

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

NEW YORK
state department of
HEALTH

Public

Sue Kelly
Executive Deputy Commissioner

November 19, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Miriam Van Opdorp Ragab, D.O.
90 Hinman Road
Pulaski, NY 13142

Re: License No. 204656

Dear Dr. Ragab:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-289. This order and any penalty provided therein goes into effect November 26, 2014.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED
Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Michael S. Haber, Esq.
225 Broadway, Suite 3010
New York, NY 10007

**IN THE MATTER
OF
MIRIAM VAN OPDORP RAGAB, D.O.**

**CONSENT
ORDER**

Upon the application of (Respondent) MIRIAM VAN OPDORP RAGAB, D.O. 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: 11/18/2014

REDACTED

ARTHUR S. HENGERER, 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
MIRIAM VAN OPDORP RAGAB, D.O.**

**CONSENT
AGREEMENT**

MIRIAM VAN OPDORP RAGAB, D.O., represents that all of the following statements are true:

That on or about October 10, 1996, I was licensed to practice as a physician in the State of New York, and issued License No. 204656 by the New York State Education Department.

My current address is 90 Hinman Road, Pulaski, New York 13142, 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 agree not to contest the allegations, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to New York Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for 24 months, with the entire 24 months stayed.

Pursuant to New York Pub. Health Law § 230-a(9), I shall be placed on probation for 36 months, subject to the terms set forth in attached Exhibit "B."

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

Respondent shall be precluded from the practice of medicine in New York and the practice of medicine involving patients located in New York other than at a U.S. Veterans Administration facility, or a facility authorized to operate and regulated under Article 28 of the New York Public Health Law. 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.

That Respondent shall enroll in and successfully complete continuing education programs in the areas of medical documentation, treatment of opioid dependency, and the prescribing of controlled substances. This continuing education program is subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.

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 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

11/12/14

REDACTED

MIRIAM VAN OPDORP RAGAB, D.O.
RESPONDENT

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

DATE: 11/12/14

REDACTED

MICHAEL S. HABER, ESQ.
Attorney for Respondent

DATE: 11/12/14

REDACTED

DAVID W. QUIST, ESQ.
Associate Attorney
Bureau of Professional Medical Conduct

DATE: 11/18/14

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

IN THE MATTER

OF

MIRIAM VAN OPDORP RAGAB, D.O.

STATEMENT

OF

CHARGES

MIRIAM VAN OPDORP RAGAB, D.O., the Respondent, was authorized to practice medicine in New York State on or about October 10, 1996, by the issuance of license number 204656 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent provided medical care to Patient A (Patients are identified by name in Appendix A), a female patient 28 years-old when treatment began, at various times from on or about June 1, 2011 to on or about May 26, 2012. Respondent's medical care of Patient A deviated from accepted standards of care as follows:

1. Respondent, between June 1, 2011 and May 26, 2012, inappropriately prescribed subutex to Patient A.
2. Respondent prescribed subutex and valium on an ongoing basis without adequate monitoring or follow-up evaluations of Patient A.
3. Respondent failed to obtain and/or order adequate laboratory testing of Patient A relating to medications prescribed to Patient A and/or medications and/or substances not prescribed.

4. Respondent failed to adequately document that Respondent ordered laboratory testing of Patient A.
5. Respondent failed to refer Patient A for psychological counseling.
6. Respondent failed to maintain an adequate medical record for Patient A.

B. Respondent provided medical care to Patient B, a male patient 33 years-old when treatment began, at various times from on or about June 10, 2011 to on or about April 4, 2012. Respondent's medical care of Patient B deviated from accepted standards of care as follows:

1. Respondent prescribed suboxone on an ongoing basis without adequate monitoring and/or follow-up evaluation of Patient B.
2. Respondent failed to obtain and/or order adequate laboratory testing of Patient B relating to medications prescribed to Patient B and/or medications and/or substances not prescribed.
3. Respondent failed to adequately document that Respondent obtained and/or ordered laboratory testing of Patient B.
4. Respondent failed to refer Patient B for psychological counseling.
5. Respondent failed to maintain an adequate medical record for Patient B.

C. Respondent provided medical care to Patient C, a female 27 years-old when treatment began, at various times from on or about July 2, 2011 to on or about March 29, 2012. Respondent's medical care of Patient C deviated from accepted standards of care as follows:

1. Respondent continued to prescribe medications, including Xanax, Oxycodone, and Labetalol, to Patient C without adequately monitoring Patient C's response to treatment.
2. Respondent failed to obtain and/or order adequate laboratory testing of Patient C relating to medications prescribed to Patient C and/or other medications and/or substances not prescribed.
3. Respondent failed to adequately document that Respondent obtained and/or ordered laboratory testing of Patient C.
4. Respondent, between July 2011 and March 2012, despite knowing that Patient C had repeatedly taken controlled substances that the Respondent had not prescribed, and which were contra-indicated given the patient's history and diagnosis, and/or had shared controlled substances prescribed to her with another person, failed to adequately address these facts by, for example, increasing the frequency of contact with Patient C, having Patient C sign a pain management agreement, or requiring toxicology screenings, among others.
5. Respondent failed to maintain an adequate medical record for Patient C.

D. Respondent provided medical care to Patient D, a female patient 6 years-old when treatment began, at various times from on or about September 18, 2011 to on or about April 3, 2012. Respondent's medical care of Patient D deviated from accepted standards of care as follows:

1. Respondent failed to adequately evaluate Patient D prior to treating her for candidiasis of the vulva and vagina and an acute upper respiratory infection.

2. Respondent failed to order appropriate diagnostic tests indicated for diagnosis and/or treatment of Patient D's candidiasis of the vulva and vagina and an acute upper respiratory infection.
3. Respondent failed to document the ordering of appropriate diagnostic tests indicated for diagnosis and/or treatment of Patient D's candidiasis of the vulva and vagina and an acute upper respiratory infection.
4. Respondent failed to maintain a record which accurately reflects the evaluation and treatment of Patient D.

E. Respondent provided medical care to Patient E, a female patient 26 years-old when treatment began, at various times from on or about July 15, 2011 to on or about March 29, 2012. Respondent's medical care of Patient E deviated from accepted standards of care as follows:

1. Respondent failed to perform examinations of Patient E in support of diagnoses of an upper respiratory infection on or about January 30, 2012 and on or about March 28, 2012.
2. Respondent failed to obtain and/or order appropriate diagnostic tests indicated for the evaluation of Patient E's upper respiratory infections on or about January 30, 2012 and on or about March 28, 2012.
3. Respondent failed to document the occurrence and/or results of diagnostic tests indicated for Patient E's upper respiratory infection on or about January 30, 2012 and on or about March 28, 2012.

4. Respondent prescribed antibiotics to address Patient E's upper respiratory infection on or about January 30, 2012 and on or about March 28, 2012 without physical examination and/or overall evaluation of Patient E.
5. Respondent prescribed augmentin, prednisone and Clariton to Patient E for a skin rash without physical examination and/or overall evaluation of Patient E.
6. Respondent failed to maintain an adequate medical record for Patient E.

F. Respondent provided medical care to Patient F, a female patient 36 years-old when treatment began, at various times from on or about June 16, 2011 to on or about April 4, 2012. Respondent's medical care of Patient F deviated from accepted standards of care as follows:

1. Respondent prescribed medications such as oxymorphone, oxycodone and Percocet on an ongoing basis without adequate monitoring and/or follow-up evaluation of Patient F.
2. Respondent failed to obtain and/or order adequate laboratory testing of Patient F relating to medications prescribed to Patient F and/or other medications and/or substances not prescribed.
3. Respondent failed to adequately document that Respondent obtained and/or ordered laboratory testing of Patient F.
4. Respondent failed to adequately monitor Patient F's liver function or lipid level despite Patient F's treatment for hyperlipidemia and/or adequately document such monitoring.
5. Respondent failed to maintain an adequate medical record for Patient F.

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. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.5, B and B.1, B and B.2, B and B.4, C and C.1, C and C.2, C and C.4, D and D.1, D and D.2, E and E.1, E and E.2, E and E.4, E and E.5, F and F.1, F and F.2, and/or F and F.4.

SECOND THROUGH SEVENTH SPECIFICATIONS

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. The facts in Paragraphs A and A.4 and/or A and A.6.
3. The facts in Paragraphs B and B.3 and/or B and B.5.
4. The facts in Paragraphs C and C.3, and/or C and C.5.
5. The facts in Paragraphs D and D.3 and/or D and D.4.

6. The facts in Paragraphs E and E.3 and/or E and E.6.
7. The facts in Paragraphs F and F.3, F and F.4, and/or F and F.5.

DATE: November 12, 2014
Albany, New York

REDACTED

MICHAEL A. HISER, ESQ.
Deputy 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) 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.
- 9) 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.