

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine
Adjudicatory Case No. 2025-040

In the Matter of
JAMES A. ARCOLEO, D.O.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, James A. Arcoleo, D.O. ("Respondent") and the Board of Registration in Medicine ("Board") (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 24-298.

Findings of Fact

1. The Respondent graduated from N.Y. College of Osteo. Med., N.Y. Inst. of Tech. in 1994. He has been licensed to practice medicine in Massachusetts under license number 155631 since 1998 and his practice areas are cardiovascular disease and interventional cardiology. He is affiliated with Baystate Franklin Medical Center, Baystate Medical Center, and MGB Cooley Dickinson Hospital. He is the President and CEO of Hampden and Franklin County Cardiovascular Associates, P.C. ("HFCCA"), which has offices in multiple locations including Greenfield, Springfield, and Northampton.

2. In early 2024, the Board received a statutory report disclosing that Physician A, an employee at HFCCA supervised by the Respondent, reported to work and treated patients while under the influence of alcohol.

3. Physician A was hired by HFCCA as a cardiologist and began his employment approximately two years prior to the Board receiving the statutory report.

4. By April 2023, the Respondent was aware of multiple complaints about Physician A, including inappropriate charting, inadequate communications with care providers, and inadequate rapport with patients in the office and inpatient settings.

5. In or around April 2023, HFCCA's Practice Manager observed Physician A go to his car, drink from a bottle of Tito's vodka, and then return to the office. The Practice Manager reported her observations to the Respondent and HFCCA's Director of Operations.

6. Physician A saw multiple patients in April 2023 after HFCCA's Practice Manager observed him drinking in his car.

7. In April 2023, the Director of Operations and the Respondent discussed recent events and whether Physician A should continue to report to work. The Respondent responded that Physician A would report to work in the normal course.

8. The Respondent should have known that he was obligated to report Physician A's impairment issue to the Board of Registration in Medicine, as he was receiving information from others about whether he needed to report Physician A's impairment issue to the Board. He had also certified in his medical license renewal application filed two months earlier that he understood and agreed to comply with his obligations to report a physician to the Board pursuant to M.G.L. c. 112 sec. 5F, when he has a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.

9. At that time, the Respondent should have known of the existence of Physician Health Services ("PHS") at the Massachusetts Medical Society and its role in evaluation, treatment and/or monitoring of physicians with a medical or physical condition that impairs their ability to practice medicine, as it was identified in his medical license renewal application filed two months earlier.

10. The Respondent recognized in a meeting in May 2023 that Physician A's [REDACTED]

11. The Respondent did not require Physician A to receive [REDACTED] or [REDACTED] as a condition of his continued employment. Instead, the Respondent bought a breathalyzer machine for Physician A to use to test twice a day before reporting to work; however, Physician A rarely tested twice a day and on multiple occasions the Respondent allowed Physician A to work when he had not tested at all.

12. At no point prior to the Board receiving the February 2024 statutory report concerning Physician A did the Respondent advise the Board or any of the hospitals where Physician A worked that he was unfit to practice medicine.

Mitigation

13. The Respondent has practiced medicine in good standing for 27 years, with no malpractice claims and no prior Board discipline;

14. The Respondent made efforts, albeit ineffective, to monitor Physician A to prevent him from practicing medicine while impaired by alcohol;

15. In April 2023, the Respondent consulted a business and employment lawyer who erroneously advised the Respondent to implement a way to monitor Physician A, including the use of a breathalyzer;

16. Physician A eventually admitted to the Respondent, after the early 2024 statutory report, that Physician A had at times deceived the Respondent by using old videos of breathalyzer readings; and

17. The Respondent acknowledges that it was ultimately his personal and professional responsibility to take actions consistent with Board mandated-reporting requirements, and he expresses his deepest contrition for failing to comply with his responsibility in this regard.

Conclusions of Law

- A. The Respondent failed to file a mandated report, from which he is not exempt, in violation of M.G.L. c. 112, § 5F, which is a violation of M.G.L. c. 112, § 5, 8th paragraph, (b) and 243 CMR 1.03(5)(a)2 (offense against any provision of the laws of the commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder) and M.G.L. c. 112, § 5, 8th paragraph, (h) and 243 CMR 1.03(5)(a)11 (violation of any rule or regulation of the board, governing the practice of medicine).
- B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession, a violation pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), and *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338 (1996).

Sanction and Order

The Respondent's license is hereby REPRIMANDED. The Respondent is required to pay a \$10,000 fine for failure to file a statutory report and a \$10,000 fine for engaging in conduct that undermines public confidence in the integrity of the medical profession. He is also ORDERED to successfully complete 20 continuing medical education (CME) credits submitted for approval

Consent Order – James A. Arcoleo, D.O.

by the Board within 30 days, or attend the September 11-13, 2025 American Conference on Physician Health ("ACPH"), and submit documentation of same within 60 days of approval (in the case of attending the ACPH, submit documentation within 10 days of attendance).

This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

The fines must be paid within sixty (60) days of the acceptance of this Consent Order by the Board. The Board will not renew the license of any physician who fails to pay a fine in a timely manner; this step will be taken automatically and no further notice or process will apply.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

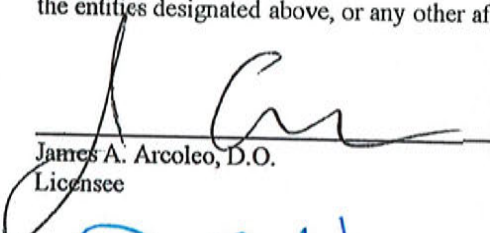
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

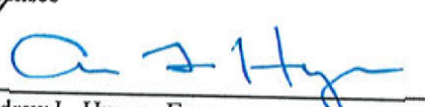
The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Consent Order – James A. Arcoleo, D.O.

Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated within one year following the imposition of the reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

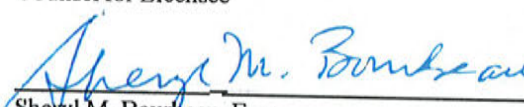
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.


James A. Arcoleo, D.O.
Licensee

7/23/25
Date



Andrew L. Hyams, Esq.
Counsel for Licensee

7/24/25
Date


Sheryl M. Bourbeau, Esq.
Complaint Counsel

8/14/2025
Date

So ORDERED by the Board of Registration in Medicine this 25th day of September, 2025.


Booker T. Bush, M.D.
Board Chair