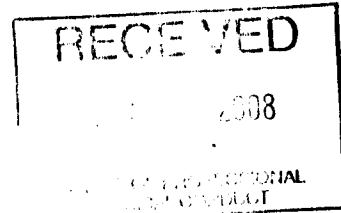




THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE
OF NEW YORK

Office of Professional Discipline, 475 Park Avenue South, 2nd Floor, New York, NY 10016-6901
Tel. (212) 951-6400
Fax (212) 951-6420
E-mail: OP4INFO@MAIL.NYSED.GOV

Public



March 10, 2008

Paul Isaacs, Physician
4303 223rd Street - 3rd Floor
Bayside, New York 11361

Re: Application for Restoration

Dear Dr. Isaacs:

Enclosed please find the Commissioner's Order regarding Case No. CP-07-03 which is in reference to Calendar No. 21587. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

Daniel J. Kelleher
Director of Investigations

By: *Ariana Miller*

Ariana Miller
Supervisor

DJK/AM/bt

cc: Amy Kulb, Esq.
Jacobson & Goldberg & Kulb, LLP
585 Stewart Avenue - Suite 720
Garden City, New York 11530

The
University of the
Education  State of New York
Department

IN THE MATTER

of the

Application of PAUL ISAACS for
restoration of his license to practice
as a physician in the State of New
York.

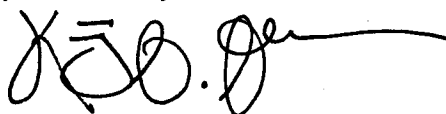
Case No. CP-07-03

It appearing that the license of PAUL ISAACS, 4303 223rd Street, 3rd Floor, Bayside, New York 11361, to practice as a physician in the State of New York, was surrendered by Order of the State Board for Professional Medical Conduct, effective August 14, 1998, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and accepted the recommendations of the Peer Committee and the Committee on the Professions, except having accepted the terms of probation as recommended by the Committee on the Professions, now, pursuant to action taken by the Board of Regents on July 25, 2007, it is hereby

ORDERED that the petition for restoration of License No. 194982, authorizing PAUL ISAACS to practice as a physician in the State of New York, is denied, but that the execution of the Order of Surrender of said license is stayed, and said PAUL ISAACS is placed on probation for a period of five years under specified terms and conditions and, upon successful completion of this probationary period, his license to practice as a physician in the State of New York shall be fully restored.



IN WITNESS WHEREOF, I, Kathy A. Ahearn, Acting
Commissioner of Education of the State of New York for
and on behalf of the State Education Department, do
hereunto set my hand and affix the seal of the State
Education Department, at the City of Albany, this 19th
day of February, 2008.



Acting Commissioner of Education

Case No. CP-07-03

It appearing that the license of PAUL ISAACS, 4303 223RD Street, 3rd Floor, Bayside, New York 11361, to practice as a physician in the State of New York, was surrendered by Order of the State Board for Professional Medical Conduct, effective August 14, 1998, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendations of the Peer Committee and the Committee on the Professions, except having accepted the terms of probation recommended by the Committee on the Professions, now, pursuant to action taken by the Board of Regents on July 25, 2007, it was

VOTED that the petition for restoration of License No. 194982, authorizing PAUL ISAACS to practice as a physician in the State of New York, is denied, but that the execution of the Order of Surrender of said license is stayed, and said PAUL ISAACS is placed on probation for a period of five years under specified terms and conditions and, upon successful completion of this probationary period, his license to practice as a physician in the State of New York shall be fully restored.

Case Number
CP-07-03
July 16, 2006

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department

Report of the Committee on the Professions
Application for Restoration of Physician License

Re: Paul Isaacs

Attorney: Amy T. Kulb, Esq.

Paul Isaacs, 4303 223rd Street, 3rd Floor, Bayside, New York 11361, petitioned for restoration of his physician license. The chronology of events is as follows:

- 02/24/94 Issued license number 194982 to practice medicine in New York State.
- 05/29/97 Pled guilty to Possessing a Firearm in a Federal Facility, a misdemeanor.
- 12/09/97 Charged with professional misconduct by the Department of Health.
- 01/08/98 Consent order issued by State Board for Professional Medical Conduct imposing 3 years stayed suspension and 5 years probation.
- 08/14/98 Charged with professional misconduct by the Department of Health.
- 01/27/99 Surrender order issued by State Board for Professional Medical Conduct effective 8/14/98.
- 07/07/03 Application for restoration submitted.
- 11/16/04 Peer Committee restoration review.
- 06/19/05 Report and recommendation of Peer Committee. (See "Recommendation of the Peer Committee.")
- 10/11/05 Committee on the Professions meeting with applicant.
- 07/02/07 Draft report and recommendation of the Committee on the Professions mailed to applicant.
- 07/10/07 Response to draft report received from applicant.
- 07/16/07 Report and recommendation of Committee on the Professions.

Disciplinary History. (See attached Consent Agreement and Order BPMC #98-10 and Surrender of License BPMC #98-27.) On May 29, 1997, the applicant pled guilty in United States District Court for the Southern District of New York to Possessing a Firearm in a Federal Facility, a misdemeanor. This conviction was based on his having carried a fully-loaded .25 caliber semi-automatic handgun on the premises of the Veterans Affairs Medical Center in the Bronx, New York. On December 9, 1997, the Department of Health charged Dr. Isaacs with one specification of professional misconduct based on his Federal court conviction, and in January 1998, he entered into a consent agreement with the Office of Professional Medical Conduct (OPMC) which resulted in the imposition of a three year stayed suspension and five years of probation. The terms of Dr. Isaacs' probation included requirements that he remain drug free, that he report for drug screens within four hours of being contacted by a monitor, and that he continue in counseling or other therapy as long as the therapist determines is necessary.

In charges dated August 1998, Dr. Isaacs was again charged with professional misconduct. The charges included three specifications based on allegations that he habitually used and was dependent on alcohol and narcotics, that he practiced medicine while impaired by drugs, and that he violated the terms of his probation in that he failed to remain drug free, failed to report for drug screens within four hours of being contacted by a monitor, and failed to continue in drug counseling as directed by his therapist. In January 1999, Dr. Isaacs surrendered his license effective retroactively to August 14, 1998; in his surrender application he stated that he could not "successfully defend against at least one of the acts of misconduct alleged."

On July 7, 2003, Dr. Isaacs submitted the instant application for restoration of his physician license.

Recommendation of the Peer Committee. (See attached Report of the Peer Committee.) The Peer Committee (Lopez, Liss, Vorhaus) convened November 16, 2004. In its report dated June 19, 2005, the Committee unanimously recommended that the surrender of Dr. Isaacs' license to practice as a physician be stayed and that he be placed on probation for five years, during which time he would be required to: complete a residency program in internal medicine in an Article 28 facility, after which he would be required to practice medicine only as a salaried physician in an Article 28 facility; re-enter group or individual therapy, as necessary; and continue in attendance in the AA program and continue with random urine screening.

Recommendation of the Committee on the Professions. On December 12, 2005, the Committee on the Professions (Muñoz, Templeman, Earle) met with Dr. Isaacs to consider his application for restoration. Amy T. Kulb, his attorney, accompanied him.

The Committee asked Dr. Isaacs to explain the events that led to his surrender of his license. He responded by telling the Committee that because of personal family problems he experienced while working as an anesthesiology resident, he began to take Percocet to sleep and developed a dependence on narcotics. He reported that he entered a program for impaired physicians and participated in an in-patient treatment program in Georgia over a six to eight week period in 1994-95. Dr. Isaacs indicated that following completion of that program, he did clinical research in geriatric anesthesiology at a Veterans Administration Hospital in New York State.

Dr. Isaacs then described the incident that led to his federal misdemeanor conviction for Possessing a Firearm in a Federal Facility, indicating that a friend of his needed a place to stay and brought a gun with him. Dr. Isaacs reported that when he later moved to a new residence, he found the gun and took it with him to return to his friend. He further told the Committee that because he did not want to leave the gun in his car, he put it in his briefcase and carried it with him into the Veterans Administration Hospital, where it was discovered when he went through the facility's security system. The record indicates that he subsequently pled guilty to the firearms possession charge and was placed on probation for a term of nine months, with 100 hours of community service and continued participation in a drug treatment program. As noted in the Disciplinary History above, this incident led to disciplinary charges against Dr. Isaacs and a consent agreement with the Office of Professional Medical Conduct which included the imposition of a three year stayed suspension and five years of probation, including requirements that he remain drug free and that he report for drug screens within four hours of being contacted by a monitor.

Dr. Isaacs told the COP that in 1997 he obtained a residency in internal medicine and that he disclosed his history to his new employer, the University of Medicine and Dentistry of New Jersey. He reported that in April 1998 he was a resident at Hackensack Hospital when he was contacted by both the patient's daughter and the nursing staff concerning a patient he had previously treated but was no longer treating. The patient was reported to be in pain, and Dr. Isaacs told the Committee that, although he now realizes he shouldn't have responded to the patient's daughter or the nurse's pages, he did, in fact, administer pain medication to the patient. He continued that on June 13, 1998, allegations were made that he was using Demerol himself, and a urine sample was taken from him. The sample tested positive for Demerol. Dr. Isaacs told the Committee that on June 15, 1998 he went to The Treatment Center of Westchester, a facility at which he had been participating in therapy and having regular urine screens for some time. He further reported that tests performed at The Treatment Center of Westchester on June 15 and 16, 1998 were negative, and this information is confirmed in an undated letter and an October 12, 2004 letter, both from Dr. Raymond A. Griffin, Ph.D., CASAC, Director of the Impaired Health Professionals' Program. Both Dr. Isaacs and Dr. Griffin raised issues about the forensic validity of the June 13 urine test.

As a result of the June 13 positive test result, Dr. Isaacs was charged with professional misconduct for the second time. He surrendered his license and explained

to the COP that he did so because he felt overwhelmed and needed time to re-evaluate his life. He added that he was also advised by the attorney who represented him at that time that the surrender would be for a period of one year, following which his license would be reinstated.

Dr. Isaacs told the Committee that he used drugs for a period of two to three months in 1994-95 and that he has been in recovery since that time. He reported that his recovery has included participation in a 12-step program, work with a sponsor, attendance at meetings, and supervised urinalysis since 1995. He indicated that he has been working as a technician for a company that conducts insurance evaluations; his responsibilities have included activities such as drawing blood, taking urine samples, and gathering personal information. He told the Committee that he has been re-educating himself by participating in free online continuing education programs, reading journals, and staying in contact with his peers. He stated that medicine is his passion and that he believes he is competent to practice, but that he would benefit from a refresher program.

When asked by the Committee how he could demonstrate his competency to practice, Dr. Isaacs indicated that he would follow whatever steps are required in order for his license to be restored. He referenced the recommendation of the peer panel in which the restoration of his license was contingent on his successful completion of five years of probation, including periods of retraining and supervised practice.

Dr. Isaacs told the Committee that he believes he is now a more spiritual person than he had been previously and that he has learned humility. He said that he had previously seen the practice of medicine as a right to which he was entitled but that he now sees the practice of medicine as a privilege. He further indicated that he considers the 12-step program as a way of life and that he has had the opportunity to demonstrate his commitment to staying free from substance abuse. He stated that he feels he is a caring person and has a lot to offer as a physician.

The overarching concern in all restoration cases is the protection of the public. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a professional license. Section 24.7 of the Rules of the Board of Regents charges the COP with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated by law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct that resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the

petitioner but to weigh and evaluate all of the evidence submitted and to render a determination based upon the entire record.

Dr. Isaacs surrendered his license following a second disciplinary consent agreement with the Office of Professional Medical Conduct. This second misconduct proceeding was based on his statement that he was unable to successfully defend against at least one of several charges, all of which were related to substance abuse. While he readily admits that he did have substance abuse problems in the past, Dr. Isaacs continues to maintain that he was not using drugs when a urinalysis administered on June 13, 1998 yielded a positive result. In support of this assertion, he has submitted two letters from Dr. Griffin, Director of the Impaired Health Professionals' Program at The Treatment Center of Westchester, who served as his urine screen monitor. Dr. Griffin wrote that Dr. Isaacs began participation in his program in 1995, that he conducted random tests of Dr. Isaacs weekly, and that he also tested him twice shortly after the June 13 positive test. Dr. Griffin indicated that both tests immediately following the June 13 test were negative, as were all of the tests he conducted through October 12, 2004, the date of his most recent letter. In that letter, Dr. Griffin noted specific indicators of Dr. Isaacs' growth and concluded that, "I have been the director of the Impaired Physicians' Program at our center for the last twenty years. In all my experience of working with physicians during that time, there have only been a handful that are as deserving as Dr. Isaacs to return to the practice of medicine."

In its report, the Peer Committee determined that, "The applicant had made a good effort at re-education and rehabilitation through his on-line CME courses, the reading of medical journals, interaction with medical professionals through his employment and otherwise, his years of group and individual therapy, his solid support group and continuing urine screens and AA attendance and almost daily contact with his AA sponsor." The Peer Committee further found that Dr. Isaacs' demeanor at the hearing demonstrated his sincere remorse and that he took responsibility for the acts that led to the loss of his license. In this regard, the COP notes that notwithstanding his reservations about the validity of the June 13, 1998 urine test, he reentered residential treatment because the Committee on Physicians' Health of the Medical Society of the State of New York recommended that he do so. Dr. Isaacs testified to the Peer Committee that he found this residential treatment to be "extremely beneficial" in that it afforded him the opportunity to explore, with a therapist, a psychologist, and a doctor, issues of which he had been previously unaware, and that he now understood that these issues needed to be addressed in order for him to maintain a "sound and solid recovery" from his addiction.

The COP agrees with the findings of the Peer Committee. The record indicates that Dr. Isaacs has taken responsibility and sincerely expressed remorse for his misconduct, has engaged in a course of conduct that has led to both rehabilitation and a greater understanding of the broader issues he needs to address to maintain his recovery, and has made efforts, within his means, to reeducate himself for reentry into the profession of medicine. However, because his ability to reeducate himself has been limited by his resources, the COP also agrees with the Peer Committee that Dr. Isaacs

will need a significant amount of re-education before he is ready to practice medicine independently.

The Peer Committee addressed the need for additional training by requiring as terms of probation that Dr. Isaacs "successfully complete his residency in internal medicine, at least the last two years, and all three years if necessary, all to be done in an Article 28 facility," and that following successful completion of his residency, he practice only as a salaried physician in an Article 28 facility. In addressing the Peer Committee's recommendations, Dr. Isaacs asked that, as an alternative to the residency required by the Peer Committee, he be allowed to work in a fellowship or other program providing additional medical training approved by the Director of OPMC, and that he not be limited to internal medicine but that he be allowed to seek a residency in another field, with the caveat that the residency not be in surgery or anesthesiology. With the safeguard that whatever program Dr. Isaacs enters be approved in advance by the Director of OPMC, the COP believes that the program does not have to be a formal residency. Moreover, the COP sees no purpose in limiting the type of residency or other program to internal medicine and recommends that Dr. Isaacs be allowed to participate in any residency or program, other than in the areas of surgery or anesthesiology, subject to approval by the Director of OPMC. Dr. Isaacs also asked the COP for more flexibility in the locations in which he will be authorized to work following successful completion of his residency or other program. The COP agrees with the Peer Committee that Dr. Isaacs' practice following completion of his approved residency, fellowship or other program must be in a structured and supervised environment. However, the COP believes that such condition may be satisfied by limiting his practice to a hospital or other Article 28 facility or a supervised setting approved by the Director of OPMC while he completes his term of probation.

Based on all of the foregoing, a complete review of the record, and its meeting with him, the Committee on the Professions voted unanimously to recommend that the order of surrender of Dr. Isaacs' license to practice as a physician in New York State be stayed for a period of five years, that he be placed on probation for a period of five years under specified terms attached hereto as Exhibit A, and that upon satisfactory completion of the probationary period, his license be fully restored.

Frank Muñoz
Leslie Templeman
Steven Earle

EXHIBIT "A"

TERMS OF PROBATION
OF THE COMMITTEE ON THE PROFESSIONS

PAUL ISAACS

1. That the applicant, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing the applicant's profession;
2. That the applicant shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), New York State Department of Health, Suite 303, 4th Floor, Hedley Park Place, 433 River Street, Troy, NY 12180-2299, of any employment and/or practice, applicant's residence, telephone number, and mailing address and of any change in the applicant's employment, practice, residence, telephone number, and mailing address within or without the State of New York;
3. That the applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that the applicant has paid all registration fees due and owing to the NYSED and the applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by the applicant to the Department of Health (DOH), addressed to the Director, OPMC, as aforesaid, no later than the first three months of the period of probation;
4. That the applicant shall submit written proof to the DOH, addressed to the Director, OPMC, as aforesaid, that 1) the applicant is currently registered with the NYSED, unless the applicant submits written proof that the applicant has advised DPLS, NYSED, that the applicant is not engaging in the practice of the applicant's profession in the State of New York and does not desire to register, and that 2) the applicant has paid any fines which may have previously been imposed upon the applicant by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;
5. That the applicant shall successfully complete a residency program, fellowship, or other program or course(s) to provide additional medical training, provided that such residency program, fellowship, or other program or course(s) have been approved by the Director, OPMC, and provided further that such residency program, fellowship, or other program or course(s) shall not be in surgery or anesthesiology;

6. That during the period of said residency, fellowship, or other program or course(s), the applicant shall have quarterly performance reports submitted to DOH, addressed to the Director, OPMC, at the address set forth in paragraph 2 of this document, from the applicant's employer, evaluating his performance as a physician in his place of employment, said reports to be prepared by the applicant's supervisor or employer;
7. That the applicant shall use sufficient funds from his employment in accordance with paragraph 5 and subsequent employment, to re-enter group and/or individual therapy, as necessary, with quarterly performance reports submitted to DOH, addressed to the Director, OPMC, at the address set forth in paragraph 2 of this document, from the applicant's therapist, regarding same;
8. That the applicant, after the successful completion of his residency, fellowship, or other program or course(s) as provided for in paragraph 5, shall practice medicine only as a salaried physician in a hospital or other Article 28 facility or in a supervised setting approved by the Director, OPMC, with quarterly performance reports submitted to DOH, addressed to the Director, OPMC, at the address set forth in paragraph 2 of this document, from the applicant's employer, evaluating his performance as a physician in his place of employment, said reports to be prepared by the applicant's supervisor or employer;
9. That the applicant shall continue in attendance in the AA program and continue with random urine screening with quarterly reports submitted to DOH, addressed to the Director, OPMC, at the address set forth in paragraph 2 of this document, from the applicant's therapist, regarding same;
10. That the applicant shall make quarterly visits to an employee of the OPMC, DOH, unless otherwise agreed to by said employee, for the purpose of said employee monitoring the applicant's terms of probation to assure compliance therewith, and the applicant shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring; and
11. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC may initiate a violation of probation proceeding.
12. That the period of probation shall be tolled during periods in which the applicant is not engaged in the active practice of medicine in New York State. The applicant shall notify the Director of OPMC, in writing, if the applicant is not currently engaged in or intends to leave the active practice

of medicine in New York State for a period of thirty (30) consecutive days or more. The applicant shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon the applicant's return to practice in New York State.



The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL RESPONSIBILITY
STATE BOARD FOR MEDICINE

-----X

In the Matter of the Application of

PAUL ISAACS

**REPORT OF
THE PEER
COMMITTEE
CAL. NO. 21587**

for the restoration of his license to
practice as a physician in the State
of New York.

-----X

The applicant was authorized to practice as a physician in
the State of New York by the New York State Education Department.

PRIOR DISCIPLINE

The Board for Professional Medical Conduct (BPMC) accepted
the disciplinary surrender of the applicant's medical license,
effective August 14, 1998, on the basis of charges related to his
drug impairment and his violation of a previous disciplinary
Order. The former Order, BPMC No. 98-10, effective January 20,
1998, was based on a conviction upon his guilty plea of possessing
a firearm in a federal facility-carrying a fully loaded .25
caliber semi-automatic handgun on the premises of the Veterans
Affairs Medical Center in the Bronx, New York. In June 1997, the

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applicant was sentenced by the court to nine months probation, 100 hours community service and participation in the Westchester Treatment Center program for substance abuse under the care of Raymond A. Griffin, PhD.

BPMC Order No. 98-10 imposed a period of disciplinary probation with terms requiring that the applicant remain drug and alcohol free, stay active in self-help groups, undergo random urine screening, maintain sobriety and therapy monitoring and practice solely in a supervised setting. He violated his probation by failing to remain drug free, failing to report for drug screens within four hours of contact by his monitor and failing to continue in drug counseling as directed by the therapist. The Board accepted the applicant's license surrender as a way to allow him "to resolve this matter without the various risks and burdens of a hearing on the merits."

The following events led to the applicant's probation violation action. In February 1998, during the applicant's probationary period, the applicant was rotating through Hackensack Hospital as part of his internal medicine residency with the New Jersey University Hospital, when the hospital pharmacist noticed large quantities of Demerol were being used. A subsequent check revealed that the applicant was prescribing large amounts of Demerol. He was told not to write orders for or prescribe any Demerol. Four months later, in June 1998 at New Jersey University

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Hospital, the applicant was found prescribing Demerol to a patient not under his care. A urine screen obtained at the hospital on June 13, 1998 produced a positive result for Demerol.

THE APPLICATION

On March 21, 2003 the applicant petitioned the New York State Education Department for the restoration of his license to practice as a physician in the State of New York.

Regarding his continuing medical education (CME) the application does not list any coursework.

In response to the question in the application:

"List other methods, if any, that you have used to maintain/improve your knowledge and skill in the practice of your profession, since the date of the revocation/surrender of your license." the application states:

- 1) "reading of medical journals such as JAMA, New England Journal of Medicine; 2) interaction with other medicinal professionals; 3) interactive learning and peer discussions via Physicians On-Line website."

In a letter dated October 29, 2003 the applicant said the following regarding CME:

"I have not paid for any CME courses due to financial constraints. However, I have the privilege of using a website used exclusively for healthcare professionals. This site is called Physicians On-Line, and it has

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peer-reviewed journals, peer discussions on medical issues, and sample CME courses which can be completed for free but not for credit. It also has interactive discussion forums where physicians can interact in real time."

INVESTIGATIVE INTERVIEW

An interview was conducted with the applicant in connection with his application for restoration of his professional license.

When he was asked about the incident that led to the surrender of his license, the applicant stated that he was practicing at a New Jersey Hospital at the time. He was treating a patient whose daughter requested that he do something to alleviate the patient's pain. He ordered Demerol for the patient, but an allegation arose that the applicant was using the drug himself.

The applicant said he did not believe that the action taken by the Board was fair. The applicant stated that his attorney was not familiar with all of the procedures relative to disciplinary matters and it was this ignorance that led his attorney to recommend that the applicant surrender his license for one year rather than go through a hearing.

The applicant did express remorse about what happened and indicated that his rehabilitation efforts have included the following: random urine samples through the Impaired Physicians' Program; participation in a 12-step Program and involvement with his church. He stated that he has kept up with the profession by

PAUL ISAACS (21587)

reading peer review journals, taking CME courses and by subscribing to WebMD.

The applicant stated that he is currently working as a technician for Dependable Evaluations. His duties include drawing blood, taking urine samples and gathering personal data information relative to applicants for insurance coverage.

The applicant stated that he is in good physical and mental health. He stated that he was seeking restoration so that he can pursue his vocation and be an asset to the profession. Should his license be restored, the applicant said he plans to join a medical facility that has a mentoring or academic based training program so that he can complete the credentialing requirements for internal medicine.

THE MEETING

On November 16, 2004 this Peer Panel met to consider the application in this matter. The applicant appeared and was represented by Amy Kulb, Esq. Sherrie B. Thompson, Esq. represented the Division of Prosecutions of the Office of Professional Discipline.

After preliminary opening remarks by the Chairperson and opening statements, the applicant offered two additional documents which were accepted and marked as applicant's exhibits A and B.

The applicant then called Richard King as a witness. Mr. King said he is an insurance broker and met the applicant

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approximately five years ago when the applicant was recommended to Mr. King to examine some of Mr. King's clients. These examinations may consist of taking blood and urine samples, taking a medical history, taking an EKG and weighing the clients. Mr. King said that he has engaged other individuals to do these examinations but has not met anyone in that capacity that is as efficient, knowledgeable and professional as the applicant. Mr. King said he is aware of the reasons for the applicant's loss of licensure and said he has never seen the applicant in any way impaired.

The applicant then spoke to the Panel. He said he has been in treatment with Dr. Raymond Griffin, with group therapy, individual sessions and randomized, supervised urine collection from 1995 until the present.

When asked what led him to make the decision to surrender his medical license rather than to go through disciplinary proceedings he said he needed time away from medicine to evaluate all that had happened over the prior couple of years with the battle that he had with the addiction, and he needed to develop and grow, and to become a better individual, to get stronger spiritually, emotionally, mentally and eventually, hopefully, one day to re-enter the practice of medicine.

The applicant said he has been involved with AA since 1995 and has a sponsor and goes to meetings two to three times weekly. He said he speaks to his sponsor almost daily. The applicant said

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he also goes to caducious meetings at the Treatment Center of Westchester.

He said: "I live a sober life. I have sober friends around me. I am able to reach out and ask for help. I am not as introverted as I was prior to my involvement with CPH. I have resources. I surround myself with people who if I need help I can go to. If I have a problem, I can go to them. If I am overwhelmed with something, I can seek their advice."

The applicant also said in response to a question about his past mistakes:

"I can certainly tell you that I have had poor judgement over the past years which subsequently has led me here today. I have learned that I need to reach out and to have my structure in my life, to go to people in supervisory roles if I have a question. I realize that I am a human being, that I am capable of making mistakes, and clearly I have done that. And it has caused me to reassess everything that I have done in terms of basically asking for help. If I am overwhelmed with something, I ask for help from someone who is in a supervisory role. I am not as impulsive. I have been able to sit back and do things in an orderly manner, rather than think that I can take care of everything."

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He said he would like to return to the practice of medicine. He said it is his passion and he feels it is his life and he will do anything that the Board would require in any capacity. The applicant said he is a work in progress.

The applicant was in his second year of residency when he surrendered his license. He said he would like to return to a residency in internal medicine starting with the second year or, if necessary, starting with the first year. He said he would do CME prior to returning to a residency program if the Panel requires it.

The applicant also said that with the salary he would receive as a resident he would enroll in group and individual therapy sessions.

Samantha Isaacs, the applicant's wife was called as the last witness. She said the applicant is dedicated to what he wants to do, to be a doctor. She said he does not drink and he does not smoke, he goes to his AA meetings and he has his sponsor. She said that this is important to her because it means that he is trying. She said he is doing what he needs to do in order to right the wrongs of the past.

Mrs. Issacs went on to say that her family is aware of the applicant's past problems and they all love him and support him.

Ms. Thompson closed by saying that there are things in this record that must be considered by the Panel such as the lack of documented CME by the applicant. But she said looking at the

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entire picture the Department would leave it to the Panel's expertise and discretion to determine whether or not to grant the applicant his license.

Ms. Kulb closed by saying, among other things, that she believes the applicant has met his burden on all the issues, that he is deserving of the privilege of having his license back and that he would be grateful for that opportunity under any circumstances or any conditions, restrictions and/or period of probation that the panel would recommend.

RECOMMENDATION

We unanimously recommend that the application herein be granted and that the revocation of the applicant's license to practice medicine in the State of New York be stayed. The applicant had made a good effort at re-education and rehabilitation through his on-line CME courses, the reading of medical journals, interaction with medical professionals through his employment and otherwise, his years of group and individual therapy, his solid support group and continuing urine screens and AA attendance and almost daily contact with his AA sponsor.

The applicant has also demonstrated sincere remorse before this Panel. The Panel strongly believes this based on our observation of the applicant's demeanor before us throughout this proceeding. The applicant has taken responsibility for the acts that led to his loss of licensure.

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The Panel also believes the risk of future misconduct by the applicant is very low and that restoration of his license to practice medicine in New York State does not pose a risk to the public and that he would likely be a good physician.

We also unanimously recommend that the applicant be placed on probation for five years under the terms of probation attached hereto and marked as Exhibit "A".

Respectfully submitted,

Rafael Lopez, MD, Chairperson
Matthew J. Liss, MD
Louis J. Vorhaus, MD

Rafael Lopez, MD 6/19/05
Chairperson Dated

EXHIBIT "A"

TERMS OF PROBATION
OF THE PEER COMMITTEE

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1. That applicant, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
2. That applicant shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), 433 River Street - Suite 303, Troy, NY 12180-2299, of any employment and/or practice, applicant's residence, telephone number, and mailing address and of any change in applicant's employment, practice, residence, telephone number, and mailing address within or without the State of New York;
3. That applicant shall successfully complete his residency in internal medicine, at least the last two years, and all three years if necessary, all to be done in an Article 28 facility;
4. That during the period of said residency, applicant shall have quarterly performance reports submitted to the New York State Department of Health (DOH), addressed to the Director, Office of Professional Medical Conduct, as aforesaid, from applicant's employer, evaluating his performance as a physician in his place of employment, said reports to be prepared by applicant's supervisor or employer;
5. That applicant shall use sufficient funds from his employment as a resident, and subsequent employment, to re-enter group and/or individual therapy, as necessary, with quarterly performance reports submitted to the DOH, addressed to the Director, OPMC, as aforesaid, from applicant's therapist, regarding same;
6. That applicant, after the successful completion of his residency, shall practice medicine only as a salaried physician in a hospital or other Article 28 facility with quarterly performance reports submitted to the DOH, addressed to the Director, OPMC, as aforesaid from applicant's employer, evaluating his performance as a physician in his place of employment, said reports to be prepared by applicant's supervisor or employer;

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7. That applicant shall continue in attendance in the AA program and continue with random urine screening with quarterly performance reports submitted to the DOH, addressed to the Director, OPMC, as aforesaid from applicant's therapist, regarding same;
8. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that applicant has paid all registration fees due and owing to the NYSED and applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by applicant to the Department of Health (DOH), addressed to the Director, OPMC, as aforesaid, no later than the first three months of the period of probation;
9. That applicant shall submit written proof to the DOH, addressed to the Director, OPMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant submits written proof that applicant has advised DPLS, NYSED, that applicant is not engaging in the practice of applicant's profession in the State of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;
10. That applicant shall make quarterly visits to an employee of the OPMC, DOH, unless otherwise agreed to by said employee, for the purpose of said employee monitoring applicant's terms of probation to assure compliance therewith, and applicant shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;
11. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC may initiate a violation of probation proceeding.