



Maryland Board of Physicians

Annual Report Fiscal Year 2019

H.O. §1-212 and §14-205.1 and
Chapters 217 and 218, Acts of 2017

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Introduction

The Maryland Board of Physicians (the “Board”) is the agency charged with the regulatory oversight of the practice of medicine in the State. In addition to physicians, the various allied health professionals licensed by the Board include physician assistants, radiographers, radiation therapists, radiologist assistants, nuclear medicine technologists, respiratory care practitioners, perfusionists, psychiatrist assistants, polysomnographic technologists, athletic trainers, and naturopathic doctors. In Fiscal Year (FY) 19, the Board regulated approximately 45,000 licensees. Pursuant to its mandate, the Board is authorized to license individuals, investigate complaints, discipline physicians and allied health professionals who violate the Maryland Medical Practice Act (“Act”), and refer licensees for evaluation, treatment, and rehabilitation, when appropriate. The Board serves the public by protecting it from incompetent, unprofessional, and improperly trained physicians and allied health professionals. The Board strives to ensure that only qualified physicians and allied health professionals are licensed and that they provide their patients with quality medical care. The Board’s responsibilities and the practice standards for each profession are set forth in statute and regulations.

Mission

The mission of the Board is to assure quality health care in Maryland, through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating clients/customers and stakeholders, and enforcing the Act.

Overview of the Board’s Operations

The application and enforcement of the statutory and regulatory practice standards are implemented through various Board units which work collaboratively toward meeting strategic goals and objectives that contribute to the Board’s success. An overview of Board’s units and operations is as follows:

Allied Health processes licensure and reinstatement applications for all non-physicians. The unit also processes delegation agreements for physician assistants and evaluation and treatment protocols for athletic trainers. The allied health advisory committees also advise the Board on matters related to the specific licensees.

Licensure processes physician applications for initial licensure, reinstatement, limited license for postgraduate teaching, conceded eminence, exemption from licensure fee, exception from licensure, and initial licensure by reciprocity. This unit committed significant time and resources preparing for the implementation of the Interstate Medical Licensure Compact (IMLC), which began on July 1, 2019.

The Allied Health and Licensure units continue to refine and improve their processes to ensure accuracy and efficiency in issuing licenses to qualified applicants within ten days of receipt of the last qualifying document.

Compliance is responsible for the Board's disciplinary process and is critical to the Board's public protection mandate. Compliance analysts investigate complaints concerning all Board licensees for possible violations of the Act and allegations that individuals are practicing medicine without a license. By focusing on efficiencies, compliance efforts resulted in successful completion of timely investigations with no backlog. The overall success of this component of the Board's mission is attributable to the integration of all aspects of the compliance spectrum (Intake, Investigations, Administration, and Probation and Monitoring) and enhanced operational goals resulting in improved efficiency measures and increased outcomes.

Communication, Education and Policy (CEP) provides education and outreach to consumers and training to Board members and staff. This unit also disseminates broader agency communications to stakeholders and responds to inquiries regarding the Board's laws and regulations. On policy matters, the CEP Unit collaborates with internal and external stakeholders on legislative initiatives and the development of regulations. The CEP Unit coordinates the preparation of Board legislation introduced during legislative sessions and analyzes other legislation for the potential impact on the Board's operations and mission.

Information Technology (IT) collaborates with all Board personnel to improve data collection and retrieval processes. The unit maintains practitioner profile data of all licensees on the Board's website at www.mbp.state.md.us. The practitioner profile system currently contains profiles of 112,800 licensees (both active and non-active). This web-based system enables Maryland citizens to become more informed about their health care providers with information that includes facility privileges, medical specialties, and disciplinary actions on the profile pages. The system also permits practitioners to update personal profile information, designate public and non-public addresses, as well as areas of concentration, specialties, and postgraduate training programs. In addition, physicians and physician assistants can view or terminate delegation agreements. Changes appear on the website within 24 hours of submission.

Fiscal Services is charged with the oversight, administration, and processing of all Board expenditures and works with financial institutions to process payments made to the Board by applicants and licensees. The unit also prepares the Board's annual fiscal requests and various other budgetary and fiscal reports for the Executive Director, Board members, the Department of Budget and Management, and legislators.

Customer Service is responsible for collecting, identifying, and organizing all initial licensure and reinstatement applications, credentials, and data required for the licensure of

physicians and allied health practitioners. The unit handles a high volume of incoming telephone calls to the Board and provides information to the public on various Board matters daily. The unit conducts random audits of continuing education credits to which licensees attest to completing, processes applications for name changes, and handles license renewals for all Board licensees. To streamline processing, the Board implemented an automated license verification system that provides direct and immediate license verification to other state boards.

Physician Assistant Workgroup

As a part of its process improvement initiatives, the Board collaborated with physician assistant (PA) stakeholders to establish a workgroup to evaluate existing PA laws and regulations. The outcome of the deliberations of this workgroup may be included in future proposed statutory changes.

Board Statistics and Updates

Active Practitioners on June 30, 2019

Practitioner Type	Total
Physicians	31,426
Athletic Trainers	781
Naturopathic Doctors	46
Physician Assistants	3,629
Radiologic Technologists	6,229
Respiratory Care Practitioners	2,795
Perfusionists	118
Polysomnographers	367
Psychiatrist Assistants	5
Total Allied Health Practitioners	13,970
Total	45,396

Pursuant to the Health Occupations Article (H.O.), Md. Code Annotated, § §1-212, 14-205.1 and Chapters 217 and 218, Acts of 2017, information regarding the Board’s operations as outlined in items 1 through 15 below is provided as follows:

1. The number of licensees investigated under each of the disciplinary grounds enumerated under each of the Board’s disciplinary grounds: See TABLE A on pages 5-11.

2. The number of unresolved allegations pending before the board (H.O. §14-205.1 (1)(v)):
See TABLE A on pages 5-11.

3. The average length of the time spent investigating allegations brought against licensees under each of the disciplinary grounds enumerated under H.O. §14-404 (H.O. §14-205.1(2)):
See TABLE A on pages 5-11.

TABLE A
Number of Licensees Investigated Under Each of the Board’s Disciplinary Grounds
FY 19
(Resolved and Unresolved Allegations)

Description	Resolved Allegations	Average No. of Days	Unresolved Allegations
All Practitioner Types			
Child Support Enforcement Admin - Family Law Article 10-119.3	4	38	0
An individual shall submit to a Criminal History Records Check	300	99	34
Sexual misconduct regulations	1	608	0
Failure to notify of address change	2	5	0
Responded “yes” to questions on application form	4	230	3
Responded “no” to questions on application form	59	21	2
Responded “yes” to questions on renewal form	13	34	2
Physicians			
Violates Self-referral H.O. 1-302	3	396	1
The applicant shall be of good moral character	2	144	0
Except as otherwise provided in this subtitle, a licensed physician may not employ or supervise an individual practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance without a license	0	0	0
Continuing Medical Education (CME) deficiency in renewal application	27	62	2
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another	32	255	10

Is guilty of immoral conduct in the practice of medicine	14	292	19
Is guilty of unprofessional conduct in the practice of medicine	314	142	121
Is professionally, physically, or mentally incompetent	21	157	9
Solicits or advertises in violation of 14-505	0	0	1
Abandons a patient	4	140	1
Provides professional services - while under the influence of alcohol	0	0	0
Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Article 27 of the Code	1	367	0
Willfully makes or files a false report or record in the practice of medicine	4	261	3
Fails to provide details of a patient's medical record to the patient, another physician, or hospital	41	77	4
Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine	4	387	6
Grossly over utilizes health care services	5	185	8
Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the US uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section	15	68	7
Fails to meet appropriate standards as determined by appropriate peer review of the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State	241	148	112
Willfully submits false statements to collect fees for which services are not provided	5	115	2
Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient	1	171	0
Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes	4	202	3
Fails to cooperate with a lawful investigation	9	229	4
Fails to comply with the provisions of section 12-102 of this article	5	41	2
Fails to report suspected child abuse	1	223	1
Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine	29	327	10
Fails to keep adequate medical records as determined by appropriate peer review	211	154	62
The Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside	1	236	1
After completion of the appellate process if the conviction has not been reversed	3	126	3

or the plea has not been set aside with respect to a crime involving moral turpitude, a disciplinary panel shall order the revocation of a license on the certification by the Office of the Attorney General			
Hospitals and Related Institutions			
Fails to report	2	35	1
Except as otherwise provided in this subtitle, a hospital, related institution, alternative health system, or employer may not employ an individual practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance without a license	1	65	0
Except as otherwise provided in this subtitle, a hospital, an institution, an alternative health system, or any other employer may not employ an individual practicing athletic training without a license or without an approved evaluation and treatment protocol	1	147	0
Respiratory Care Practitioners			
The applicant shall be of good moral character	0	0	1
Continuing Education deficiency in renewal application	3	35	0
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	1	49	2
Is guilty of unprofessional or immoral conduct in the practice of respiratory care	7	218	5
Is professionally, physically, or mentally incompetent	2	194	2
Is addicted to or habitually abuses any narcotic or controlled dangerous substance	0	0	0
Provides professional services while using any narcotic or controlled dangerous substance	0	0	0
Fails to meet appropriate standards for the delivery of respiratory care	2	402	1
Willfully makes or files a false report or record in the practice of respiratory care	1	49	3
Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the US uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section	1	202	0
Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician	1	650	0
A person may not provide, attempt to provide, offer to provide, or represent that the person provides respiratory care unless the respiratory care is provided by an individual who is authorized to practice respiratory care under this subtitle	1	133	0
Except as otherwise provided in this subtitle, a person may not practice, attempt to practice, or offer to practice respiratory care in this State unless licensed to practice respiratory care by the Board	3	116	1
Radiation Therapists, Radiographers, Nuclear Medicine Technologists, Radiologist Assistants			

Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	5	303	0
Continuing Education deficiency in renewal application	0	0	0
Fraudulently or deceptively uses a license	0	0	0
Is guilty of unprofessional or immoral conduct in the practice of radiation oncology/therapy technology, medical radiation technology, or nuclear medicine technology	12	292	7
Provides professional services - while under the influence of alcohol	0	0	1
Fails to cooperate with a lawful investigation	1	328	1
Is professionally, physically, or mentally incompetent	3	77	1
Willfully makes or files a false report or record in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance	5	303	1
Fails to meet appropriate standards for the delivery of quality care	1	657	1
Knowingly makes a misrepresentation while practicing	0	0	1
The applicant shall be of good moral character	1	215	0
Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician.	1	106	0
A licensed physician may not employ or supervise an individual practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance without a license.	1	549	0
Practices or attempts to practice beyond the authorized scope of practice	0	0	1
Unless authorized to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance under this subtitle, a person may not represent to the public by title, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance in this State	1	248	1
Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice radiography in this State unless licensed to practice radiography by the Board	2	391	0
Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice nuclear medicine technology in this State unless licensed to practice by the Board	0	0	1
Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice radiation therapy in this State unless licensed to practice by the Board	0	0	0
After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, a disciplinary panel shall order the revocation of a license on the certification by the Office of the Attorney General	1	389	0
Polysomnographic Technologist			
Is guilty of unprofessional or immoral conduct in the practice of polysomnography	0	0	0

Lacks good moral character	0	0	0
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	0	0	0
Willfully makes or files a false report or record in the practice of polysomnography	0	0	0
Fails to meet appropriate standards for the delivery of polysomnographic services	0	0	0
Practicing without a license	2	144	0
Athletic Trainers			
Is guilty of unprofessional or immoral conduct in the practice of athletic training	4	148	1
Is professionally, physically, or mentally incompetent	0	0	0
Fails to meet appropriate standards for the delivery of services	2	106	0
The applicant shall be of good moral character	1	471	1
Employment of athletic trainer without license	0	0	0
Willfully makes or files a false report or record in the practice of athletic training	2	117	0
Fails to have an Evaluation and Treatment protocol with a physician	5	48	0
Is disciplined by a licensing, certifying, or disciplinary authority or is convicted or disciplined by a court of any state or country or is disciplined by any branch of the United States uniformed services or the Veterans Administration for an act that would be grounds for disciplinary action under this section	0	0	1
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensee, or for another	1	147	1
Fails to practice under the supervision of a physician	0	0	0
Practicing without license	13	73	0
Perfusionists			
Is guilty of unprofessional or immoral conduct	1	222	0
Fails to meet appropriate standards for the delivery of perfusion services	0	0	0
Is addicted or habitually abuses any narcotic or controlled dangerous substance	0	0	0
Naturopathic Doctors			
Practicing without (naturopathic doctor) license	2	374	5
Misrepresentation as practitioner of naturopathic medicine	0	0	5
Willfully makes or files a false report or record in the practice of naturopathic medicine	0	0	1
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	0	0	1
Is guilty of unprofessional or immoral conduct in the practice of naturopathic	0	0	2

medicine			
Engages in an act or omission that does not meet generally accepted standards of practice of naturopathic medicine or of safe care of patients, whether or not actual injury to a patient is established	0	0	1
Delegates professional responsibilities to an individual when the licensee delegating the responsibilities knows or has reason to know that the individual is not qualified by training, experience, or licensure to perform the responsibilities	0	0	1
Unlicensed Practice of Medicine			
Practicing medicine without a license	11	209	8
Misrepresentation as practitioner of medicine	1	112	2
Physician Assistants			
Violates any provision of this title or any regulations...adopted under § 14-404	1	450	0
Is guilty of immoral conduct in the practice of medicine	3	114	2
Is guilty of unprofessional conduct in the practice of medicine	39	165	12
Is professionally, physically, or mentally incompetent	1	8	1
The applicant shall be of good moral character	1	58	0
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another	9	292	0
Provides professional services while under the influence of alcohol	0	0	0
On proper request, fails to provide details of a patient's medical record to the patient, another physician, or hospital	1	71	0
Willfully makes false statements to collect fees	0	0	0
Fails to meet appropriate standards for the delivery of quality care	14	153	12
Fails to keep adequate medical records	12	158	7
Performs delegated medical acts beyond the scope of the agreement filed with the Board	2	156	3
Willfully makes a false report or record in the practice of medicine	0	0	1
Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine	12	298	0
Fails to cooperate with a lawful investigation of the Board	3	326	0
Fails to report change in employment terms	0	0	0
Unless licensed to practice as a physician assistant under this title, a person may not use the words or terms "physician assistant", "licensed physician assistant", or "P.A."	1	58	1
Performs delegated medical acts without the supervision of a physician	2	143	0
Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the US	1	446	0

uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section			
Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice as a physician assistant in the State unless the person has a license issued by the Board	5	158	1
Except as otherwise provided in this title, a person may not perform, attempt to perform, or offer to perform any delegated medical act beyond the scope of the license and which is consistent with a delegation agreement filed with the Board	2	244	0
TOTAL ALLEGATIONS AGAINST PRACTITIONERS AND ALLEGATIONS OF UNLICENSED PRACTICE	1595 allegations resolved	205 average days to resolve allegations	535 unresolved allegations

4. The number of licensees, unlicensed individuals, and facilities reprimanded or placed on probation or who had their licenses suspended, revoked or other action (H.O. §14-205.1(i)(ii)): See TABLE B, TABLE B-1, TABLE B-2, and TABLE B-3 on pages 12-13.

TABLE B
FY19 Disciplinary Actions
Summarized by Practitioner Category

Disciplinary Actions	Allied Health (Excludes Physician Assistant)	Physician	Physician Assistant	Unlicensed	Facility	Grand Total
<u>Non Public</u>						
Non-Prejudicial Action						
Decision Vacated	0	1	0	0	0	1
Non-Public Order - Disposition Agreement	1	3	1	0	0	5
Termination of Non Public Order	1	1	0	0	0	2
Non-Prejudicial Action Total	2	5	1	0	0	8
Non Public Total	2	5	1	0	0	8
<u>Public</u>						
Loss of License						
Denials	0	4	0	3	0	7
Letter of Surrender	1	16	3	0	0	20
Revocation	4	20	4	0	0	28
Summary Suspension	0	13	0	0	0	13

Summary Suspension Affirmed	0	15	0	0	0	15
Suspension	3	14	2	0	0	19
Loss of License Total	8	82	9	3	0	102
Non-Prejudicial Action						
Dismissal	1	14	3	1	0	19
Order Stayed	0	1	0	0	0	1
Termination Order	6	33	5	1	0	45
Termination Order - Reprimand Remains	0	39	6	0	0	45
Reinstatement	0	1	0	0	0	1
Non-Prejudicial Action Total	7	88	14	2	0	111
Other Prejudicial Action						
Cease and Desist	0	0	0	4	0	4
CME	1	4	0	0	0	5
Fine Only	6	6	1	6	0	19
Reprimand	0	9	0	0	0	9
Final Cease and Desist	0	0	0	3	0	3
Practicing Without A License	1	0	0	0	0	1
Other Prejudicial Action Total	8	19	1	13	0	41
Restriction of License						
Licensed with Probation or Conditions	2	0	0	0	0	2
Reinstatement with Probation or Conditions	0	1	0	0	0	1
Reprimand with Conditions Only	5	34	6	0	0	45
Reprimand with Probation and Conditions	1	18	2	0	0	21
Reprimand with Probation Only	0	3	0	0	0	3
Suspension Terminated - Imposition of Probation with Terms and Conditions	0	4	0	0	0	4
Restriction of License Total	8	60	8	0	0	76
Public Total	31	249	32	18	0	330
Disciplinary Action Grand Total	33	254	33	18	0	338

TABLE B-1
FY19 Disciplinary Actions in Terms of Fines Imposed
Summarized by Practitioner Category

Type of Fine	Allied Health (Excludes Physician Assistant)	Physician	Physician Assistant	Unlicensed	Facility	Grand Total
Administrative CME Fine	\$1,600	\$9,050	\$0	\$0	\$0	\$10,650

Administrative Fine	\$300	\$500	\$100	\$0	\$0	\$900
Civil Penalty Fine	\$28,050	\$258,500	\$8,500	\$0	\$0	\$295,050
Unlicensed Practitioner Fines	\$5,500	\$0	\$0	\$27,500	\$0	\$33,000
Grand Total	\$35,450	\$268,050	\$8,600	\$27,500	\$0	\$339,600

Table B-2
FY19 Disciplinary Actions Resulting in CDS Prescribing Restrictions
Summarized by Practitioner Category

Sexual Misconduct Finding	Allied Health (Excludes Physician Assistant)	Physician	Physician Assistant	Unlicensed	Facility	Grand Total
No	33	249	33	18	0	333
Yes	0	5	0	0	0	5
Grand Total	33	254	33	18	0	338

Table B-3
FY19 Disciplinary Actions Related to Sexual Misconduct
Summarized by Practitioner Category

CDS Prescribing Restriction	Allied Health (Excludes Physician Assistant)	Physician	Physician Assistant	Unlicense d	Facility	Grand Total
No	33	241	32	18	0	324
Yes	0	13	1	0	0	14
Grand Total	33	254	33	18	0	338

5. The number of cases prosecuted and dismissed and the specific grounds (H.O. §14-205.1(1)(iii)):

The Board referred 129 cases for prosecution to the Office of the Attorney General (“OAG”) in FY 19. After determining that there was a legally sufficient basis for prosecution based on the facts and circumstances of each individual case, the OAG accepted the cases. Pursuant to the statute, the OAG is not authorized to dismiss a case. If there is no legal sufficiency, the OAG returns the cases to the Board.

6. The criteria used to accept and reject cases for prosecution (H.O. §14-205.1(1)(iv)):

The basis for legal sufficiency is generally found in law, including Md. Code Ann.,

Health Occ. II §14-404(a), which sets forth 43 enumerated grounds for discipline. In addition, Health Occ. II §14-404(b) provides for disciplinary proceedings against licensees convicted of crimes involving moral turpitude. Health Occ. II §14-205 provides for the denial of a license for reasons that are grounds for discipline under Health Occ. II §14-404, and Health Occ. II §§14-601 to 14-606 provide the standards for administrative prosecution of unlicensed practice.

The legal sufficiency analysis is conducted by the assigned administrative prosecutor and includes the review of board investigative files, consultations with peer reviewers and other expert witnesses, meetings with board investigators, meetings with witnesses, and additional follow-up investigation. The legal sufficiency analysis also may include legal research, including the review of prior Board orders.

7. The number of cases not completed within 18 months and the reason for the failure to complete the cases in 18 months (H.O. §14-205.1(3)):

As of June 30, 2019, there were zero cases at the Board that were not resolved within 18 months. There are 23 cases at the OAG at various stages that have not been resolved. Tables C and D on pages 14-15 illustrate the last stage of each of these cases at the end of FY 19.

TABLE C
Cases at the Board Not Resolved within 18 Months*

	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19
Case Management**	0	0	2	3	0	0
Peer Review	0	1	0	0	0	0
Total	0	1	2	3	0	0

*These cases in the chart figures may represent multiple case numbers on the same Respondent.

** Case Management is the full investigation phase of a case, which includes collecting evidence, interviewing witnesses, and Board deliberation.

TABLE D
Cases at the OAG that have not been Resolved at Various Stages

	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19
Prosecutor's Office (cases not yet charged)	4	9	7	17	12	7
Prosecutor's Office (cases charged; DCCR held or failed; case may or may not be set for hearing at OAH)	6	8	9	8	12	16
Board Counsel's Office (awaiting Final Order)	8	6	2	5	2	0
Total	18	23	18	30	26	23

8. The total number of initial and renewal licenses issued for both physician and allied health professionals (H.O. §14-205.1(4)(i)): See TABLE E below.

TABLE E
Number of Initial and Renewal Licenses Issued
for Physicians and Allied Health Professionals FY 19

Practitioner Type	Initial	Renewal
Physicians	1,968	15,507
Allied Health Practitioners		
Athletic Trainers	128	0
Physician Assistants	363	3,585
Radiologic Technologists	283	6,096
Respiratory Care Practitioners	142	0
Polysomnographers	14	361
Perfusionists	25	0
Naturopathic Doctors	7	0
Total Allied Health Practitioners	962	10,042
Total Physicians and Allied Health Professionals	2,930	25,549

9. The total number of positive and negative Criminal History Records Checks results received for both physicians and allied health professionals (H.O. §14-205.1(4)(ii)): See TABLE F below.

TABLE F
CHRC Data for Physicians and Allied Health Professionals on June 30, 2019

Practitioner Type	Positive Results	Negative Results	Total CHRC Processed
Athletic Trainer (A)	5	263	268
Doctor of Osteopathic (H)	19	1,304	1,323
Naturopathic Doctor (J)	0	9	9
Not Licensed*	0	300	300
Nuclear Medicine Technologist (N)	3	62	65

Perfusionist-Basic (B)	1	5	6
Perfusionist-Advanced (Y)	5	39	44
Physician (D)	306	27,163	27,469
Physician Assistant (C)	13	761	774
Polysomnographer (Z)	1	36	37
Psychiatrist Assistant (S)	0	1	1
Rad Therapy/Radiographer (M)	0	0	0
Radiation Therapist (O)	0	69	69
Radiographer (R)	22	683	705
Radiologist Assistant (K)	0	0	0
Respiratory Care Practitioner (L)	23	503	526
Total:	398	31,198	31,596

*Not licensed-These applicants have submitted a CHRC, but have not yet submitted an application for licensure so they were “not licensed” as of June 30, 2019.

10. CHRC Data for physicians and allied health professionals on June 30, 2019:

See TABLE F above.

11. The number of individuals denied initial or renewal of licensure due to positive criminal history records checks results for both physicians and allied health professionals (H.O. §14-205.1(4)(iii)): 1

12. The number of individuals denied initial or renewal of licensure due to reasons other than a positive criminal history records check for both physicians and allied health professionals (H.O. §14-205.1(4)(iv)): 4

13. The adequacy of current board staffing in meeting the workload of the board (H.O. §14-205-1(5)):

Although the Board continues efforts to improve operational efficiency, additional staff is required to ensure that the Board meets all components of its mandate of public protection. The Board remains concerned that the lack of staff will negatively impact the efficiency of the Board’s operations, measurable outcomes, and customer service.

In FY 12, the Board had 81.0 full-time equivalent positions (FTEs) that have been reduced over time to the current FTEs of 68.5. While the current staff allocation reflects a total of 68.5 FTEs, it should be noted that 13 of those Board funded FTEs are assigned to the Office

of the Attorney General. As a result, the Board has only 55.5 FTEs specifically dedicated to conduct all Board business. The Board currently has 11 contractual positions.

While the staffing of the Board has decreased, the workload of the Board has increased significantly. Notwithstanding the staffing losses, since FY 12, legislation has increased the Board's workload by mandating regulation of several new health professions including polysomnographers, athletic trainers, perfusionists, and naturopathic doctors; mandating criminal history records checks; adding a reciprocal licensure category; expanding the scope of practice of physician assistants to include the dispensing of prescription drugs; and implementation of the Interstate Medical Licensure Compact.

As a result of the staff shortage, the Board requested seven new positions in three consecutive budget requests: FY 16, FY 17, and FY 18. All requests for additional staff were denied. When there is possible legislation that will impact Board operations or create a new program, the Board requests additional positions. However, the Board usually is informed that it should handle additional responsibilities with existing resources. The Board believes that it will be unable to be proactive with respect to future operational improvements without adequate staff.

The Board continues to conduct Criminal History Records Checks (CHRCs), which is an entirely new program with a full range of operations requiring additional staff resources. Under this statutory requirement, the Board processes CHRCs for all initial licensure, renewal, and reinstatement applicants. Although all CHRCs are received via secure email, State and Federal CHRCs are sent at different times and must be matched for each applicant and/or licensee. The details of all results must be entered into the Board's database manually, and positive results require further review. Since CHRCs began, Board staff have reviewed and processed 95,199 individual CHRCs. In FY 19, staff processed 32,154 CHRCs. These numbers do not reflect the totality of the work performed by staff on CHRCs. The Board, however, does not have any designated permanent positions to complete this work. To meet the CHRCs mandate, the Board employed a contractual Information Technology staff member and moved existing employees from other units to process CHRCs. The Board remains extremely concerned about the impact on other areas of the Board's operations given this movement of staff.

Furthermore, staff members devote significant time to the resolution of matters regarding licensees who fail to submit to CHRCs because these situations have resulted in hundreds of potential disciplinary cases. Among other things, Board staff must prepare and send multiple, repetitive communications to a licensee who has failed to submit to a CHRC. In FY 19, there were more than 950 cases where staff follow-up was required.

Although the Board continues its efforts to implement an electronic online system, there are certain components of the Board's procedures that will remain paper-based and require manual data entry. For example, credentials for initial licensure are paper-based and require

primary source verifications even if sent by electronic mail. At this time, there is no database to which the Board can connect in order to verify credentials. Each of the 43,000 paper credentials received annually must be manually entered by staff into the Board's system. In addition, staff perform administrative functions on every credential and match each paper credential with the appropriate application for licensure.

The Allied Health Unit continues to struggle with processing the volume of physician assistant delegation agreements, delegation agreement addendums, and terminations of delegation agreements. In FY 19, there were 1,249 delegation agreements and 199 delegation agreement addendums for advanced duties requiring staff, committee, and Board review. In comparison, during FY 07, there were 745 delegation agreements and 32 delegation agreement addendums processed. Terminations of delegation agreements require additional review to determine whether the termination may have been related to a violation of the Act. The unit is compelled to routinely utilize compensatory time to maintain timeliness of its operations. At least one additional position is required in the Allied Health Unit. Each allied health program requires staff to complete the following:

- Processing applications for initial licensure, renewals, and reinstatements;
- Identifying and investigating cases implicating public protection during review of the initial applications;
- Conducting preliminary and full investigations on licensees;
- Reviewing and amending regulations based on current law and any changes to the law;
- Researching and responding to policy questions regarding the programs; and
- Coordinating committee meetings.

The Communication, Education and Policy Unit also requires additional staff. The unit handles all Public Information Act (PIA) requests and subpoenas. Most of the requests are time sensitive or statutorily mandated and require dedicated staff. In addition to other responsibilities, the unit responds to the Board's general e-mail inquiries that are not handled by the other Board units and to inquiries from all internal and external stakeholders on the Board's statutes, regulations, and policies. In FY 19, approximately 1,200 e-mails were received in the Board's general e-mail account, each of which required at least one response by Board staff. The Board also responds to about 50 PIA requests weekly. These inquiries do not include approximately 90 telephone calls received daily (or 450 calls per week) on the Board's general telephone number to be addressed by staff.

The unit is responsible for developing and drafting all legislative proposals and regulations pertaining to the oversight of all of the Board's practitioner programs. The unit coordinates professional development for staff and training sessions for facilities, associations, and for the Board and allied health committee members. The additional staff will ensure that all of the unit's responsibilities are discharged effectively and efficiently.

During the 2018 legislative session, the Interstate Medical Licensure Compact (IMLC) was passed. The legislation did not provide for additional Board staff to create and administer this new category of licensure. Board staff has spent significant time on the program by participating in conference calls, conducting research, drafting rules, and serving on required committees and the IMLC Commission. Substantial staff time and resources were spent in preparation for the launch of the IMLC on July 1, 2019. The Board dedicated one FTE position to the program, which resulted in the loss of a licensure analyst from the physician initial licensure program. The Board is concerned that the loss of the analyst may impact the Board's goal of issuing licenses within ten days of receipt of the last qualifying document.

The processing of physician dispensing permits now requires a .5 FTE which also takes staff away from physician licensure. New legislation enables the Board to issue a special permit for "topical medications" separate from the current dispensing permit, although the same requirements apply. In an attempt to minimize the administrative burden on the Board, the Maryland Board of Pharmacy, the Office of Provider Engagement and CDS Regulation, and licensees, the Board reached out to other departmental units to discuss an overall revision of the statutes related to issuance and inspection of dispensing permits.

This past year, staff from four other Board units had to be trained to assist with the processing of applications in both the physician licensure and allied health licensure programs. This, in turn, creates a backlog of work in those other areas which can only be alleviated by new staff.

The IT unit has been attempting to develop a physician assistant online system and to implement other electronic applications. However, other priorities, including the daily operations and IMLC matters, have prevented IT with moving forward on significant projects. To avoid the stagnation of work and any impact on public protection, a contractual IT person has been hired to revise the Board's practitioner profile system.

Despite retaining contractual staff in several units to ensure that the Board's work is completed, Board staffing levels remain inadequate to meet the current and emergent work. Staff and leadership have observed unmanageable workloads.

14. A description of the efforts the Board has taken to meet the goal of issuing licenses within 10 days after the receipt of the last qualifying document, especially for the allied health professionals (Chapters 217 and 218, Acts of 2017, Section 2(1)):

The Board has achieved this goal annually since the last Sunset Evaluation. To achieve this goal, the Board created a specific supervisory report that can be generated from the database

at any time to enhance efficiency. The report captures the number of applications processed and licenses issued within ten days of receipt of the last qualifying document. This report is automated and is sent to the Allied Health Unit and Licensure Unit supervisors on a quarterly basis.

The report also identifies applications where licenses were not issued within 10 days of receipt of the last qualifying document. When a license is not issued within 10 days of the last document, supervisors and staff review the licensure file to identify and address the reason for the delay. Additional cross-training has been implemented in the Allied Health Unit to plan for staff absences that may impact timely licensing. The importance of accurate and timely data entry has been emphasized with staff.

15. Whether it is feasible to describe any underlying sexual misconduct in order summaries and, if it is not feasible, a description of other steps that the Board can take to make it easier for the public to determine whether a case involved sexual misconduct (Chapters 217 and 218, Acts of 2017, Section 2(2)):

In a national report/analysis of state medical boards and laws, Maryland ranked fifth in transparency regarding sexual misconduct cases. The special report was based on an examination of laws that govern physician licensing and discipline, with an emphasis on sexual misconduct issues. In light of this report, the Department of Legislative Services' 2016 Sunset Evaluation requested greater transparency of the underlying sexual misconduct in Board order summaries.

In terms of describing any underlying sexual misconduct in order summaries, only the actual disciplinary grounds that were violated are reflected in the summaries on individual practitioner profiles. For example, if a licensee is disciplined for unprofessional conduct, but the conclusions of law do not include a sexual misconduct finding, the Board can only legally post the unprofessional conduct finding.

The Board's disciplinary grounds do not include a specific sexual misconduct ground, and the sexual misconduct regulations do not provide any sanctions for violations. The legislature may want to consider adding a specific disciplinary ground for all licensees. Currently, only naturopathic doctors have a sexual misconduct disciplinary ground: Engages in sexual misconduct, H.O. §14-5F-18(a)(13).

Although the Board votes specific grounds for charging, the charging documents are written and issued under the purview of the Office of the Attorney General. The Board has communicated with the administrative prosecutors to emphasize the importance of including any sexual misconduct in the conclusions of law section in any consent orders.

In addition, the Board revised its sexual misconduct regulations, which became effective May 20, 2019. The regulations are now broader and include sexual harassment.

The results of the internal fiscal analysis and reassessment of fees including any possible changes to the fee schedules for physicians and allied health professionals:

2014 Fiscal Analysis

In 2014, the Board engaged an independent accounting firm (the “firm”) to perform a comprehensive licensure fee study (“study”). The objectives of the study were to review the existing fee structure and assure that the Board, an agency reliant on special funds, received adequate revenue from the licensure fees for its public protection mandate that were not prohibitive to applicants seeking licensure and renewal of licensure in Maryland without conflicting with the Board’s overall mission.

The final report had several recommendations, including but not limited to:

- Consider assessing the disciplinary process costs to licensees who are disciplined;
- Assess the cost of the Board’s rehabilitation program to all licensees;
- Change the end of the licensure term from a specific expiration date to the licensee’s birthdate; and
- Allow the Board to retain fines from disciplinary cases to recoup a portion of its expenditures and eliminate refunds.

At the conclusion of the study, the firm recommended a fee structure that the Board determined was cost prohibitive for applicants seeking licensure in the State and conflicted with the Board’s overall mission. The firm’s recommendations included the assessment of initial application fees of \$10,646.51 for perfusionists and \$4,600.41 for polysomnographers, as well as \$49,740.10 for medical licensure through conceded eminence, respectively. To ensure that licensure fees remained affordable to health care providers under its jurisdiction, the Board did not adopt the firm’s recommended fee structure.

Fiscal Data Improvements Continue

As noted by the Department of Legislative Services in the 2016 sunset evaluation report, the Board significantly improved the tracking of its financial data. These improvements date back to 2012 when the Board began planning to effectively collect revenue data by practitioner type. In FY 13, the Board established multiple program cost allocation (PCA) codes in the financial management information system (FMIS) to ensure State financial records more clearly reflect the financial data of each of the Board’s programs. The Board created a separate program cost code for allied health.

Additionally, in FY 17, the Board enhanced its use of PCA codes and agency objects revenue (AOBJ) codes to ensure State financial records more clearly reflect the revenue data of

each of the Board's practitioner types. In FY 18, the Board improved both the consistency and accuracy of its financial data by reconciling the application-level fiscal data recorded in the Board's unique database to the financial data recorded in FMIS. Through the collection of application-level data, the Board anticipates more reliable and verifiable revenue data by practitioner type. The Board continues to improve the reliability of its financial data.

2018 Fiscal Analysis

The Board completed an internal fiscal analysis and reassessment of fees in January of 2018. As a result, the Board approved a temporary reduction of the renewal fee for all licensees for one renewal cycle beginning on July 1, 2019. Consequently, during FY 20 and FY 21, all license renewal application fees will be reduced by \$26 or by the current amount of the Maryland Health Care Commission's (MHCC) User Assessment fee.

During FY 21, the Board plans to both evaluate the financial impact of the temporary reduction of license renewal application fees and conduct another licensure fee study. However, at this time, there are numerous pending and unresolved issues that may impact the Board's fund balance; therefore, the Board is reluctant to make other significant changes to the fee structure. The Board anticipates that any further changes, if any, to the fee structure will be nominal based on the approximately \$4,100,000 reserved for pending litigation expenses, the unknown cost of relocating the Board's office space, the unknown cost of contracting with independent firms to conduct peer reviews on health care providers, the unknown cost of the rehabilitation program for all licensees and the unknown cost of an entity that would provide supervisory services to licensees in disciplinary orders.

The Board's services include processing both revenue-generating applications and non-revenue-generating applications. The Board's financial records are divided into four distinct programs (or PCA codes): Physicians (R601S), Office of the Attorney General (R602S), Major Contracts (R603S), and Allied Health Practitioners (R604S). Preferably, each program should cover the total cost of administering the program. However, the Board's analysis reveals that the revenue generated from the assessment of physician and allied health practitioner licensure fees covers the total cost of operating each of the Board's four distinct programs.

The Impact of Non-Revenue Generating Programs and Applications on Fiscal Analysis:

The Board has numerous programs that generate no revenue. Non-income generating programs (expenditures only) include Major Contracts, the Office of the Attorney General ("OAG"), Fiscal Services Unit, IT Unit, CEP Unit, CHRCs program, Compliance Unit, including, but not limited to expenditures for investigations, probation, intake, peer review, expert review, administrative hearings delegated to the Office of Administrative Hearings and investigations involving unlicensed individuals practicing medicine without a license.

Since all of these activities are expenditure only, the operational costs are assessed to all licensees through licensure fees. In FY 19, the expenditures for the OAG totaled \$1,919,737 and included \$1,678,350 in salaries for 13 State employees that are not exclusively assigned to support the Board's mission and the direct and indirect costs paid for those employees of the OAG. During the next review of the sufficiency of fees assessed, the Board will be faced with determining how to reasonably accommodate the approximately \$2,000,000 of annual expenditures related to a program that does not directly support the Board's mission.

The Board also provides certain services where no fee is collected but significant resources are expended to complete the service. A few examples include post-disciplinary reinstatement and delegation agreement addendums. Lastly, in certain instances, such as dispensing permits for prescription drugs, the Board only retains \$50.00 from a fee of \$1,050.00, which is insufficient to cover the cost of administering the program.

The findings of the 2018 internal licensure fee study underscore the benefit of assessing fees to all applications processed by the Board. Assessing fees on the non-revenue generating applications will allow the Board to reduce the fees of the revenue-generating applications. The Board recognizes that assessing new fees to preexisting services such as processing Physician Assistant delegation agreement addendum applications may be challenging. The Board remains committed to using the upcoming licensure fee study to recalibrate application fees to benefit health care providers and to allow full cost recovery without conflicting with the Board's overall mission.

Comments on the Board's fund balance in light of the additional retained revenue that resulted from Chapter 178 of the Acts of the General Assembly of 2016:

There is no correlation between the fund balance and revenue transferred to other agencies. The Board continues to transfer funds to Maryland Higher Education Commission. Below is a summary of the Board's reserves:

$$\text{Net Revenues} - \text{Net Expenditures} + \text{Net Cash Transfers} = \text{Fund Balance}$$

The dollar amount transferred to Maryland Higher Education Commission as mandated by Chapter 178 of the Acts of the General Assembly of 2016 is classified as a cash transfer. In terms of the fund balance equation, net revenues and net cash transfers are identified as two independent variables. There is no correlation between net revenues and net cash transfers. Refer to page 25 for *Table G: Summary of Available Reserves* to examine the Board's fund balance for the last five fiscal years.

Steps the Board has taken to address staff vacancies and the impact that filling vacancies will have on Board expenditures and the Board's fund balance:

The Board continues efforts to promptly recruit for vacant positions within its hiring authority. The Board no longer has salary setting authority which hampers efforts to offer competitive salaries to candidates and retain employees.

Following staff retirements and resignations, the Board works actively to commence and complete the recruitment for those positions as expeditiously as possible. The Board has sufficient funding to fill its vacancies and add additional staff.

Refer to *Table H: Average Monthly Vacancy Rate* to examine the Board's average monthly vacancy rate for the last five fiscal years.

**Table G:
Summary of Available Reserves**

	FY15	FY16	FY17	FY18	FY19
Revenues					
Professional Licenses and Permits	11,050,870	9,520,206	11,467,574	8,922,383	11,213,301
Miscellaneous	64,737	55,923	41,196	157,029	16,824
Total Revenues	11,115,607	9,576,129	11,508,770	9,079,412	11,230,125
Expenditures					
Salaries ¹ and Wages	5,351,663	5,880,871	6,092,258	6,192,365	6,216,044
Technical and Special Fees	411,247	361,583	442,578	449,511	380,160
Communication	66,209	53,425	69,051	76,123	58,107
Travel	30,335	20,381	28,033	50,025	28,154
Motor Vehicle Operation and Maintenance	0	16,043	282	755	863
Contractual Services	1,862,488	1,584,515	1,833,106	2,124,870	2,045,112
Supplies and Materials	88,515	87,162	89,584	92,962	58,202
Equipment - Replacement	56,472	71,614	15,540	70,362	17,365
Equipment - Additional	8,660	182,998	0	(457)	0
Fixed Charges	452,043	437,254	461,371	462,595	456,989
Total Expenditures	8,327,631	8,695,846	9,031,802	9,519,111	9,260,995
Excess (Deficiency) of Revenues Over Expenditures	2,787,976	880,283	2,476,968	(439,699)	1,969,130
Cash Transfers					
Fund Balance Transfers from Previous Years	5,867,260	5,481,046	4,701,828	6,185,579	5,116,973
Transfers Mandated by the Budget Reconciliation and Financing Act	(1,800,000)	0	0	0	0
Transfers to Maryland Higher Education Commission	(1,357,057)	(1,165,972)	(550,000)	(550,000)	(400,000)
Transfers to Office of Controlled Substances Administration	0	(174,000)	(199,000)	0	0
Transfers to Maryland Information Technology Development Projects	(33,156)	(285,070)	(248,806)	0	0
Total Cash Transfers	2,677,047	3,856,004	3,704,022	5,635,579	4,716,973
Fund Balance	5,465,023	4,736,287	6,180,990	5,195,880	6,686,103
Reserves					
Reserves for Economic Uncertainties (20% of Expenditures)	1,665,526	1,739,169	1,806,360	1,903,822	1,852,199
Reserves for Pending Litigation Expenses	0	0	4,074,379	4,074,379	4,074,379
Total Reserves	1,665,526	1,739,169	5,880,740	5,978,202	5,926,578
Available Fund Balance / Available Reserves	3,799,497	2,997,118	300,250	(782,322)	759,525

¹ Salaries and expenditures include 13 positions at the OAG

**Table H:
Average Monthly Vacancy Rate**

	FY15	FY16	FY17	FY18	FY19
Monthly Average # of Vacant Full Time Equivalent Positions	9.09	8.03	5.58	1.71	5.42
Annual # of Budgeted Full Time Equivalent Positions	70.10	68.50	68.50	68.50	68.50
Monthly Average % of Vacant Full Time Equivalent Positions	12.97%	11.72%	8.15%	2.50%	7.91%

Note: Board vacancy rates also reflect any vacancies in the Office of the Attorney General (OAG). The Board has no hiring authority over the positions allocated to the OAG.

Conclusion

The Board continues its commitment to improve strategies to provide timely and efficient service to its external and internal customers. The Board recognizes that sustaining improvement is an ongoing process and routinely evaluates its goals and outcomes in order to enhance its operations in furtherance of its public protection mandate.

Attachment A

Attached please find the Attorney General's Response of the Maryland Board of Physicians FY 19 Annual Report.

A. The Legislative Report

Chapter 109 of the Acts of 1988, as amended by §1, chapter 271, Acts 1992, effective October 1, 1992, and by § 6, chapter 662, Acts 1994, effective October 1, 1994, provides:

SECTION 5. AND BE IT FURTHER ENACTED, that the Department, on or before October 1 of each year, shall submit a report to the Legislative Policy Committee that contains the following information for the previous year:

* * *

8. A detailed explanation of the criteria used to accept and reject cases for prosecution...

B. The Attorney General's Response

The Office of the Attorney General ("OAG") accepted one hundred twenty-nine (129) cases for prosecution in Fiscal Year 2019. The OAG accepted the cases for prosecution after determining that there was a legally sufficient basis for prosecution based on the facts and circumstances of each individual case.

The measure of legal sufficiency is generally found in Maryland Code Annotated, Health Occupations § 14-404(a), which sets forth forty-three (43) enumerated grounds for discipline. In addition, Health Occupations § 14-404(b) provides for prosecution of licensees convicted of crimes involving moral turpitude, Health Occupations § 14-205 provides for the denial of a license for reasons that are grounds for discipline under Health Occupations § 14-404, and Health Occupations §§ 14-601 to 14-606 provide the standards for administrative prosecution of unlicensed practice.

The legal sufficiency evaluation includes the review of board investigative files, consultations with peer reviewers and other expert witnesses, meetings with board investigators, meetings with witnesses, and additional follow-up investigation. The legal sufficiency analysis may also include legal research, including the review of prior Board orders.

The OAG closed one hundred seventy-six (176) cases during Fiscal Year 2019.

GROUNDINGS:

Criminal Background Check Cases:	2
§ 1-212 (sexual misconduct)	3

1-212(b)(3)	1
12-102	1
14-206(e)(1)	1
14-206(e)(2)	1
14-402	3
14-402(b)(2)	1
14-404(b)(2)	1
§14-404(a):	
(1)	1
(3)(i)	11
(3)(ii)	53
(4)	12
(6)	2
(8)	6
(13)	1
(18)	3
(19)	4
(22)	22
(25)	1
(27)	1
(28)	1
(33)	33
(40)	12
(42)	2
14-404(b)(2)	1

ATHLETIC TRAINER:

14-5D-07(a), 14-5D-11(b) & 14-5D-17	1
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CEASE & DESIST:

14-404(b)(1)	3
14-601	1
14-601 & 14-602(a)(b)	2

Respiratory Care Practitioners

14-5A-17(a)(4)	2
14-5A-17(1), (3), & (10)	1

Radiographer, Radiation Technicians or Respiratory Technicians:

Radiologist – practicing without license	1
Violation of Disposition Agreement	1
Intent to Deny Application	1
14-5A-09(b) Intent to Deny	1
14-5A-17(a)(1) & (10)	1

14-5D-07(a) 14-5D-11(b) & 14-5D-17	1
14-5D-08(b)(1) & 14-5D-14 (17) – Intent to Deny & underlying 14-5D-149A)(1),(4)	1

Naturopathic Dr.

Practicing without a license	1
Intent to Revoke ND	1
14-5F-18(a)(9), (19) & (24)	1

Physician Assistants (PA):

15-314(a)(22) & (40)	1
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Medical Doctors:

Intent to Deny Applicant:	1
Intent to Show Cause:	11
Petition/Request for Reinstatement:	5
Request to Terminate	
Permission to Prescribe Restrictions	1
Summary Suspensions:	16
Violation of Consent Order/Probation	7
Violation of Disposition Agreement	1
Intent to Deny Medical License	1
COMAR 10.32.17.03	3
COMAR 10.32.03.11C	1