



**New York State Board for Professional Medical Conduct**

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
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NYS Department of Health

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Executive Deputy Commissioner  
NYS Department of Health

Dennis J. Graziano, Director  
Office of Professional Medical Conduct

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Chairman

Michael A. Gonzalez, R.P.A.  
Vice Chair

Ansel R. Marks, M.D., J.D.  
Executive Secretary

Public

May 3, 2006

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Gregg Miller, PA  
8281 Silver Birch Way  
Lehigh Acres, FL 33971

Re: License No. 008631

Dear Mr. Miller:

Enclosed is a copy of Order #BPMC 06-102 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 10, 2006.

**If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.**

Sincerely,

Ansel R. Marks, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Steven Adam Rubin, Esq.  
Breschel & Rubin, LLP  
Empire State Building  
350 Fifth Ave, Suite 4414  
New York, NY 10118

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

IN THE MATTER  
OF  
Gregg Miller, P.A.

BPMC No. 06-102  
CONSENT  
ORDER

Upon the application of (Respondent) Gregg Miller, P.A. in the attached Consent Agreement and Order, which 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 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 transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 5-2-06

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

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

IN THE MATTER  
OF  
Gregg Miller, P.A.

CONSENT  
AGREEMENT  
AND  
ORDER

Gregg Miller, P.A., representing that all of the following statements are true, deposes and says:

That on or about February 4, 2002, I was licensed to perform medical services as a physician assistant in the State of New York, and issued License No. 008631 by the New York State Education Department.

~~My current address is 8771 Wesleyan Drive, Apt. 1611, Fort. Myers, Florida, 33919, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.~~

8281 Silver Birch Way HP-239-332-8476  
Lehigh Acres, FL. 33971 cell-516-435-7869

I understand that the New York State Board for Professional Medical Conduct has charged me with one (1) specification 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 allegations, in full satisfaction of the charges against me, and agree to the following penalty:

My license to perform medical services shall be limited, pursuant to §§230-a(3) and (6) of the Public Health Law, to preclude patient contact and any performance of medical services in the State of New York, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. Further, a limitation shall be placed precluding the issuance of any further license or registration to me to perform medical services in New York State and I shall not be authorized to engage in any practice of medicine in the State of New York, whether as a licensee, permittee, or exempt person.

I further agree that the Consent Order for which I apply shall impose the following conditions:

- That Respondent shall, within thirty days of the issuance of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's license status is "inactive," and shall provide proof of such notification to the Director of OPMC within thirty days thereafter; and

- That Respondent shall return any and all official New York State prescriptions to the Bureau of Narcotic Enforcement, and shall surrender any Controlled Substance Registration Certificate held to the United States Department of Justice, Drug Enforcement Administration, within 15 days of the effective date of this Order. Further, within thirty days of returning said prescriptions and surrendering said registration, Respondent shall provide documentary proof of such transaction(s) to the Director of OPMC, or a sworn notarized statement advising that he holds no such certification; and

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

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this 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 Order. Respondent shall meet with a person designated by the Director of 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; and

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

I agree that if I am charged with professional misconduct in future, this Consent Agreement and 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 the Public Health Law.

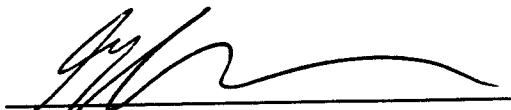
I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this 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's website.

I stipulate that the proposed sanction and Order are authorized by Public Health Law § 230 and § 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct 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, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.


I am aware and agree that regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the agreement which I propose and this application which I submit, or to decline to do so.

DATE 7/9/06

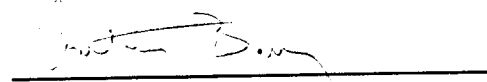
  
\_\_\_\_\_  
Gregg Miller, P.A.  
Respondent

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

DATE: 4/20/06

  
Steven A. Rubin, Esq.  
Attorney for Respondent

DATE: 4/24/06

  
Courtney Berry  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 4/28/06

  
Dennis J. Graziano  
Director  
Office of Professional Medical Conduct



IN THE MATTER  
OF  
Gregg Miller, P.A.

STATEMENT  
OF  
CHARGES

Gregg Miller, P.A., the Respondent, was authorized to perform medical services as a physician assistant in New York State on or about 2002, by the issuance of license number 008631 by the New York State Education Department.

### **FACTUAL ALLEGATIONS**

- A. Respondent treated Patient A at the Emergency Department at Peninsula Hospital in Far Rockaway, N.Y. on or about August 5, 2003. Patient A complained of back pain. Individual B accompanied Patient A to the visit.
1. Respondent engaged in inappropriate verbal conduct during the visit.


### **SPECIFICATION OF CHARGES**

#### **MORAL UNFITNESS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

1. Paragraph A and A1.

DATE: April 2<sup>nd</sup>, 2006  
New York, New York



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Roy Nemerson  
Deputy Counsel  
Bureau of Professional  
Medical Conduct