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**FILED**  
July 23, 2012  
**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

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

IN THE MATTER OF THE SUSPENSION OR :  
REVOCAION OF THE LICENSE OF :  
 :  
Aaron A. Gelfand, M.D. :  
License No. 25MA06290200 :  
 :  
TO PRACTICE MEDICINE AND SURGERY :  
IN THE STATE OF NEW JERSEY :

Administrative Action  
: **CONSENT ORDER OF**  
: **RESTRICTED LICENSURE**

This matter was first opened to the New Jersey State Board of Medical Examiners ("Board") on July 7, 2011 by the Attorney General of New Jersey upon the filing of an Order to Show Cause and Verified Complaint seeking the temporary suspension of Aaron A. Gelfand, M.D.'s ("Respondent") license to practice medicine and surgery pursuant to N.J.S.A. 45:1-22. It is undisputed that Respondent was a participant in the Alternate Resolution Program which permits anonymous treatment of licensees under the auspices of the Professional Assistance Program of New Jersey ("PAP"). The Verified Complaint alleges that Respondent failed to comply with his Board-approved program of recovery, specifically by ingesting opiates absent any documented prescription(s). The Attorney

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General alleges that this is in direct violation of Respondent's PAP established treatment plan thereby rendering him incapable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare, in violation of N.J.S.A. 45:1-21(I). The Verified Complaint further alleges violations of N.J.S.A. 45:1-21(1) and N.J.S.A. 45:1-21(e).

Prior to the filing of an Answer, Respondent entered into a Consent Order of Temporary Suspension filed by the Board on July 13, 2011. Pursuant to that Order, Respondent agreed to the suspension of his license and to participation in the PAP.

On or about May 21, 2012 Respondent appeared before the Impairment Review Committee (IRC) and testified in support of his petition to be reinstated to the active practice of medicine. Respondent testified at length before the IRC and addressed in detail his struggles with substance abuse. Although he agreed to the temporary suspension of his license in July 2011, his urine last tested positive in September 2011. His participation in the PAP continued after that time and to date. The program now supports his return to practice with appropriate restrictions.

The Board and the IRC have concluded that Respondent's practice of medicine no longer appears to demonstrate a clear and imminent danger to the public. Further, Respondent is amenable to appropriate restrictions on his practice which will ensure ongoing monitoring by the PAP and thus the safety of the public. The

parties being desirous of resolving this matter at this juncture and the Board finding that the within disposition is adequately protected of the public health, safety and welfare,

IT IS, THEREFORE ON THIS                      DAY OF                      , 2012,

ORDERED THAT:

1. The license of Respondent Aaron A. Gelfand, M.D. to practice medicine and surgery in the State of New Jersey is hereby restored to active status subject to the restrictions set forth herein;

2. Respondent shall comply, at his own expense, with a monitoring program designed by the Professional Assistance Program of New Jersey ("PAP"). That program shall be designed by the PAP and shall include, but not be limited to, the following:

A. Respondent shall maintain absolute abstinence from all psychoactive substances, including alcohol, except upon prescription from a treating physician for a documented medical condition with advance notification to the Executive Medical Director of the PAP. Respondent shall cause any physician or dentist who prescribes medication which is a controlled dangerous substance to provide a written report to the PAP with patient records indicating the need for such medication. Such report shall be provided to the PAP no later than seven (7) days subsequent to the prescription in order to avoid any confusion which may be caused by a confirmed positive urine test as a result of such medication;

B. Respondent shall attend Alcoholics Anonymous, Narcotics Anonymous, and/or 12-Step meetings as directed by the PAP at a minimum frequency of three (3) times per week. Respondent shall continue to attend these meetings three (3) times per week until such time as the Executive Medical Director of the PAP determines that a modification to the frequency of the meetings is warranted consistent with Respondent's duration in recovery. Notification of any changes in Respondent's attendance at these meetings shall be given to the Executive Director of the Board and the IRC. Respondent shall provide evidence of attendance at such groups directly to the PAP on a form or in a manner as required by the PAP. The PAP shall advise the Board immediately in the event it receives information that Respondent has discontinued attendance at the support groups;

C. Respondent shall have his urine monitored under the supervision of the PAP on a random, unannounced basis at a minimum of twice per week, until the conclusion of the first six (6) months after Respondent's return to practice. Thereafter, Respondent's screens are to be at a frequency determined by the Executive Medical Director of the PAP but not less than once a week for the subsequent 18 months. Further reductions in screens shall be on a schedule determined by the Executive Medical Director of the PAP consistent with Respondent's duration in recovery. Notification of any changes in Respondent's urine monitoring shall be given to the Executive

Director of the Board and the IRC.

The urine monitoring shall be conducted with direct witnessing of the taking of the samples by an individual designated by the PAP. The testing procedure shall include a forensic chain of custody protocol to ensure sample preservation and integrity, and to provide documentation in the event of a legal challenge. The PAP shall be responsible to assure that all urine samples are handled by a laboratory competent to provide these services.

All test results shall be provided in the first instance directly to the PAP and any positive results shall be reported immediately by the PAP to the Executive Director of the Board or his designee. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guarantee the accuracy and reliability of the testing.

Any failure by Respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event Respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from the Executive Medical Director of the PAP, or his designee. Neither a volunteer nor drug clinic staff shall be authorized to consent to waive a urine test.

In addition, Respondent must provide the PAP with written substantiation of his inability to appear within two (2) days, e.g. a physician's report, attesting that Respondent was so ill that he was unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond the control of Respondent that makes appearance for a test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The PAP shall immediately advise the Board of each instance where a request has been made to waive a urine test together with the PAP's determination in each such case.

Based upon Respondent's existing familiarity with the requirements of PAP monitoring, he is on notice that positive urine screens will be reported to the Board despite any claim by Respondent that the test results stem from his consumption of foodstuffs (such as poppy seed bagels) which he is required to be knowledgeable about and to avoid;

D. Respondent shall participate in continued psychiatric treatment with Dr. Labins on a schedule determined by Dr. Labins in consultation with the PAP. Any cessation of treatment shall be upon the authorization of both the therapist and the PAP.

E. Respondent shall participate in weekly group aftercare meetings until such time as he may be discharged by the aftercare program and upon notice to the PAP.

F. Respondent shall attend monthly face-to-face meetings with a clinical representative of the PAP and continuing until the conclusion of the first six months after Respondent's return to practice. The frequency of the face-to-face meetings thereafter shall be every two months for the next six months and then on a schedule determined by the Executive Medical Director of the PAP consistent with Respondent's duration in recovery and direction provided by the IRC. Notification of any changes in Respondent's face-to-face followup with the PAP shall be given to the Executive Director of the Board and the IRC.

G. The PAP shall provide quarterly status reports to the Board and the IRC in regard to its monitoring of Respondent as outlined herein including, but not limited to, the urine testing and attendance at support groups. The PAP shall attach to its quarterly reports any and all appropriate reports and/or documentation concerning any of the monitoring aspects of the within program. The PAP shall immediately notify the Board in the event that Respondent is non-compliant with the monitoring requirements and recommendations of the PAP or if there is any information received that indicates that Respondent has used any substance or engaged in any conduct unauthorized by the PAP and/or indicative of relapse behavior;

2. Respondent shall resume the practice of medicine in the employ of another physician and shall not engage in solo practice absent approval from the IRC, the PAP and the Board. Respondent's employer shall be made aware of the instant Order and shall agree that Respondent's practice shall not exceed 40 hours per week. The 40 hour limitation shall continue for at least the first six (6) months of respondent's return to practice and may continue thereafter at the discretion of the PAP and IRC. Additionally, Respondent must work in a Board approved setting which approval can be provided by the IRC. Respondent is permitted to seek Board approval of practice in a solo setting after he has practiced in an employment setting for one year.

3. All costs associated with the monitoring program as outlined herein shall be paid directly by Respondent.

4. Respondent shall provide appropriate releases to any and all parties who are participating in the monitoring program as outlined herein as may be required in order that all reports, records, and other pertinent information may be provided to the Board in a timely manner.

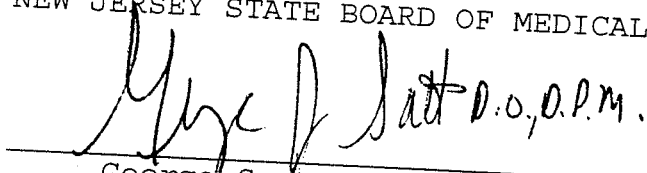
5. Any deviation from the terms of this Order without the prior written consent of the Board shall constitute a failure to comply with the terms of this Order. Upon receipt of any reliable information indicating Respondent has violated any terms of this Order, including but not limited to a positive urine, a relapse of



alcohol or psychoactive substance use, Respondent's license may be automatically suspended by the Board. Respondent upon five (5) days notice, may request a hearing to contest the entry of such an order. At any such hearing the sole issue shall be whether any of the information received regarding Respondent was materially false. In addition, the Board reserves the right to bring further disciplinary action.


6. The parties hereby stipulate that entry of this Order is without prejudice to further action by this Board, other law enforcement entities or the Office of Drug Control resulting from Respondent's conduct prior to the entry of this Order, and without prejudice to the further prosecution of the allegations contained in the Verified Administrative Complaint filed with the Board of Medical Examiners on July 7, 2011.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS



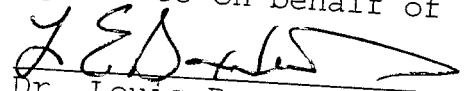
George Scott, D.P.M., D.O.  
President

I have read and understood the within Consent Order and agree to be bound by its terms. I understand that this Order has serious legal consequences and have decided to enter into this agreement with the Board without counsel. Consent is hereby given to the Board to enter this Order.

  
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Aaron A. Gelfand, M.D.

7-19-12  
Date

Agreed to on behalf of the PAP-NJ

  
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Dr. Louis Baxter  
Executive Medical Director