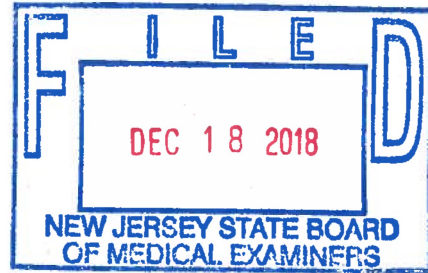


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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

JAY D. KURIS, M.D.
License No. 25MA02542700

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER

This matter was initially opened before the New Jersey State Board of Medical Examiners (the "Board") on July 24, 2017, upon the Attorney General's filing of an eight count Administrative Complaint against Respondent Jay D. Kuris, M.D., and the simultaneous filing of an Order to Show Cause requiring Dr. Kuris to appear before the Board on August 9, 2017, and show cause why an Order temporarily suspending, or otherwise conditioning or limiting his license, should not be entered by the Board. The action was predicated upon Respondent's treatment of eight patients, seven of whom were prescribed Controlled Dangerous Substances ("CDS") for chronic pain syndromes and/or treatment of psychiatric conditions, for periods spanning multiple years. One count focused upon care provided to an undercover state police officer, who visited Respondent's

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office on several dates in January and February 2017 and received prescriptions for Suboxone to address claimed heroin use. In each Count, the Attorney General alleged that Respondent violated multiple provisions of the Uniform Enforcement Act, including, without limitation, N.J.S.A. 45:1-21(c) (engaging in gross negligence), N.J.S.A. 45:1-21(d) (engaging in repeated acts of negligence), and N.J.S.A. 45:1-21(m) (indiscriminate prescribing).

On August 7, 2017, an Order was entered adjourning the return date for the Order to Show Cause to August 30, 2017. That Order included a provision prohibiting Respondent from prescribing any and all CDS pending the completion of the rescheduled hearing and further Order of the Board. See Interim Consent Order, IMO Jay D. Kuris, M.D., filed August 7, 2017. Respondent has been prohibited from prescribing CDS since August 7, 2017.

On August 30, 2017, the Hearing Committee convened to conduct a hearing on the Attorney General's application for the temporary suspension of Respondent's license. The Committee was asked to consider whether a settlement proposal made by Respondent, namely to continue the prohibition on prescribing of all CDS and submit to a comprehensive practice assessment, should be deemed adequately protective of the public interest and sufficient to obviate the need to otherwise hear the application for the temporary suspension of Respondent's license. The Attorney General's Office argued that the Committee should reject the settlement proposal due to the fact that the scope of the allegations against the Respondent went beyond prescribing of CDS alone and instead implicated his general competency to practice psychiatry and his candor in recordkeeping. The Attorney General's Office argued that the Committee should conclude that nothing short of a full temporary suspension would adequately protect the public interest. Respondent's counsel argued that Respondent's patients and the public interest would be adequately protected if Respondent remained prohibited from prescribing all CDS. The Committee concluded that the public health, safety and

welfare would be adequately protected during the pendency of the matter (specifically until the conclusion of the hearings before the Office of Administrative Law on all allegations in the Amended Complaint, and the full disposition of this matter upon the Board's adoption, rejection or modification of any recommended Initial Decision from the OAL) if Respondent continued to be fully prohibited from prescribing any and all CDS and from directing any other health care professional from prescribing any CDS for any of Respondent's patients and if Respondent was required to undertake a comprehensive practice assessment to be conducted by a Post-Licensure Assessment Program ("PLAP") acceptable to and pre-approved by the Board within six months from the date of entry of an interim order. See Interim Order Imposing Limitations on Practice IMO Jay D. Kuris, M.D., filed September 1, 2017. The PLAP was to include an evaluation of Respondent's competency to engage in the general practice of psychiatry, his competency to prescribe CDS (both for general psychiatric conditions and for pain management) and the adequacy, or lack thereof, of Respondent's medical records. Ibid. Pursuant to the Interim Order Imposing Limitations, the Board retained limited jurisdiction over the matter. Namely, pursuant to Paragraph 4 of the September 1, 2017 Interim Order Imposing Limitations, upon completion of the assessment and the Board's receipt of a report outlining findings and/or recommendations that may be made by the PLAP, either party could petition the Board for modification of the terms of this Order, and/or for the imposition of additional conditions and/or limitations upon respondent's practice, based on the results of the assessment. Id.

Respondent elected to complete his evaluation and assessment with the Center for Personalized Education for Professionals ("CPEP") and underwent an evaluation on January 18-19, 2018. An Assessment Report was sent to the Respondent on May 3, 2018 with copy to Dr. Sindy Paul, Medical Director for the Board. Upon request, the CPEP Assessment report was received by

the Attorney General's Office on July 11, 2018.

Due to grave concerns with Respondent's performance during the CPEP evaluation, on November 2, 2018, the Attorney General filed a petition for further limitations on Respondent's practice of medicine, specifically renewing its request that he be temporarily suspended pending the outcome of the plenary hearing. On November 5, 2018, Respondent sent a response to the Petition to the Attorney General's Office. Respondent requested the opportunity to discuss resolution of this matter and two meetings were held with DAG Kate Calendar, DAG Roman Guzik, counseling Deputy to the Board, the Respondent and Respondent's counsel, Stephen Schechner, Esq. and additionally during the second meeting, counsel Michael Keating, Esq. During these meetings, the Attorney General's Office maintained that Respondent must undergo the remediation efforts recommended by the CPEP assessment. In order to allow Respondent time to find an appropriate preceptor as recommended by CPEP and begin engagement in an appropriate plan of remediation, and the Board finding the within disposition to be adequately protective of the public health, safety and welfare, and for good cause shown:

IT IS, therefore, on this 18th day of December 2018,

ORDERED:

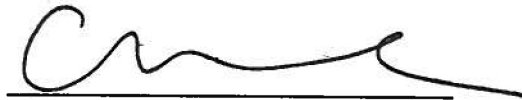
1. Respondent shall find a Board-approved preceptor (the "Preceptor") before close of business on Wednesday, December 19, 2018. Respondent's chosen preceptor shall obtain approval from the Medical Director of the Board, or her designee. If Respondent fails to have a preceptor approved by the Medical Director of the Board, or her designee, by the close of business on December 19, 2018, he will immediately cease and desist the practice of medicine in the State of New Jersey until such time that he has obtained a Board-approved preceptor.

2. Respondent will meet in person or confer via telephone with the Preceptor to review all patient charts within 24 hours of a patient visit. If the meeting is to occur telephonically the Preceptor must have the patient record either electronically or in hardcopy prior to the time of review so that it can be reviewed simultaneously with Respondent. Any change in the frequency of meetings with the Preceptor must be approved by the Board. Respondent will meet with the Preceptor to discuss topics including but not limited to, patient evaluations, differential diagnosis, medication safety and monitoring and treatment plans. The Preceptor shall provide weekly reports to the Board as to these meetings. Any change in the frequency of these reports must be approved by the Medical Director of the Board or her designee. Respondent shall begin meeting with the Preceptor as soon as approval from the Board has been received.
3. Respondent and the Preceptor will specifically discuss the issue of suicidality in patients. These discussions shall focus on the diagnosis, prevention, treatment and referrals of suicidal patients and the Preceptor will work with Respondent to create a structured approach to these types of patients.
4. Respondent and the approved preceptor will enter into a written preceptorship agreement. A copy of this agreement shall be provided to the Board and DAG Kate Calendar within one week of the preceptor's approval and this agreement shall be subject to approval by the Medical Director of the Board, or her designee.

5. Respondent shall immediately register for CME courses consistent with the recommendations found within the CPEP assessment report. These courses must include, but are not limited to, a medical recordkeeping course, and courses focused on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) review and psychopharmacology. All courses must be preapproved by the Board.
6. At such time that the Preceptor feels the Respondent has adequately remediated the problems noted in the CPEP assessment and conveyed this opinion to the Board, Respondent shall undergo a new PLAP by a Board-approved assessment entity. Respondent reserves the right to undergo a reevaluation with CPEP during the pendency of these proceedings.
7. The Board shall retain jurisdiction to enforce the terms of this Order. Upon receipt of any reliable information indicating that Respondent has violated any terms of this Order, the Board reserves the right to bring further disciplinary action, including entering an Order of full temporary suspension of Respondent's medical license. In such event, the temporary suspension Order shall remain in full force and effect until the completion of all plenary proceedings in the matter.

STATE BOARD OF MEDICAL EXAMINERS

BY:



Paul Carniol, M.D., F.A.C.S.
Board President

I have read and understood
the within Order and agree
to be bound by its terms.
Consent is hereby given to
the Board to enter this Order:

Jay D. Kuris, M.D.

Date

Consented as to form:



Stephen Schechner, Esq.
Attorney for Respondent

Date

12/17/10



Michael Keating, Esq.
Attorney for Respondent

Date

12/17/18

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or Examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A. 45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.