and I would say no, we do less. I was wrong for that because I think I was supposed to be there to see the patient directly myself.

(Tr. at 130-131)

22. Dr. Goldfein admitted that, while he had previously examined many of the patients receiving narcotic prescriptions, there were patients that he prescribed to that he had not seen. (Tr. at 131)

Dr. Goldfein's Testimony Regarding Mr. Khan, Mr. Shakir, and Mr. Safar

23. Co-defendants, Mr. Khan, Mr. Shakir, and Mr. Zafar were not physicians but owned home care agencies. (Tr. at 53)
24. In regard to the language in the Plea Agreement that he billed "for physician home visits where referrals for the services were obtained through the payment to a marketer on a per patient basis, in violation of the Anti-Kickback Statute," Dr. Goldfein testified:

Not -- well, we never knew that this was occurring, so as far as -- let's see. Let me read it again. I never -- I never would order any care on a patient to get a kickback for the purpose of getting a kickback. I would only order care on a patient if they needed it. But I did receive, on a few occasions, some money, but it was not just to order home care without the purpose of the patient needing it.

* * *

I violated that statute, yes, but I wouldn't order it if I didn't feel they needed it.

(Tr. at 39-40)

25. Dr. Goldfein testified that, while he did receive between \$5,000 and \$10,000 from Mr. Khan, he would not have ordered home care services for a patient if the patient did not need such services. (Tr. at 39-40, 53-54, 132) He further testified that he received patient referrals from

Mr. Zafar and Mr. Shakir's marketer but denied that he ever gave them any money in exchange. (Tr. at 133-134)

26. Dr. Goldfein further testified that he was not aware that any of these men were submitting false and fraudulent claims to Medicare. (Tr. at 55)

Additional Testimony from Dr. Goldfein Regarding His Conviction

27. Dr. Goldfein also testified that he, or his employees, only did home health visits when he believed that there was a medical need. (Tr. at 57-58) He explained that medical need was determined: "Well, we did the normal things which are the evaluation, the home health evaluation, the interview that you conduct with the patient, the history and the physical examinations. And then we -- * * * We have the records. We have all of the records. We have x-rays, MRI reports, blood work, laboratory, everything that helps us to do our assessment." (Tr. at 58) He explained that most of these patients suffered from chronic conditions like diabetes or COPD. (Tr. at 59)
28. Dr. Goldfein explained that the possible exclusion of Respondent's Exhibit C as well as patient testimony from trial influenced his decision to enter into the Plea Agreement. (Tr. at 63-64, 97-98)
29. Dr. Goldfein does not regret accepting the Plea Agreement. (Tr. at 106) He testified:
- I admitted [that] I was guilty. I can remember when I was in prison feeling a lot of remorse about doing, you know, the wrong thing. I think when I was sick with COVID it was interesting because I never really felt that bad about it but for some reason when I had the COVID infection it seemed to sensitize me to what I had done wrong, and I don't know why but I was -- it did affect me in some way emotionally that I could feel, you know, I felt sad about what I had done wrong and regret. And being there was a big lesson for me, a very big lesson for me, so.

(Tr. at 106-107)

30. The "Scope of Practice of Health Professionals in the State of Michigan" document is noted to have been prepared by "Public Sector Consultants" and has the seals of the Michigan State Medical Society and Michigan Osteopathic Association. (Resp. Ex. C at 1) Dr. Goldfein testified that these are respected organizations and that the presence of their seals gave him a lot of confidence in the document. (Tr. at 145)
31. The "Scope of Practice of Health Professionals in the State of Michigan" does state that a licensed health professional may delegate selected acts, tasks, or functions to unlicensed individuals. (Resp. Ex. C at 37) However, it also states that "the law allows a health professional to delegate specific activities, but not a broad component of his/her scope of practice." (Resp. Ex. C. at 38) The document further states, "When it comes to supervision, delegation, and scope of practice, MDs and DOs have the broadest responsibility and

authority, but without a State of Michigan license, these and other health professionals, regardless of their background, legally may not practice.” (Resp. Ex. C at 47)

2017 Michigan Order

32. On May 17, 2017, the Michigan Board issued the 2017 Michigan Order in which Dr. Goldfein’s Michigan medical license was suspended for a minimum of two years and he was fined \$35,000.00. (St. Ex. 7 at 6-7) The Michigan Board found the allegations in an underlying superseding complaint to be true. While the referenced superseding complaint is not included in the hearing record, the 2017 Michigan Order states, “Respondent is currently awaiting sentencing in a criminal prosecution arising out of the same facts as contained in the administrative complaint.” (St. Ex. 4 at 7)
33. In order to have his Michigan license reinstated, Dr. Goldfein must be able to demonstrate “(1) good moral character; (2) the ability to practice the profession with reasonable skill and safety; (3) satisfaction of the guidelines on reinstatement adopted by the Department; and (4) that it is in the public interest for the license to be reinstated.” (St. Ex. 4 at 7)
34. At hearing, Dr. Goldfein testified that he is not attempting to reinstate his Michigan license. (Tr. at 18) He explained that he was unable to pay the \$35,000 fine and that he intended to sell his home and return to Ohio, where he grew up. (Tr. at 21, 67-68)

Witnesses and Letters in Support

Fabio Varlese, M.D.

35. Fabio Varlese, M.D., is board certified in internal medicine and geriatric medicine, an assistant professor at the University of Toronto, Chief of Staff and Vice President of Medical Affairs at Runnymede Hospital, and a staff consultant at two other Toronto area hospitals. (Tr. at 73-74) Dr. Varlese and Dr. Goldfein met when they were in their respective residency programs at the Cleveland Clinic. (Tr. at 74) Dr. Varlese expressed thankfulness for Dr. Goldfein’s help during that time and even said, “I would have to say that most of my training for procedures as an internist were thanks to him.” (Tr. at 75) Since that time, they have maintained a friendship and would discuss patients with each other. (Tr. at 78) Dr. Varlese also spoke of Dr. Goldfein’s enthusiasm for medicine. (Tr. at 79)
36. Dr. Varlese is aware of Dr. Goldfein’s conviction and testified, “It was a shock to me because I knew him to be, you know, an incredible individual both professionally, you know, from a human perspective and also especially from knowing the quality of his bedside manners with patients and how compassionate and caring he was.” (Tr. at 76) He further testified that the conviction did not change his opinion of Dr. Goldfein. (Tr. at 76)

George Darboian

37. George Darboian is retired but previously owned and operated an automotive repair center. He met Dr. Goldfein in 2005 or 2006 when Dr. Goldfein moved into a neighboring home. (Tr. at 84) Dr. Goldfein later hired Mr. Darboian as his driver when he would be doing visits at patients' homes. (Tr. at 85) Mr. Darboian testified:

He would go see people at the -- in the inner city of Detroit. And it just, it took my heart so many times to see patients with open arms to greet him, you know, it was just unbelievable. I couldn't believe how much the patients cared and appreciated the fact that he came. And I'm talking about days when it was 15 degrees outside and cold. I just admired him for his caring that he had for people that really needed his care.

* * *

Sometimes it was too cold and he didn't want me to wait out in the car, so I'd go in. As a matter of fact, I ended up sometimes sitting there and seeing the way he would, you know, take care of the patient, and I just admired the affection and the care he would give some of the patients. It just was amazing.

(Tr. at 85-86)

38. Mr. Darboian also believed that Dr. Goldfein had saved his life several times. He explained that Dr. Goldfein recommended that he see specialists for a cornea transplant and two stents in his heart. He also testified that he contracted COVID and that Dr. Goldfein arranged for the local emergency department to pick Mr. Darboian up and take him to the hospital, all while Dr. Goldfein was in Columbus, Ohio. (Tr. at 87)
39. Mr. Darboian testified that Dr. Goldfein's conviction did not change his opinion of the doctor even though he was not aware of all the details. (Tr. at 86-87) However, Mr. Darboian stated that, if Dr. Goldfein was granted a license to practice in Ohio and Mr. Darboian was healthy, he would likely sell his Michigan home and move to Ohio in order to continue being Dr. Goldfein's driver. (Tr. at 88)
40. Mr. Darboian also wrote a letter to the judge in Dr. Goldfein's criminal case. (Resp. Ex. B at 2-3)

Howard Adelson, D.O.

41. Howard Adelson, D.O., is a Board-certified ophthalmologist and surgeon in Michigan. (Tr. at 91) He knows Dr. Goldfein personally and has been referred a couple of patients by him over the years. (Tr. at 91-92) He testified, "I think that [Dr. Goldfein's] a good person. He's an honest person. I think he cares very much about his patients' well-being. I've experienced that somewhat firsthand. I know he's a hard worker. He's intelligent. He's

caring. I don't -- I haven't worked with him side by side, so I can't comment on that, but in terms of his character, I can.” (Tr. at 92) He also stated, “I sincerely believe that he does care about his patients. And the well-being of his patients and the practice of medicine is very important to him. And I do think that, given the chance, he would do a great job, whether it be in Ohio or wherever he determines that he’s going to practice.” (Tr. at 93-94)

42. Dr. Adelson testified he was aware of Dr. Goldfein’s criminal case, though not the details, and that it did not change his opinion of Dr. Goldfein’s character and that he would trust Dr. Goldfein to treat one of his patients. (Tr. at 92)

Letters in Support

43. Mike Eber, JD, MPH, wrote a letter to the judge in Dr. Goldfein’s criminal case stating that Dr. Goldfein had volunteered at a shelter for victims of Hurricane Harvey. Mr. Eber wrote that Dr. Goldfein handled many people suffering from chronic homelessness, mental health issues, and illiteracy and that he did what was necessary even to the point of helping disabled people with the bathroom and picking up soiled linen. (Resp. Ex. B at 1)
44. William Sokoll, M.D., wrote a letter to the Bahamas Medical Council in support of Dr. Goldfein’s application for medical licensure there. This letter is written after Dr. Goldfein signed the Plea Agreement but before he was sentenced, and it does not mention the criminal case at all. Dr. Sokoll described Dr. Goldfein as a caring physician who went out of his way to help his patients including buying them food or driving them hours to see a specialist. (Resp. Ex. B at 4)
45. Kirk Gold, D.P.M., also wrote a letter to the Bahamas Medical Counsel. He wrote that Dr. Goldfein was professional and honest in his business dealings. While there is no mention of Dr. Goldfein’s criminal case, there is no evidence that Dr. Gold was even aware of Dr. Goldfein’s plea agreement. He also wrote that he had heard from patients how much they appreciated Dr. Goldfein’s care. (Resp. Ex. B at 5)
46. Robert Fung, Chairman and CEO of Crystallex International Corporation and board member of Mr. Sinai Hospital as well as other institutions, wrote a letter to the judge in Dr. Goldfein’s criminal case. He explained that Dr. Varlese introduced him to Dr. Goldfein and that he was impressed with Dr. Goldfein’s passion for medicine and dedication to treating those who were lower income or disadvantaged. Finally, he wrote, “Throughout the time I have known Aaron, he has displayed to me only the highest of integrity, honesty and morality and I write in full support of him as a person whom I hold in high regard and whom I am happy to have as a true friend.” (Resp. Ex. B at 8-9)

Additional Testimony From Dr. Goldfein

47. Due to his conviction, Dr. Goldfein is excluded from participating in Medicare and Medicaid for ten years. (Tr. at 68) He explained his practice plans if granted a license in Ohio, “I envision it as doing something on the order of men's health, most likely, is where I

would see that I would most likely enter that field. And potentially auto claims, auto accident claims, where I would evaluate patients. And I would probably do steroid injections, joint injections, for pain. That's how I kind of envision the practice.” (Tr. at 68) He later explained that he did not plan on starting his own practice, but would look for work at a clinic or practice. (Tr. at 126-127)

48. Dr. Goldfein testified:

I guess just that I care greatly about my patients and other people, you know, others. I've always tried to help people. Whether I got paid to help people or not, I've always given my care. If somebody asks for my help, I always offer my help to them. I am that kind of person. I think that's -- that's important as a physician to care about others, to be compassionate with others, whether I made money or not.

(Tr. at 70)

49. Dr. Goldfein last practiced medicine in 2017 after he entered into the Plea Agreement and shortly before the 2017 Michigan Order. (Tr. at 123) Since that time, he has continued to read a variety of New England Journal of Medicine articles and take continuing medical education courses. (Tr. at 121-122, 146, 148)

FINDINGS OF FACT

1. In May 2021, Dr. Goldfein submitted an application to practice medicine and surgery in Ohio, which remains pending.
2. On February 5, 2010, the Michigan Board adopted the 2010 Michigan Order which placed Dr. Goldfein on probation for one year and fined him \$1,000 based on a March 3, 2009 complaint. Specific allegations in the complaint included that he wrote multiple OxyContin prescriptions to the same patients on the same day, to patients he had not seen, and to a patient who complained of hip pain but did not obtain a cat scan. The 2010 Michigan Order included a consideration that “During a compliance conference held in the matter, Respondent indicated that he was not aware of the high potential for abuse for the medications he was prescribing. Respondent indicated that he has changed his prescribing practices and more actively screens patients for whom he prescribes narcotic medications. Further, Respondent indicated that he has significantly reduced the number of patients to whom he prescribes narcotics.”
3. On March 14, 2014, the New York Board issued the New York Order that modified a previous order and allowed Dr. Goldfein to surrender his New York license to practice medicine and surgery. This surrender was a result of the 2010 Michigan Order.

4. On March 2, 2017, Dr. Goldfein entered into the Plea Agreement in which he agreed to plead guilty to one count of Conspiracy to Commit Health Care Fraud and Wire Fraud, in violation of 18 U.S.C. §§1349, 1343, and 1347, in the United States District Court for the Eastern District of Michigan. The Plea Agreement stipulated that he participated in a kickback scheme that defrauded Medicare by billing home health services for patients who were ineligible for home health services or did not receive the services billed on their behalf. On October 12, 2017, the Court sentenced him to 52 months in prison. On or about August 5, 2020, the Court issued an amended judgment that allowed Dr. Goldfein to be released on time served, with six additional months to be served on home confinement and three years supervised release. Further, Dr. Goldfein was ordered to pay \$1,572,743.00 in restitution, jointly and severally with his co-defendants.
5. On May 17, 2017, the Michigan Board issued the 2017 Michigan Order that suspended Dr. Goldfein's license to practice in Michigan for two years and fined him \$35,000.00.

CONCLUSIONS OF LAW

1. Dr. Goldfein's acts, conduct, and/or omissions, as described in Finding of Fact 4, individually and/or collectively, constitute "[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony," as that clause is used R.C. 4731.22(B)(9).
2. The 2010 Michigan Order, 2014 New York Order, and 2017 Michigan Order, as described in Findings of Fact 2, 3, and 5, individually, constitute "[a]ny of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in R.C. 4731.22(B)(22).
3. The Board is not authorized to impose a civil penalty as Dr. Goldfein is not the "holder of a license or certificate" as that phrase is used in R.C. 4731.225.
4. Dr. Goldfein has pleaded guilty and been adjudicated guilty of a crime which is listed on the Board's Disqualifying Offense List, effective October 9, 2021, and as posted on the Board's website pursuant to R.C. 9.78 and 9.79¹. As Dr. Goldfein is still under supervised release, the Board is permitted to consider his crime when determining whether to grant him a license.

¹ <https://med.ohio.gov/The-Board/Disqualifying-Criminal-Convictions>, accessed January 26, 2022

RATIONALE FOR THE PROPOSED ORDER

Dr. Goldfein has admitted to using his Michigan medical license to conspire with others to commit health care fraud. He did this in multiple ways although at hearing he did dispute some, but not all, of the facts he agreed to in his plea agreement. Dr. Goldfein engaged in the following criminal behavior: allowing a physician with a suspended license to see and treat patients while billing as if he himself had seen and treated the patients; billing for physician home visits that he did not know were medically necessary (though he professed a belief that the visits were necessary); billing for physician home services where referrals for the services were obtained through payments to a marketer; signing documentation, including prescriptions and certifications, for physical therapy and other services provided by home health agencies when the patients did not qualify for home care and the referral for services were obtained through payment or promised payment on a per patient basis; allowing a physician with a suspended license and another physician with no DEA registration number to prescribe medications under Dr. Goldfein's name and DEA registration number when Dr. Goldfein had not seen or diagnosed the patients; and signing medical documentation completed by unlicensed co-conspirators as if he had examined a patient that he had not examined.

Dr. Goldfein's delegation to Dr. Sokoll is particularly egregious. While Dr. Goldfein testified at hearing that he believed he could delegate to Dr. Sokoll based on his research, it seems unreasonable to the hearing examiner that Dr. Goldfein believed he could delegate what amounts to the practice of medicine to a physician that the State of Michigan had explicitly stopped from practicing. Dr. Sokoll was prohibited for practicing, but Dr. Goldfein decided that it was not practicing if he delegated his professional responsibilities to Dr. Sokoll and then reviewed the charts. However, while an aggravating factor, the delegation is a distraction. Dr. Goldfein was not convicted for improper delegation. He was convicted for fraudulently billing Medicare and engaging in kickbacks for patients. Though Dr. Goldfein denies ever paying for a patient referral, he did admit at hearing to accepting money from the owner of a home health care agency.

Further, while Dr. Goldfein had several excellent witnesses who testified to his care and concern for his patients, the evidence also shows a lack of concern. Dr. Goldfein allowed a suspended physician to see and treat patients, and Dr. Goldfein issued prescriptions and orders for those patients based on the opinion of a physician whom the State of Michigan has suspended from practicing. Further, Dr. Goldfein issued prescriptions, including narcotic prescriptions, to patients he had not examined, based on the opinion of a physician who had lost his DEA registration for improperly prescribing narcotics. These actions show a lack of concern for patients.

The hearing examiner is concerned that Dr. Goldfein does not understand what exactly was wrong with his conduct. He also testified that he did not actually feel remorse for his conduct until he was sick with COVID in federal prison.

The Board should consider the following factors when determining whether to issue Dr. Goldfein a license: (a) the nature and seriousness of the offense for which Dr. Goldfein was convicted,

found guilty pursuant to a judicial finding, or pleaded guilty; (b) the passage of time since he committed the offense; (c) the relationship of the offense to the ability, capacity, and fitness required to perform the duties and discharge the responsibilities of a physician; (d) any evidence of mitigating rehabilitation or treatment undertaken by the individual, including whether the individual has been issued a certificate of qualification for employment under section 2953.25 of the Revised Code or a certificate of achievement and employability under section 2961.22 of the Revised Code; and (e) whether the denial of a license is reasonably necessary to ensure public safety.

The nature of Dr. Goldfein's crime directly implicates his honesty, and it was only possible due to him holding a license to practice medicine. Further, the federal district judge considered it serious enough to sentence him to 52 months in prison, although the sentence was later amended due to COVID. While the actual conduct involved occurred from 2008 through 2013, Dr. Goldfein's conviction occurred several years later, and he is still under supervised release. This crime calls into question Dr. Goldfein's ability, capacity, and fitness to practice medicine and comply with minimal standard of care. This is doubtful as Dr. Goldfein allowed individuals without active licensure or authorization to prescribed controlled substances and to essentially determine the care and treatment of Dr. Goldfein's patients. In so doing he relinquished his own professional responsibility and placed it on others who were unqualified. Dr. Goldfein did not present any evidence at the hearing that he has undertaken any mitigating rehabilitation or treatment, nor did he present a certificate of qualification for employment or a certificate of achievement and employability. There is no evidence that Dr. Goldfein even took a course on ethics. Finally, denial is necessary to ensure public safety.

Nevertheless, there is testimonial evidence that Dr. Goldfein takes good care of the patients he personally sees. While he did have an issue prescribing OxyContin to patients in 2008 which resulted in the 2010 Michigan Order, the order also indicates that Dr. Goldfein took appropriate action to change his prescribing practice. However, given his history, it would be problematic to ensure that Dr. Goldfein is actually seeing the patients he is documenting himself as seeing. The hearing examiner believes that a balancing of the factors justifies permanent denial of Dr. Goldfein's application. If the Board does decide to grant Dr. Goldfein a license, it should strongly consider imposing permanent limitations such as prohibitions on owning/operating a medical practice and on delegating tasks to anyone, licensed or unlicensed. Such prohibitions would help protect the public.

The decision in this case hinges on whether the Board believes that it can trust Dr. Goldfein. Trust and honesty are integral to the practice of medicine. The hearing examiner is not convinced that Dr. Goldfein understands and appreciates what was wrong with his conduct. Such a lack of introspection makes it more likely that dishonest conduct could happen again.

Therefore, the proposed order is to permanently deny Dr. Goldfein's application.

PROPOSED ORDER

It is hereby ORDERED that:

The application of Aaron Goldfein, M.D., for a license to practice medicine and surgery in Ohio is PERMANENTLY DENIED. Pursuant to R.C. 4731.22(L), the Board will not accept a future application for licensure from Dr. Goldfein.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



Kimberly A. Lee
Hearing Examiner



September 8, 2021

Case number: 21-CRF- *0148*

Aaron Goldfein, M.D.
4890 Ballantrae Rd.
Bloomfield Hills, MI 48301

Dear Doctor Goldfein:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to grant or register or issue the license/certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about May 3, 2021, you submitted an application to practice medicine and surgery in Ohio which remains pending. On or about March 2, 2017, you pleaded guilty in the United States District Court for the Eastern District of Michigan to violating 18 United States Code Sections 1349, 1347, and 1343, conspiracy to commit health care fraud and wire fraud, a felony offense. The plea agreement stipulated that you participated in a kickback scheme that defrauded Medicare by billing home health services for patients who were ineligible for home health services or did not receive the services billed on their behalf. On or about October 12, 2017, the Court sentenced you to 52 months in prison. On or about August 5, 2020, the Court issued an amended judgment that allowed you to be released on time served, with six additional months to be served on home confinement and three years supervised release. Further, you were ordered to pay \$1,572,743.00 in restitution.
- (2) On or about February 5, 2010, the Michigan Board of Medicine adopted a Consent Order and Stipulation [2010 Michigan Order] which placed you on probation for one year and fined you \$1,000 after a March 3, 2009 complaint alleged you had practiced below minimal standards and over-prescribed Oxycontin. Specific allegations included that you wrote multiple Oxycontin prescriptions to the same patients on the same day, to patients you had not seen, and to a patient who complained of hip pain but did not have any CT scans. The 2010 Michigan Order included a consideration that "During a compliance conference held in the matter, Respondent indicated that he was not aware of the high potential abuse for the medications he was prescribing. Respondent indicated that he has changed his prescribing practices and more actively screens patients for whom he prescribes narcotic medications. Further, Respondent indicated

Mailed 9-9-2021

that he has significantly reduced the number of patients to whom he prescribes narcotics." A copy of the 2010 Michigan Order is attached hereto and incorporated herein.

- (3) On or about March 21, 2014, the New York State Board for Professional Medical Conduct adopted a "Modification Order" [New York Order] that modified a previous order and allowed you to surrender your New York license to practice medicine and surgery. This surrender was a result of the 2010 Michigan Order. A copy of the New York Order is attached hereto and incorporated herein.
- (4) On or about May 17, 2017, the Michigan Board of Medicine issued a Consent Order and Stipulation [2017 Michigan Order] that suspended your license to practice in Michigan for two years as a result of the plea as alleged in paragraph (1). A copy of the 2017 Michigan Order is attached hereto and incorporated herein.

The facts as alleged in paragraph (1) above, individually and/or collectively, constitute a "plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony," as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.

Further, the 2010 Michigan Order as alleged in paragraph (2) above constitutes "any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Further, the New York Order as alleged in paragraph (3) above constitutes "any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Further, the 2017 Michigan Order as alleged in paragraph (4) above constitutes "any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Furthermore, for any violations that occurred on or after September 29, 2015, the board may impose a civil penalty in an amount that shall not exceed twenty thousand dollars, pursuant to Section 4731.225, Ohio Revised Code. The civil penalty may be in addition to any other action the board may take under section 4731.22, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to grant or register or issue the license/certificate for which you have a pending application in accordance with Section 9.79 of the Ohio Revised Code, or refuse to renew or reinstate your license or certificate to practice medicine and surgery, or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Kim G. Rothermel, M.D.
Secretary

KGR/tcn/jmb
Enclosures

CERTIFIED MAIL #91 7199 9991 7039 7802 1199
RETURN RECEIPT REQUESTED

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AARON SCOTT GOLDFEIN, M.D.
License No. 43-01-082782

Complaint No. 43-16-142324
(43-13-131493 consolidated)

CONSENT ORDER AND STIPULATION

CONSENT ORDER

A superseding administrative complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on April 3, 2017, charging Aaron Scott Goldfein, M.D. (Respondent) with having violated sections 16221(a), (b)(i), (b)(vi), (d)(iii), (h), and 16213(1) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaints. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaints are true and that Respondent has violated sections 16221(a), (b)(i), (b)(vi), (d)(iii), (h), and 16213(1) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent's license is SUSPENDED for a minimum period of 2 years.

Respondent is FINED \$35,000 to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 43-16-142324 clearly indicated on the check or money order), and shall be payable prior to petitioning for reinstatement. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Bureau of Professional Licensing, Legal Affairs Division – Compliance Section, Department of Licensing and Regulatory Affairs, P.O. Box 30189, Lansing, Michigan 48909.

A reinstatement of Respondent's license shall not be automatic. If Respondent petitions for reinstatement of his license, the petition shall be in accordance with sections 16245 and 16247 of the Public Health Code and Mich Admin Code, R 792.10711. Under these provisions, Respondent must demonstrate the following by clear and convincing evidence: (1) good moral character; (2) the ability to practice the profession with reasonable skill and safety; (3) satisfaction of the guidelines on reinstatement adopted by the Department; and (4) that it is in the public interest for the license to be reinstated.

Respondent may not file a petition for reinstatement sooner than ninety days prior to the end of the suspension period.

Respondent is currently awaiting sentencing in a criminal prosecution arising out of the same facts as contained in the administrative complaint. Upon entry of Respondent's criminally conviction, the Department will not bring a new administrative complaint based on the conviction.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

This order shall not be modified for any cause whatsoever.

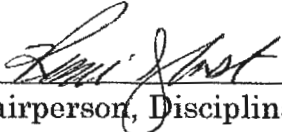
Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of Mich Admin Code, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 5-17-17

MICHIGAN BOARD OF MEDICINE

By 
Chairperson, Disciplinary
Subcommittee

STIPULATION

The parties stipulate as follows:


1. The facts alleged in the complaints are true and constitute a violation of the Public Health Code.

2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

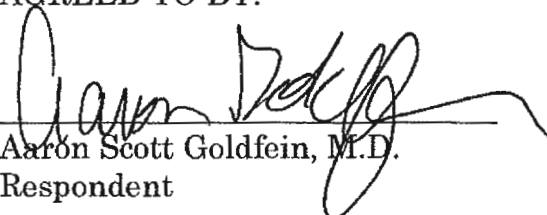
3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Dr. Peter Graham, M.D. Dr. Graham or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

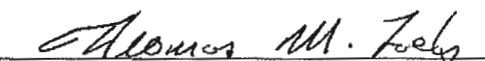
By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:


Bridget K. Smith (P71318)
Assistant Attorney General
Attorney for Complainant
Dated: 4/18/17

AGREED TO BY:


Aaron Scott Goldfein, M.D.
Respondent
Dated: 4/12/17


Thomas M. Loeb (P25913)
Attorney for Respondent
Dated: 4/12/17

Public

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 24, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Aaron Scott Goldfein, M.D.

REDACTED

Re: License No. 232882

Dear Dr. Goldfein:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-74. This modification order and any penalty provided therein goes into effect March 31, 2014.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Robert S. Harrison, Esq.
Robert Harrison & Associates, P.C.
200 East Long Lake Road, Suite 110
Bloomfield Hills, MI 48304

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

BPMC No. 14-74

IN THE MATTER
OF
AARON SCOTT GOLDFEIN, M.D.

MODIFICATION
ORDER

Upon the proposed Application for a Modification Order of AARON SCOTT GOLDFEIN, M.D., (Respondent), that is made a part of this Modification Order, it is agreed and

ORDERED, that the attached Application and its terms are adopted and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing, by first class mail, a copy of the Modification Order to Respondent at the address in the attached Application or by certified mail to Respondent's attorney or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 3/21/2014

REDACTED

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
AARON SCOTT GOLDFEIN, M.D.

APPLICATION FOR
MODIFICATION ORDER

AARON SCOTT GOLDFEIN, M.D., (Respondent) being duly sworn deposes and says:

That on or about June 18, 2004, I was licensed to practice medicine in the State of New York, having been issued license number 232882 by the New York State Education Department.

My current address is REDACTED

I am currently subject to BPMC Order No. 11-95, (hereinafter "Original Order"), annexed hereto, made a part, hereof, and marked as Attachment I, that was issued on April 19, 2011. I have paid the \$2,500.00 fine discussed in Attachment I and have complied with the State of Michigan Orders that were the basis of BPMC Order No. 11-95.

I apply to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the paragraphs in the Original Order that state:

"Censure and Reprimand;

Should Respondent return to the practice of medicine in the State of New York, he shall permanently restricted from prescribing controlled substances."

substituting for the above paragraphs: _

"I (Respondent) ask the Board to accept surrender of my license, and I agree to be bound by all of the terms set forth in the attached Exhibit "B."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance of the Board of this Application, I knowingly waive the right to contest the Original Order or the Modification Order for which I apply, both administratively and judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct, and the Chair of the State Board for Professional Medical Conduct each retain complete discretion to either enter into the proposed Agreement and Modification Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED:

3/3/14

REDACTED

AARON SCOTT GOLDFEIN, M.D.
Respondent

The undersigned agree to the attached Application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE:

3/3/14

REDACTED

ROBERT S. HARRISON, Esq.
Attorney for Respondent

DATE:

3/5/14

REDACTED

MICHAEL G. BASS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE:

3/20/14

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

Attachment

I

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
AARON SCOTT GOLDFEIN, M.D.

CONSENT
ORDER
BPMC No. 11-95

Upon the application of AARON SCOTT GOLDFEIN, M.D., (Respondent), in the attached Consent Agreement, that is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, or upon facsimile or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 4/19/11

REDACTED

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional
Medical Conduct

STATE OF NEW YORK: DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

AARON SCOTT GOLDFEIN, M.D.
CO-10-03-1866-A

CONSENT

AGREEMENT

AARON SCOTT GOLDFEIN, M.D., (Respondent), representing that all of the following statements are true, deposes and says:

That on or about June 18, 2004, I was licensed to practice medicine in the State of New York and issued license number 232882 by the New York State Education Department.

My current address is REDACTED, and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with four (4) Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit A, is attached to and part of this Consent Agreement.

I do not contest the four (4) Specifications, and agree to the following sanction:

Censure and Reprimand;

Should Respondent return to the practice of medicine in the State of New York, he shall be permanently restricted from prescribing controlled substances;

Respondent shall pay a \$2,500.00 fine, to be paid within thirty (30) days of the effective date of the Consent Order to the NYS Department of Health, Bureau of Accounts Management, Revenue Unit, Empire State Plaza, Corning Tower, Room 1717, Albany, NY 12237-0016.

Respondent shall comply fully with the State of Michigan, Board of Medicine, Consent Order, dated February 5, 2010, and the State of Michigan, Board of Pharmacy, Consent Order, dated March 10, 2010, and any extensions or modifications thereof.

Respondent shall provide a written authorization for the Michigan Boards to provide the Director of the Office of Professional Medical Conduct (OPMC) with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the Michigan Orders.

Respondent shall submit semi-annually a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the Michigan Orders during the declaration period specified.

Should Respondent return to the practice of medicine in the State of New York or in any jurisdiction where that practice is predicated upon Respondent's New York State medical license, Respondent shall provide ninety (90) days notice in writing to the Director, OPMC. The Director in his sole discretion, may impose whatever limitations, or further conditions, he deems appropriate.

I agree, further, that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of New York Education Law § 6502 including, but not limited to, the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the effective date of the Consent Order and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the OPMC in its administration and enforcement of the Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Agreement. Respondent shall meet with a person designated by the Director, OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to New York Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that the Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent Agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, administratively and/or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent Agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 3/23, 2011

REDACTED

AARON SCOTT GOLDFEIN, M.D.
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 4/8/11, 2011

REDACTED

JESSE ADAM MARKOS
Attorney for Respondent

DATE: 4/13/11, 2011

REDACTED

MICHAEL G. BASS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 4/19, 2011

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT A

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

AARON SCOTT GOLDFEIN, M.D.
CO-10-03-1866-A

STATEMENT

OF

CHARGES

AARON SCOTT GOLDFEIN, M.D., Respondent, was authorized to practice medicine in New York state on June 18, 2004, by the issuance of license number 232882 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about February 5, 2010, the State of Michigan, Department Of Community Health Bureau Of Health Professions, Board Of Medicine, Disciplinary Subcommittee, (hereinafter "Michigan Board of Medicine"), by Consent Order, (hereinafter "Michigan Board of Medicine Order"), placed Respondent on Probation for a period of one (1) year and fined Respondent \$1,000. In the Michigan Board of Medicine Order, Respondent agreed that the Michigan Board of Medicine would treat the allegations set forth in the Administrative Complaint of March 3, 2009, as true. The Administrative Complaint of March 3, 2009, alleged that Respondent engaged in conduct that consisted of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, that Respondent's conduct evidenced a lack of good moral character, and that Respondent's conduct evidenced obtaining, possessing, or attempting to obtain or possess a controlled substance or drug without lawful authority, and/or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

B. On or about March 10, 2010, the State Of Michigan, Department Of Community Health, Bureau Of Health Professions, Board Of Pharmacy, Disciplinary Subcommittee, (hereinafter Michigan Board of Pharmacy) by Consent Order, (hereinafter "Michigan Board of Pharmacy Order"), placed Respondent on Probation for a period of one (1) year and fined Respondent \$2,500. In the Michigan Board of Pharmacy Order, Respondent agreed that the Michigan Board of Pharmacy would treat the allegations in the Administrative Complaint of March 3, 2009, as true. The Administrative Complaint of March 3, 2009, alleged that on July 18, 2008, Respondent prescribed 80 mg of Oxycontin to two (2) patients prior to examining them

and that on September 24, 2008, Respondent prescribed 80 mg of Oxycontin for a patient whose medical record lacked clinical evidence to support the use of the medication.

C. The conduct resulting in the Michigan Board of Medicine disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law Sec. 6530(3) (negligence on more than one occasion).
2. New York Education Law Sec. 6530(20) (moral unfitness).

D. The conduct resulting in the Michigan Board of Pharmacy disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law Sec. 6530(3) (negligence on more than one occasion).
2. New York Education Law Sec. 6530(32) (failure to maintain a record).

SPECIFICATIONS

FIRST AND SECOND SPECIFICATIONS

Respondent violated New York Education Law Sec. 6530(9)(b) by having been found guilty of improper professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

1. The facts in Paragraphs A and C.
2. The facts in Paragraphs B and D.

THIRD AND FOURTH SPECIFICATIONS

Respondent violated New York Education Law Sec. 6530(9)(d) by having disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

3. The facts in Paragraphs A and C.

4. The facts in Paragraphs B and D.

DATED: *January 1*, 2011
Albany, New York

REDACTED

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

**REQUIREMENTS FOR CLOSING A MEDICAL PRACTICE FOLLOWING A
REVOCATION, SURRENDER OR SUSPENSION (of six months or more)
OF A MEDICAL LICENSE**

1. Respondent shall immediately cease and desist from engaging in the practice of medicine (in New York State) in accordance with the terms of the Order. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing himself as being eligible to practice medicine.
2. Respondent shall have delivered, to OPMC at Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204, Respondent's original license to practice medicine in New York State and current biennial registration within five (5) days of the effective date of the Order.
3. Respondent shall within fifteen (15) days of the Order, notify all patients of the cessation of his medical practice and will refer all patients to another licensed practicing physician for their continued care, as appropriate.
4. Respondent shall make arrangements for the transfer and maintenance of the medical records of his patients. Within thirty days of the effective date of the Order, Respondent shall notify OPMC of these arrangements including the appropriate and acceptable contact person's name, address, and telephone number who shall have access to these records. Original records shall be retained for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information on the record is kept confidential and made available only to authorized persons. When a patient and/or his/her authorized representative requests a copy of the patient's medical record, or requests that the original medical record be forwarded to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed seventy-five cents per page.) Radiographic, sonographic, and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of his/her inability to pay.
5. In the event that Respondent holds a Drug Enforcement Agency (DEA) certificate for New York State, Respondent shall, within fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Respondent shall within fifteen (15) days of the Order's effective date, return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement, New York State Department of Health at Riverview Center, 150 Broadway, Albany, NY 12204. Respondent shall cause all prescription pads bearing his/her name to be destroyed. If

no other licensee is providing services at Respondent's practice location, all medications shall be properly disposed of.

7. Respondent shall not share, occupy or use office space in which another licensee provides health care services. Respondent shall cause all signs to be removed within fifteen (15) days and stop all advertisements, professional listings whether in telephone directories, on the Internet or otherwise, professional stationery or billings by which his/her eligibility to practice is represented.
8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by Respondent or others) while barred from engaging in the practice of medicine. Respondent may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of this Order.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and if Respondent's license is revoked, surrendered or suspended for a term of six months or more under the terms of this Order, Respondent shall divest himself/herself of all financial interest in the professional services corporation in accordance with New York Business Corporation Law. Such divestiture shall occur within ninety (90) days of the effective date of this Order. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the effective date of this Order.
10. Failure to comply with the above directives may result in a civil penalty or further criminal penalties as may be authorized pursuant to the law. Under Section 6512 of the Education Law it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when such professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in Section 230-a of the Public Health Law, which includes fines of up to \$10,000 for each specification of charges of which Respondent is found guilty and may include revocation of a suspended license.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AARON SCOTT GOLDFEIN, M.D.
License Number: 43-01-082782

File Number: 43-08-110537
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on March 3, 2009, charging Aaron Scott Goldfein, M.D., hereafter Respondent, with having violated sections 16221(a), 16221(b)(vi), and 16221(c)(iv) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the allegations of fact and law as set forth in the Complaint dated March 3, 2009, but agrees that the Disciplinary Subcommittee of the Michigan Board of Medicine, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS HEREBY FOUND that the allegations of fact and law set forth in the Complaint are true, for the purposes of this Consent Order, and constitute violations of sections 16221(a), 16221(b)(vi), and 16221(c)(iv) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the aforesaid violations of the Public Health Code, Respondent is placed on PROBATION for a period of ONE YEAR, commencing on the effective date of this Order. The terms of probation shall be as follows:

1. CONTINUING EDUCATION: Respondent shall successfully complete a minimum of one course of continuing education accepted by the Michigan Board of Medicine, hereafter Board, in each of the following areas: a) pain management, and b) prescription drug addiction in patients. This continuing education shall be completed during the probationary period and **shall not** apply in computing Respondent's current continuing education requirements for license renewal.

Respondent shall seek and obtain pre-approval of the continuing education from the Chairperson of the Board or the Chairperson's designee. Respondent shall mail requests for pre-approval of the continuing education and proof of the successful completion of the continuing education to the Department of Community Health, Bureau of Health Professions, hereafter Department, at the address set forth below.

2. POLICIES AND PROCEDURES: Within 30 days of the effective date of this Order, Respondent shall submit to the Department policies and procedures for screening patients and prescribing medications, for review by the Chairperson of the Board, or the Chairperson's designee, at the address set forth below. In the event any changes to the policies and procedures are recommended, Respondent shall submit revised

policies and procedures in accordance with the recommended changes.

3. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.
4. REPORTING PROCEDURE: Respondent shall direct all communications required by the terms of this Order, except fines, to: Department of Community Health, Bureau of Health Professions, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

The timely filing of all information relating to this Order shall be Respondent's responsibility, and failure to file said information within the time limitations herein provided shall be deemed a violation of an order of the Disciplinary Subcommittee.

5. COSTS: Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation at the end of the probationary period, PROVIDED Respondent has complied with the terms of this Order and has not violated the Public Health Code.

IT IS FURTHER ORDERED that for the aforesaid violations of the Public Health Code, Respondent is FINED in the amount of \$1,000.00 to be paid to the State of Michigan within six months from the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Community Health, Bureau of Health Professions, Sanction Monitoring, P.O. Box 30185, Lansing, MI 48909. The fine shall be paid by check or money order made payable

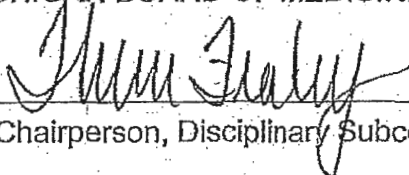
to the State of Michigan, and the check or money order shall clearly display the file number 43-08-110537.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this order, and if such violation is deemed to constitute an independent violation of the Public Health Code or the rules promulgated thereunder, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACCS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 2.5.2010

MICHIGAN BOARD OF MEDICINE

By: 
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent neither admits nor denies the allegations of fact and law set forth in the Complaint dated March 3, 2009, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and to appear with an attorney and such witnesses as Respondent may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

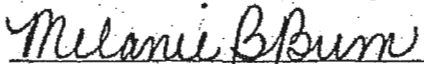
During a compliance conference held in the matter, Respondent indicated that he was not aware of the high potential for abuse for the medications he was prescribing. Respondent indicated that he has changed his prescribing practices and more actively screens patients for whom he prescribes narcotic medications. Further, Respondent indicated that he has significantly reduced the number of patients to whom he prescribes narcotics.

4. Richard Burney, M.D., a member of the Board who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

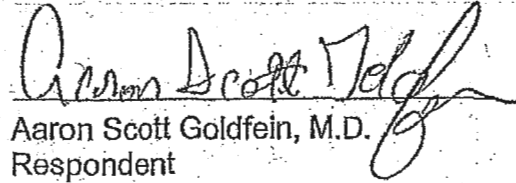
5. The foregoing Consent Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

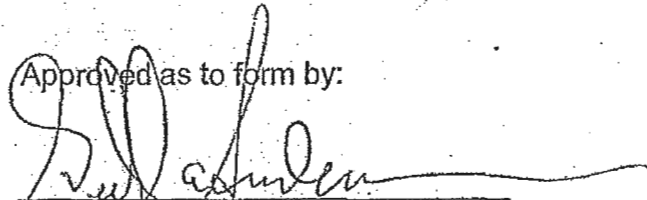

Melanie B. Brim, Director
Bureau of Health Professions
Department of Community Health
Dated: December 4, 2009

AGREED TO BY:


Aaron Scott Goldfein, M.D.
Respondent

Dated: 11-25-2009

Approved as to form by:


Gerald A. Sniderman (P25156)
Attorney for Respondent

This is the last and final page of a Consent Order and Stipulation in the matter of Aaron Scott Goldfein, M.D., File Number 43-08-110537, before the Disciplinary Subcommittee of the Michigan Board of Medicine, consisting of six pages, this page included.

DB