



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 20, 2020

Harvey Roth, MD

Re: File Number 43-19-001424

Dear Licensee:

As set forth in the enclosed Order issued by the Disciplinary Subcommittee of the Michigan Board of Medicine, at least one administrative sanction has been imposed upon your license.

Section 16241(7) of the Michigan Public Health Code requires a licensee or registrant who is reprimanded, fined, placed on probation or ordered to pay restitution, or an individual whose application for licensure or registration is denied, to notify, in writing, the licensee or registrant's employer, if any, and each hospital the licensee/registrant is admitted to practice, if any, within *ten* days of the date of the order imposing the sanction(s)

The enclosed Notice of Licensure/Registration Sanction form has been developed to assist you in complying with these provisions of law.

By June 4, 2020, you are required to:

- 1) Complete the front of the form;
- 2) Transmit a copy of the form to the individuals and/or entities described above in section 16241(7);
- 3) Complete the affidavit on the back of the form;
- 4) Have the affidavit notarized; and
- 5) Submit the completed original form to the Department at the address below:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Attn: Compliance Section
P.O. Box 30670
Lansing, MI 48909

Failure to comply with these provisions of the Public Health Code may result in the imposition of further administrative sanctions.

If you have any questions regarding the enclosed form, please contact the Enforcement Division at (517) 335-3114.

Enclosures

TranInfo:430136 24258392-1 05/26/20
Chk#: 3029 Amt: \$5,000.00
ID: 4319001424

For the cited violation(s) of the Public Health Code, Respondent is FINED \$5,000.00 to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, 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 43-19-001424**.

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one (1) day. If, within six (6) months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

If Respondent's license remains suspended for more than six (6) months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

Harvey Roth, MD
9593 Parkview Avenue
Boca Raton, FL 33428



Department of Licensing and Regulatory Affairs
Enforcement Division
Compliance Section
P.O. Box 30189
Lansing, MI 48909

48909-768989



Harvey C. Roth, MD
ME 0064837

In January 2019, an Administrative Complaint was filed concerning an incident that occurred in December 2017 (Case #201723375). The incident concerned a patient who presented for and requested an elective medical termination of pregnancy. The patient signed consent forms reflecting that a surgical termination may become necessary if the medical termination was ineffective.

Due to a series of events, a surgical termination of pregnancy was performed rather than the medical termination of pregnancy. Most significant of these incidents was the patient answering to another patient's name when called in the pre-operative holding area and continuing to respond to that incorrect name. Additionally, the patient never questioned positioning on the table for dilation and curettage or the placement of an intravenous line in her arm. The termination was performed without incident or complication.

The situation was discussed with the patient after the surgery, and she appeared to be accepting of the situation. She later filed a complaint which was investigated. I have disputed the allegations in the Complaint, but the Administrative Complaint was filed by the Department of Health and in July 2019, the Final Order was filed.

The settlement included 1) a letter of concern 2) required payment of a fine and costs 3) required presentation of a lecture concerning "risk management and avoiding wrong procedures in the office surgery setting" 4) Risk management CMEs and 5) Florida rules and laws course.

Even before the investigation was initiated, this incident prompted office policy changes, such as including multiple steps of patient identification and the patient stating the reason for being in the office.

To date, I have completed all the required tasks, except for the risk management CMEs, and this will be completed as soon as possible (considering the COVID-19 issues).

Additionally, since I have medical licenses in New York and Michigan, their Departments of Health initiated their own investigations.

On April 28, 2020 the New York Department of Health filed the finalized Consent Order which required 1) a Censure and Reprimand and 2) a fine. The fine was paid the following day by check.

On May 20, 2020 the Michigan Department of Health filed the finalized Consent Order which required 1) a Reprimand and 2) a fine. The fine was paid the following day by check.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

In the Matter of

Harvey Roth, MD
License Number: 43-01-076768

FILE NO.: 43-19-001424

PROOF OF SERVICE

State of Michigan

County of Ingham

I, Allison Schaar, of Lansing, County of Ingham, State of Michigan, do hereby state that on May 21, 2020, I sent the following documents to each of the parties listed below, enclosed in an envelope, plainly addressed to their last known address of record, as follows:

CONSENT ORDER AND STIPULATION dated May 20, 2020.

BY: ☐ First Class Mail
 ☒ Email
 ☐ Certified Mail, Return receipt requested
 ☐ Registered Mail

TO: Harvey Roth, MD
 harveyroth@aol.com

Allison Schaar
Compliance Section



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 20, 2020

Harvey Roth, MD

Re: File Number 43-19-001424

Dear Licensee:

As set forth in the enclosed Order issued by the Disciplinary Subcommittee of the Michigan Board of Medicine, at least one administrative sanction has been imposed upon your license.

Section 16241(7) of the Michigan Public Health Code requires a licensee or registrant who is reprimanded, fined, placed on probation or ordered to pay restitution, or an individual whose application for licensure or registration is denied, to notify, in writing, the licensee or registrant's employer, if any, and each hospital the licensee/registrant is admitted to practice, if any, within *ten* days of the date of the order imposing the sanction(s)

The enclosed Notice of Licensure/Registration Sanction form has been developed to assist you in complying with these provisions of law.

By June 4, 2020, you are required to:

- 1) Complete the front of the form;
- 2) Transmit a copy of the form to the individuals and/or entities described above in section 16241(7);
- 3) Complete the affidavit on the back of the form;
- 4) Have the affidavit notarized; and
- 5) Submit the completed original form to the Department at the address below:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Attn: Compliance Section
P.O. Box 30670
Lansing, MI 48909

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If you have any questions regarding the enclosed form, please contact the Enforcement Division at (517) 335-3114.

Enclosures

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing – Enforcement Division**

P.O. Box 30670
Lansing, MI 48909

www.michigan.gov/healthlicense Department Due Date: June 4, 2020
43-19-001424

**NOTICE OF LICENSURE/REGISTRATION SANCTION
Reprimand, Restitution, Fine, Probation, Limitation**

Authority: 1978 P.A. 368, as amended

This completed form serves as notification, to you, that the licensee/registrant named below has had his or her professional license/registration sanctioned for violating one or more provisions of the Michigan Public Health Code. This licensee/registrant is NOT prohibited from practicing his or her profession as long as such practice is in accordance with the sanction(s) set forth below. **This notification is required by law.**

TYPE OR PRINT IN INK ONLY

First Name	Middle Name	Last Name	
Business Address (Enter street address, NOT a P.O. Box)			
City	State	Zip Code	Telephone Number w/Area Code
Type of License/Registration (Profession)		Michigan License/Registration Number	
<p>Type(s) of Sanction(s):</p> <p><input type="checkbox"/> REPRIMAND</p> <p><input type="checkbox"/> FINE IN THE AMOUNT OF \$ _____ TO BE PAID BY _____ (Date)</p> <p><input type="checkbox"/> RESTITUTION IN THE AMOUNT OF \$ _____ TO BE PAID BY _____ (Date)</p> <p><input type="checkbox"/> LIMITATION* UNTIL _____ (Date)</p> <p><input type="checkbox"/> PROBATION* UNTIL _____ (Date)</p> <p>*Please describe the terms of limitation and/or probation below. Attach additional sheets if necessary.</p>			
Effective Date of Sanction		Date Transmitted to Employer(s)	
Date Sent to Hospital(s)		Date Sent to the Department	
Signature of Sanctioned Licensee/Registrant			Date Signed

AFFIDAVIT

I, being the undersigned, do hereby state that:

1. I have completed and reviewed the Notice of Licensure/Registration Sanction (hereafter "Notice") on the opposite side of this Affidavit for correctness.
2. I understand that the address I provided on the Notice may not be the address of record on file with the Department of Licensing and Regulatory Affairs. I further understand that all correspondence will be sent to the address of record, that this Notice does **NOT** serve as notification of a change of address of record, and that it is my responsibility to file a change of address with the Department's Licensing Section.

☐

3. I have personally signed the completed Notice AND transmitted a copy of the signed, completed Notice to each hospital in which I am admitted to practice AND my employer within ten days after the date of the Order imposing the sanction(s);

**Please
check the
box for
either #3
or #4**

OR

☐

4. I am not employed and do not meet the criteria set forth in Sections 16241(6) and 16241(7) of the Public Health Code, as set forth in the above item #4.

I swear or affirm that the contents of this Affidavit are true and to the best of my knowledge. I understand that falsification of this affidavit may result in the imposition of further administrative sanctions against my license(s) or registration.

Print or Type Name:

Signature of Affiant:

Date Signed:

County of _____)

Signed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

Date Commission Expires

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

In the Matter of

HARVEY CRAIG ROTH, M.D.
License No. 43-01-076768,
Respondent.

File No. 43-19-001424

CONSENT ORDER

On September 6, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Medicine (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is REPRIMANDED.

For the cited violation(s) of the Public Health Code, Respondent is FINED \$5,000.00 to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, 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 43-19-001424**.

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This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF MEDICINE

By:  for
Chairperson, Disciplinary Subcommittee

Dated: May 20, 2020

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).
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, 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 Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.
3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231

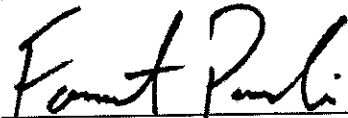
et seq., and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Mohammed Arsiwala, M.D., a member of the Board who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

6. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

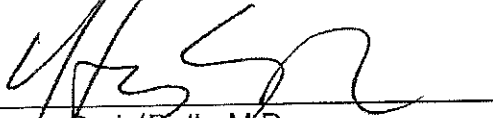
AGREED TO BY:



Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 2-3-2020

AGREED TO BY:



Harvey Craig Roth, M.D.
Respondent

Dated: 1/28/2020

mfw