STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH BUREAU OF HEALTH PROFESSIONS

In the Matter of MICHAEL ARTHUR ROTH, M.D. License Number: 43-01-028327 FILE NO.: 43-00-2832-00 PROOF OF SERVICE State of Michigan) County of Ingham) I, Dawn Markham, of Lansing, County of Ingham, State of Michigan, do hereby state that on May 21, 2004, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows: CONSENT ORDER AND STIPULATION dated May 19, 2004. BY: (X) First Class Mail Certified Mail, Return receipt requested () TO: Michael Arthur Roth, M.D. 42450 W. 12 Mile #205 Novi, MI 48377

IANNI & ASSOCIATES, P.C. Nicholas A. lanni, Jr. (P34486) Michael Arthur Roth, M.D. 2264 E. Stadium Blvd. Ann Arbor, MI 48104

By Interdepartmental Mail to:

Merry A. Rosenberg Department of Attorney General Health Professionals Division

Robert C. Miller, Manager Bureau of Health Professions Complaint Section

Dawn Markham

Complaint and Allegation Division

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

In the Matter of

MICHAEL ARTHUR ROTH, M.D.

Complaint No. 43-00-2832-00
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on October 15, 2003, charging Michael Arthur Roth, M.D., (Respondent) with having violated sections 16221(a), (b)(i), and (b)(vi) 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 Complaint.

Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the Complaint are true and that Respondent has violated sections 16221(a), (b)(i), and (b)(vi) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent is placed on PROBATION for a period of six months commencing on the effective date of this Order. Reduction of the probationary period shall occur only while

Respondent is employed as a medical doctor. Respondent shall be automatically discharged from probation at the end of the probationary period provided Respondent has complied with the terms of this Order. The terms and conditions of the probation with which Respondent must complete within the period of probation are as follows:

Mary Miles

- A. MEETING WITH BOARD MEMBER OR DESIGNEE. Respondent shall meet quarterly with a Board member or a designee named by the Board Chairperson to review Respondent's professional practice. The initial meeting shall occur at the beginning of probation and subsequent meetings as deemed necessary by the reviewer, but at least quarterly until the period of probation ends. Within fifteen days of this Order's effective date, Respondent shall contact the Sanction Monitoring Unit (Unit) of the Bureau of Health Services, Department of Community Health at (517) 373-4972. The Unit shall provide Respondent with the name of and contact information for the designated person. Respondent shall be responsible for scheduling the time and place of his meetings with this individual.
- B. <u>RECORDS REVIEW</u>. During the period of probation, the designated physician shall review records of patients treated by Respondent on both an inpatient and outpatient basis. This review may occur at the quarterly meetings described in the above paragraph.
- C. <u>CONTINUING EDUCATION CREDITS</u>. Respondent shall successfully complete continuing education (CE) credits in the areas of bariatrics and proper medical documentation. These hours shall not count toward the number of credit hours required for license renewal. Respondent must seek and obtain advance approval of the CE course from the Board Chairperson or his designee. Respondent shall mail his request for course approval and proof of successful course completion to the Department at the address set forth below.
- D. <u>WEIGHT MANAGEMENT PLANS</u>. Respondent shall submit an approved weight management plan for use in his office practice to a Board approved physician for review. This plan shall include at a minimum, nutritional guidelines, exercise routines, a schedule for patients to meet goals, proper patient follow-up, proper chart documentation, and a timeframe in which the use of scheduled medications will no longer be used for weight loss.
- E. <u>REPORTING PROCEDURE</u>. The designated reviewer described above shall issue reports to the Department advising of Respondent's work performance. These reports shall also include an evaluation of

Respondent's charts with respect to the adequacy of his documentation. The first report shall be filed at the end of the first month of probation, and subsequent reports as deemed necessary by the reviewer, but at least quarterly until Respondent is discharged from probation. In addition to receiving reports as required above, the Department or its authorized representative may periodically contact the reporting individual to inquire of Respondent's progress. By accepting the terms of this Consent Order and Stipulation, Respondent has authorized the release of all necessary records and information.

F. PHARMACY INSPECTIONS. Respondent shall be subject to random inspections by a Department of Community Health's pharmacy inspector. The inspector shall then file a report detailing Respondent's compliance with all applicable statutory requirements and rules governing his drug control license.

Respondent is FINED \$15,000.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with Complaint number 43-00-2832-00 clearly indicated on the check or money order) within six months from the effective date of this Order. The timely payment of the fine shall be Respondent's responsibility.

Respondent shall direct any communications to the Department that are required by the terms of this Order, except the payment of fines, to: Sanction Monitoring Unit, Bureau of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, Michigan 48909.

Respondent shall mail any fine required by the terms of this Order to: Sanction Monitoring, Bureau of Health Professions, Department of Community Health, P.O. Box 30185, Lansing, Michigan 48909.

Respondent shall be responsible for the timely compliance with the terms of this Consent Order, including the timely filing of any documentation, and the 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 1996 AACS, 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_

May 19, , 2004.

MICHICAN BOARD OF MEDICINE

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hairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

- 1. Respondent does not contest the allegations of fact and law in the Complaint.

 Respondent understands that, by pleading no contest, he does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the Complaint and may enter an Order treating the allegations as true.
- 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.

- 3. The Disciplinary Subcommittee may enter the above Consent Order, which Board conferee Scot F. Goldberg, M.D. supports. The Board conferee and the undersigned Assistant Attorney General are free to discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.
- 4. The Board conferee and the parties considered the following factors in reaching this agreement:
 - A. Respondent has cooperated fully in the resolution of this matter.
 - B. There has been no patient harm as a result of Respondent's conduct described in the State's Administrative Complaint.
 - C. Respondent will never perform a pregnancy termination procedure outside an approved clinic/hospital/office setting. Respondent understands his office practice will continue to be subject to random pharmacy inspections after his probation period ends.
- 5. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

AGREED TO BY: AGREED TO BY: Merry A Rosenberg (P32120) Michael Arthur Roth, M.D. Assistant Attorney General Respondent Attorney for Complainant 4-15-04 Dated: 422/04 Nicholas A. Ianni, Jr. (P34486) Attorney for Respondent Dated: 4-15-04 State of Michica) County of WAINTEWAW) On April 15 , 2004, I observed Michael Arthur Roth, M.D., sign this Stipulation. Notary Public, Wasure Ac County State of NICHTCH My commission expires: 1/13/05

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