



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

February 7, 2024

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Igor Cohen, M.D.
80-15 Main Street, #1A
Jamaica, New York 11435

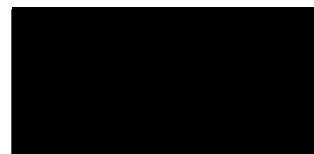
Re: License No. 228201

Dear Dr. Cohen:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 24-035. This order and any penalty provided therein goes into effect February 14, 2024.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,



David Besser, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Paul Walker, Esq.
315 West 106th Street, Suite 1A
New York, New York 10025

IN THE MATTER
OF
IGOR COHEN, M.D.

MODIFICATION
ORDER

Upon the proposed Application for a Modification Order Pursuant to N.Y. Pub. Health Law § 230(10)(q) of Igor Cohen, M.D. (LICENSEE), which is made a part of this Modification Order, it is agreed to and


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

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Modification Order, either by first class to Respondent at the address in the attached Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 2/06/2024


THOMAS T. LEE, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
IGOR COHEN, M.D.**

APPLICATION
FOR
MODIFICATION
ORDER

Igor Cohen, M.D., represents that all of the following statements are true:

That on or about April 25, 2003, I was licensed to practice as a physician in the State of New York and issued License No. 228201 by the New York State Education Department.

My current address is 80-15 Main St, #1A, Jamaica, NY 11435

and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # BPMC 20-036 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on February 18, 2020, (henceforth "Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

The sanction imposed in the Original Order was:

- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude me from ordering, prescribing, administering, distributing or dispensing of opioid medications.

- Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of fifty thousand (\$50,000); twenty-five thousand (\$25, 000) to be paid within 30 days of the effective date of this Order. The remaining twenty-five thousand (\$25,000) to be paid within one year of the effective date of this Order.
- Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of three (3) years, subject to the terms set forth in attached Exhibit "B."
- As a term of probation, Respondent shall be precluded from all ordering, prescribing administering, distributing, or dispensing of controlled substances with the exception of the controlled substances listed below which I shall be permitted to order, prescribe, administer, distribute or dispense:

- Butalbital
- Perampanel
- Diastat
- Clonazepam
- Lorazepam
- Clobazam
- Onfi
- Midrin
- Phenobarbital
- Brivaracetam
- Ezogabine
- Lacosamide

- Pregabalin (for patient indication of seizures ONLY).
- Respondent may apply to the Director of the Office of Professional Medical Conduct for modification of the license limitation set forth at any time after he has concluded the three year probationary period as set forth above.

As the period of probation has been satisfied, the sanction imposed shall be modified to read as follows:

From the effective date of this Modification Order, the previously imposed license limitation shall terminate;

and

All remaining Terms and Conditions will continue as written 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 by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or 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 either to enter into the proposed agreement and 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.

DATE 01/24/2024



IGOR COHEN, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Application for Modification Order and to its proposed penalty, terms and conditions.

DATE: 1/24/2024


PAUL WALKER, ESQ.
Attorney for Respondent

DATE: 01/24/2024


COURTNEY BERRY
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2-6-2024


SHELLY WANG BANDAGO
Director
Office of Professional Medical Conduct

ATTACHMENT I



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 24, 2020

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Igor E. Cohen, M.D.
80-15 Main St., Suite 1A
Jamaica, New York 11435

RE: License No. 228201

Dear Dr. Cohen:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 20-036. This Order and any penalty provided therein goes into effect March 2, 2020.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 2784
Empire State Plaza
Albany, New York 12237

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York, 12204, telephone # 518-402-0846.

Sincerely,



Michael S. Jakubowski, M.D.
Interim Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Paul Walker, Esq.
315 West 106th St.
New York, New York 10025

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

BPMC No. 20-036

IN THE MATTER
OF
IGOR E. COHEN, M.D.

CONSENT
ORDER

Upon the application of (Respondent) IGOR E. COHEN, M.D. 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 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 transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 02/21/2020



Thomas Lee, M.D.
Acting Interim Board Chairperson
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
IGOR E. COHEN, M.D.

CONSENT
AGREEMENT

IGOR E. COHEN, M.D., represents that all of the following statements are true:

That on or about April 25, 2003, I was licensed to practice as a physician in the State of New York, and issued License No. 228201 by the New York State Education Department.

80-15 Main Street, #1A, Jamaica, NY 11435

My current address is ~~96-14 69th Drive, Rego Park, New York 11374~~ and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I cannot successfully defend against one of the acts of misconduct alleged, in full satisfaction of the charges against me, and agree to the following penalty:

1. Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude me from all ordering, prescribing administering, distributing, or dispensing of opioid medication. I shall refer all patients needing opioid medication to a pain management, addiction or other appropriate specialist.
2. Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of three (3) years, subject to the terms set forth in attached Exhibit "B." With regard to probation term set forth in Appendix B, Paragraph 8, the Director may, in the Director's sole reasonable discretion, modify and extend the term that Respondent is precluded from the ordering, prescribing, administering, distributing or dispensing of controlled substances.
3. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$50,000.00 (fifty-thousand dollars). Twenty-five thousand dollars (\$25,000.00) to be paid within 30 days of the effective date of this Order. The remaining amount of the fine (\$25,000.00) to be paid within one year of the effective date of this Order. Payments must be submitted to

Bureau of Accounts Management
New York State Department of Health
Coming Tower, Room 2784
Empire State Plaza
Albany, New York 12237

In making such payment, Respondent shall indicate the order number of this Order both on the payment check submitted and on the cover letter accompanying payment. Additionally, Respondent shall simultaneously mail a photocopy of the check and cover letter to:

Physician Monitoring Program
Office of Professional Medical Conduct
Riverview Center
150 Broadway, Suite 355
Albany, New York 12204-2719

4. Respondent may apply to the Director of the Office of Professional Medical Conduct ("Director") for modification of the license limitation set forth in paragraph (1) at any time after he has concluded the three-year probationary period set forth in paragraph (2).

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

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ 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 N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the Department all information required by the Department to develop a public physician profile for the licensee; continue to notify the Department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the Department's secure web site or on forms prescribed by the Department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the Department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent

remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to \$10,000 per specification of misconduct found; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician

Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this 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 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.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. 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 N.Y. Pub. 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 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 transmission to me or my attorney, whichever is first. The Consent 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. 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, whether administratively 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 of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed 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.

DATE 02/18/2020



IGORE E. COHEN, M.D.
RESPONDENT

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


DATE: 2/18/2020


PAUL WALKER, ESQ.
Attorney for Respondent

DATE: 2/19/2020


DANIEL GUENZBURGER
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/21/2020


PAULA M. BREEN
Director
Office of Professional Medical Conduct

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

EXHIBIT A

IN THE MATTER
OF
IGOR E. COHEN, M.D.

STATEMENT
OF
CHARGES

IGOR E. COHEN, M.D., the Respondent, was authorized to practice medicine in New York State on or about April 25, 2003 by the issuance of license number 228201 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. In or about and between August 2012 and December 2017, Respondent failed to render appropriate care and treatment to Patient A-C, including inappropriately prescribing opioid medication and/or maintaining inadequate documentation of the care and treatment.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. Paragraph A.

SECOND SPECIFICATION

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

2. Paragraph A.

DATE: ^{Feb 17} January 17, 2020
New York, New York


HENRY WEINTRAUB
Chief Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Terms of Probation

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 3) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
- 4) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.
- 5) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 6) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.

7) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

8) Respondent shall be precluded from all ordering, prescribing administering, distributing, or dispensing of controlled substances with the exception of the controlled substances listed below which I shall be permitted to order, prescribe, administer, distribute or dispense:

- a) Butalbital
- b) Perampanel
- c) Diastat
- d) Clonazepam
- e) Lorazepam
- f) Clobazam
- g) Onfi
- h) Midrin
- i) Phenobarbital
- j) Brivaracetam
- k) Ezogabine
- l) Lacosamide
- m) Pregabalin (for patient indication of seizures ONLY)

9) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

- a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

- b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d) Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 10) Respondent shall enroll in and successfully complete a continuing education program as directed by the Office of Professional Medical Conduct. This continuing education program is subject to the Director of OPMC's prior written approval. This program shall be successfully completed within the first 90 days of the probation period unless Respondent obtains, in writing, the Director's prior authorization to exceed that 90-day period. The Director, for good cause shown by Respondent prior to the expiration of such 90-day period, shall have full discretion to deny or grant such extension.
- 11) Respondent shall comply with this Consent Order and all its terms and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.