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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE SUMMARY :
SUSPENSION OF THE LICENSE OF :
: DLSC Case No. 13 MED 039
RONALD G. RUBIN, M.D., :
RESPONDENT. : **0003029**

ORDER OF SUMMARY SUSPENSION

The Petition for Summary Suspension (Petition) of February 13, 2014 was heard by the Medical Examining Board on February 19, 2014. At that time, Attorney Arthur Thexton appeared for the Petitioner, Department of Safety and Professional Services, Division of Legal Services and Compliance. Respondent appeared in person and with counsel, Atty. Melita M. Mullen, Corneille Law Group L.L.C.

The Wisconsin Medical Examining Board, having considered the February 13, 2014 Petition for Summary Suspension and the Affidavit of Eric Heiligenstein M.D.; and the February 14, 2014 Affidavit of Service (certifying that a true and accurate copy of the Notice of Presentation of Petition for Summary Suspension, Petition for Summary Suspension, and Affidavit of Eric Heiligenstein were sent by electronic mail (on February 13, 2014) and U.S. regular mail (on February 13, 2014) to Respondent on February 13, 2014); the admission of Respondent at the Petition presentation that he had effective notice as of February 14, 2014, and having heard the statements of counsel and Respondent, hereby makes the following:

FINDINGS OF FACT

1. Respondent Ronald G. Rubin, M.D., (dob 1/20/1955), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 36298-20, first issued on January 27, 1995, with registration current through October 31, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 13128 Fox Hollow Road, Mequon, Wisconsin 53097.
2. During the calendar year 2013, Respondent provided care to Patient A, a woman born in 1980. Respondent met Patient A several years earlier, while Patient A was working as an exotic dancer at an adult entertainment establishment, which Respondent patronized.
3. Respondent diagnosed Patient A with ADHD, and prescribed schedule II stimulants to her.
4. While providing prescriptions to Patient A, Respondent also engaged in the following personal relationship with Patient A: he allowed her to play and socialize with his

children, he invited and permitted her to have dinner with his family in his home, and he permitted her to assist in a home remodeling project.

5. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h) by engaging in a personal relationship with a psychiatric patient.

6. For approximately 6 years preceding April, 2012, Respondent provided care to Patient B, a man born in 1978. Respondent diagnosed Patient B with ADHD and prescribed schedule II stimulants to him.

7. During this time, Respondent paid for these prescriptions, and Patient B gave approximately one half of the prescribed schedule II stimulants to Respondent.

8. During this period, Respondent also had a personal relationship with Patient B, including hiring Patient B to provide child care to Respondent's children.

9. There is probable cause to believe that Respondent violated Wis. Admin. Code § Med 10.02(2)(p) and (z) by obtaining controlled substances otherwise than in the course of legitimate professional practice, and as prohibited by law (Wis. Stat. §§ 961.38(5), 961.41(3g), 961.43(1)(a)).

10. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h) by engaging in a personal relationship with a psychiatric patient.

11. Beginning in November 2010, and until April, 2011, Respondent provided care to Patient C, a woman born in 1994, and who was a minor during the period of Respondent's care. Patient C was a regular visitor to Respondent's home beginning in 2009, and regularly assisted Respondent's children with 4-H projects, assisted Respondent's wife with childcare and animal care, and frequently had meals with the family, and stayed overnight.

12. At no time did Respondent have the consent of a parent or legal guardian of Patient C, to provide medical or psychiatric care.

13. Respondent approached Patient C and asked her if she would like to be evaluated for ADD; he then diagnosed her with ADD and depression, convinced her to enter his care, and prescribed amphetamine salts, a schedule II stimulant, and antidepressants to her. The initial prescription was for amphetamine salts, 90 mg per day.

14. Respondent requested that Patient C provide him with one-half of the amphetamine salts, and Patient C did provide Respondent with one-half of the amphetamine salts prescribed to her by Respondent.

15. Beginning in approximately February 2011, Respondent invited Patient C to smoke marijuana, a schedule I controlled substance, with him. Patient C did, in fact, smoke marijuana with Respondent, in his home-based office and while he was purportedly rendering psychiatric care to her.

16. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(o) by engaging in uninvited in-person solicitation of a potential patient who, by virtue of her minority, was vulnerable to undue influence.

17. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(g) by treating a minor without parental consent.

18. There is probable cause to believe that Respondent violated Wis. Admin. Code § Med 10.02(2)(p) and (z) by obtaining and/or supplying controlled substances otherwise than in the course of legitimate professional practice, and as prohibited by law (Wis. Stat. §§ 961.38(5), 961.41(3g), 961.43(1)(a)).

19. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h) by engaging in a personal relationship with a psychiatric patient.

20. Beginning sometime before 2013, Respondent provided care to Patient D, a woman born in 1983. On the following days, Respondent issued the following prescriptions to the patient:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	11/21/12
Amphetamine Salts 30 Mg Tab	240	30	12/21/2012

21. This dosage is 240mg/day, six times the recommended maximum dose.

22. Respondent then added 20mg/day of methamphetamine to Patient D's regimen, issuing the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	1/11/2013
Methamphetamine 5 Mg Tablet	120	30	1/11/2013
Amphetamine Salts 30 Mg Tab	240	30	3/5/2013
Amphetamine Salts 30 Mg Tab	240	30	4/2/2013
Methamphetamine 5 Mg Tablet	120	30	4/2/2013

23. Although this purported to be a 30 day supply, 16 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	4/18/2013
Methamphetamine 5 Mg Tablet	120	30	4/18/2013

24. Although Patient D should have had enough medication, if she was taking it as directed, to last until June 1, 2013, on May 14, 2013, he issued the following prescriptions:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	5/14/2013
Methamphetamine 5 Mg Tablet	120	30	5/14/2013

25. Although this also purported to be a 30 day supply, 25 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Methamphetamine 5 Mg Tablet	120	30	6/4/2013
Dextroamp-Amphet ER 30 Mg Cap	120	30	6/4/2013
Amphetamine Salts 30 Mg Tab	120	30	6/4/2013

26. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	6/25/2013
Methamphetamine 5 Mg Tablet	120	30	6/25/2013

27. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	7/16/2013
Methamphetamine 5 Mg Tablet	120	30	7/16/2013

28. Although this also purported to be a 30 day supply, 23 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	8/8/2013
Methamphetamine 5 Mg Tablet	120	30	8/8/2013

29. 26 days later, Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	9/3/2013
Methamphetamine 5 Mg Tablet	120	30	9/3/2013

30. Although this also purported to be a 30 day supply, 21 days later Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Methamphetamine 5 Mg Tablet	120	30	9/24/2013
Amphetamine Salts 30 Mg Tab	240	30	9/24/2013

31. 28 days later, Respondent issued the following:

Medication	Dosage units	Days supply	Date signed
Amphetamine Salts 30 Mg Tab	240	30	10/22/2013
Methamphetamine 5 Mg Tablet	120	30	10/22/2013

32. If Patient D had been taking all medications as directed, on October 22, 2013, she would have had (in addition to the medications prescribed on that day) a 90 day supply of medication, based on all prescriptions issued from April 2, forward.

33. There is probable cause to believe that Patient D's medication regimen cannot be justified in any clinical or evidence-based way.

34. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h), in that his care was below the minimum standard of competence in the following respects: Respondent grossly overprescribed stimulants to this patient and failed to compare his prescribed dosage with patient's apparent usage.

35. During calendar year 2013, Respondent prescribed dosages of 120 mg per day or more, of amphetamine salts, to at least 5 other patients, at least one of whom was 17 years old. Respondent prescribed dosages of 90 mg a day or more, of amphetamine salts, plus 70 mg per day of Vyvanse® (lisdexamfetamine, a schedule II stimulant), to at least four patients.

36. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h), in that his care was below the minimum standard of competence in the following respect: Respondent grossly overprescribed stimulants to these patients.

37. There is probable cause to believe that Respondent's prescribing created the following unnecessary risks to the health, safety, and welfare of the patient or public: The public was placed at increased risk of diversion either by the patient or by someone stealing from the patient; and the patient was placed at risk of psychostimulant toxicity including:

- a) Agitation, panic states and acute behavioral disturbances;
- b) Psychosis (particularly paranoid hallucinations and delusions);
- c) Hyperthermia (high body temperature);

- d) Cerebrovascular and neurological complications (e.g. CVA [cerebrovascular accident, or stroke], cerebral vasculitis, disseminated intravascular coagulation, seizures, coma);
- e) Cardiovascular complications (e.g. myocardial infarction and ischemia, hypertension, tachycardia, arrhythmia);
- f) Delirium;
- g) Electrolyte disturbances (e.g. hyponatremia, hyperkalemia);
- h) Hypoglycemia;
- i) Rhabdomyolysis (a syndrome characterized by muscle necrosis and the release of intracellular muscle constituents into the circulation); and
- j) Serotonin toxicity of varying severity.

38. There is probable cause to believe that a competent practitioner would have avoided or minimized these risks by adhering to accepted standards in the field, not prescribing amphetamine salts in excess of 40 mg per day, attempting other stimulants, not prescribing methamphetamine at all, and routinely checking the patient's apparent usage against the practitioner's prescribing records.

39. On Sunday, December 16, 2012, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Male	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1988	Wisconsin Dells	Madison
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1985	Wisconsin Dells	Wisconsin Dells
Clonazepam 1 Mg Tablet	60	30	Male	1985	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	45	30	Male	1973	Appleton	Appleton
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells

40. On Saturday, April 20, 2013, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Female	1968	Wisconsin Dells	Wisconsin Dells
Clonazepam 0.5 Mg Tablet	90	30	Female	1986	Nekoosa	Wi Rapids
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	La Crosse	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Female	1988	Portage	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Female	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells

41. On Saturday, June 8, 2013, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Male	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1988	Sauk City	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Female	1968	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1988	Sauk City	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Female	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1985	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1985	Wisconsin Dells	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Baraboo

42. On Saturday, August 3, 2013, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1985	Wisconsin Dells	Wisconsin Dells
Vyvanse® 70 Mg Capsule	30	30	Male	1985	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells

43. On Saturday, September 14, 2013, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Male	1978	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1985	Wisconsin Dells	Baraboo
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells

44. On Saturday, November 2, 2013, Respondent issued the following prescriptions:

Medication	#	Days	Pt Sex	Yr of Birth	Pt Residence	Pharmacy Location
Amphetamine Salts 30 Mg Tab	90	30	Female	1988	Sauk City	Baraboo
Amphetamine Salts 20 Mg Tab	90	30	Female	1980	Baraboo	Baraboo
Clonazepam 1 Mg Tablet	150	38	Female	1980	Baraboo	Baraboo
Clonazepam 0.5 Mg Tablet	90	30	Female	1986	Nekoosa	WI Rapids
Amphetamine Salts 30 Mg Tab	90	30	Female	1987	Reedsburg	Wisconsin Dells
Amphetamine Salts 15 Mg Tab	90	30	Female	1976	Wisconsin Dells	Wisconsin Dells
Amphetamine Salts 30 Mg Tab	90	30	Female	1978	Janesville	Janesville
Amphetamine Salts 30 Mg Tab	90	30	Male	1974	Wisconsin Dells	Wisconsin Dells

45. There is probable cause to believe that all of the above persons are associated with an adult entertainment establishment in Wisconsin Dells, which Respondent patronizes.

46. There is probable cause to believe that the above prescriptions were not issued in the usual course of legitimate professional practice.

47. There is probable cause to believe that Respondent violated Wis. Admin. Code § Med 10.02(2)(p) and (z) by obtaining and/or supplying controlled substances otherwise than in the course of legitimate professional practice, and as prohibited by law (Wis. Stat. §§ 961.38(5), 961.41(3g), 961.43(1)(a)).

48. There is probable cause to believe that Respondent engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(h) by engaging in personal relationships with psychiatric patients.

49. As a result of the above conduct, there is probable cause to believe that Respondent is subject to discipline pursuant to Wis. Stat. § 448.02(3).

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and has authority to summarily suspend the license and registration of Respondent Ronald G. Rubin, M.D., to practice medicine and surgery in the State of Wisconsin, pursuant to Wis. Stat. §§ 227.51(3) and 448.02(4) and Wis. Admin. Code ch. SPS 6.

2. Based on the sworn Petition and the affidavit of Eric Heiligenstein, MD, there is probable cause to believe that unprofessional conduct has occurred as set forth in the Findings of Fact and it is necessary to suspend the license and registration of Respondent Ronald G. Rubin, M.D., immediately to protect the public health, safety or welfare, based upon the above conduct by the Respondent.

ORDER

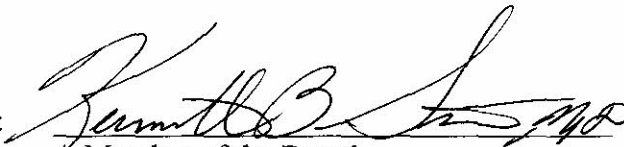
1. The license and registration of Respondent Ronald G. Rubin, M.D., to practice medicine and surgery in the State of Wisconsin is SUMMARILY SUSPENDED until the effective date of a final decision and order issued in the disciplinary proceeding against Respondent Ronald G. Rubin, M.D., unless otherwise ordered by the Board.

2. A formal complaint shall be filed, and a hearing held.

3. Respondent Ronald G. Rubin, M.D., is hereby notified of his right, pursuant to Wis. Admin. Code § SPS 6.09, to request a hearing to show cause why this summary suspension order should not be continued and is further notified that any request for a hearing to show cause should be filed with the Wisconsin Medical Examining Board, 1400 East Washington Avenue, P.O. Box 7190, Madison, Wisconsin 53707-7190.

4. In the event that Respondent Ronald G. Rubin, M.D., requests a hearing to show cause why the summary suspension should not be continued, that hearing shall be scheduled to be heard on a date within 20 days of receipt by the Board of Respondent's request for hearing, unless Respondent requests or agrees to a later time for the hearing.

WISCONSIN MEDICAL EXAMINING BOARD

By: 
A Member of the Board

February 19, 2014
Date