

Maryland Board of Physicians

Board Chairman: Paul T. Elder, M.D. • Executive Director: C. Irving Pinder, Jr.

Fall 2009



Board Elects New Chairman



At its October 2009 meeting, members of the Board of Physicians elected officers to serve 2-year terms. Dr. Paul T. Elder, an anesthesiologist from Anne Arundel County, was elected chairman of the Board.

Dr. Elder graduated from Wayne State University School of Medicine in Michigan. His postgraduate training was completed at the National Naval Medical Center in Bethesda. He also completed a fellowship in pediatric anesthesia and critical care at the Children's Hospital National Medical Center in Washington, D.C. and has been certified by the American Board of Anesthesiology. He has served as a staff anesthesiologist at Anne Arundel Medical Center since 1985.

Dr. Elder is married and has four sons. He lives in Annapolis and is a member of the Historic Annapolis Foundation and the Annapolis Yacht Club.

Dr. Harry C. Knipp, who served as Board chair from 2004 through 2007, was elected to the position of Vice Chair of the Board. Dr. Knipp practices diagnostic radiology. Dr. Laura E. Henderson, who practices internal medicine and pediatrics in Smithburg, was elected to the position of Secretary-Treasurer. The Board of Physicians elects officers from among its membership.

The Board of Physicians is the agency identified in state law to license and discipline physicians. The Board also oversees licensure programs for physician assistants, radiation technologists, respiratory care practitioners, polysomnographers and athletic trainers. If you are interested in serving on the Board, please see the article related to recruitment in this edition.

Board Seeking Nominations to Fill Board Vacancies

The Maryland Board of Physicians is soliciting nominations for three physicians to fill Board member positions vacant on June 30, 2010. Two of the consumer member seats on the Board will also become vacant on that date. All current Board members whose appointments expire on June 30, 2010 are eligible for reappointment for another full four-year term. Members are required to devote at least two days a month for board activities, which includes participation in monthly meetings held on the 4th Wednesday of each month and participation on board committees as well as 6-8 hours of prep work for the meetings. (Reading materials are distributed in advance.)

Physician nominees will be accepted from Maryland physician organizations representing at least 25 licensed physicians in the State. These nominations should be on the organization's letterhead and signed by the administrator of the organization. In addition, nominations will be accepted from individual Maryland licensed physicians who submit a valid petition signed by 25 Maryland licensed physicians. The petition should contain the candidate's name, address, license number,

and signature; and the names, license numbers and signatures of the signers of the petition.

Nominations and petitions must include a completed biographical information form and resume or curriculum vitae of the nominee. The form may be downloaded from the Department of Health and Mental Hygiene website: www.dhmh.state.md.us/execnom.

Please forward all nominations and petitions to the Secretary of the Department of Health and Mental Hygiene at 201 West Preston Street, Baltimore, MD 21201, Attention Anna Lieberman, Administrator, Appointments and Executive Nominations by February 1, 2010. The Department is committed to obtaining increased gender, geographical and minority representation on each of the Boards, Commissions and Task Forces.

Valid nominations and petitions will be forwarded to Governor Martin O'Malley. The Governor will appoint the new physician and physician assistant Board members from the nominations.

Dr. Israel H. Weiner



The Board of Physicians sadly announces the death of Dr. Israel H. Weiner, a neurosurgeon who practiced in Baltimore for more than 30 years. Dr. Weiner was the first chairman of the Board of Physician Quality Assurance, created in 1988 by the Maryland legislature to unite the functions of licensure and discipline of physicians into a single regulatory board. He served as chairman from 1988 through 1995. Since that time, in his role as physician consultant to the Board, he has provided assistance to Board staff and Board members alike.

The Board uses physician consultants for first level review of complaints it receives, to help the Board decide whether further investigation is needed. Dr. Weiner helped ensure continuity as new board members changed the composition of the Board. In 2003, Sunset legislation dissolved the Board of Physician Quality Assurance and reconstituted the Board as the Board of Physicians, with more consumer members and a physician assistant among its membership.

Dr. Weiner played an important role during this transition. He knew how the Board had addressed issues in the past, but also knew the pitfalls that had led to the dissolution of the old Board. His honesty and steady calmness helped staff and new board members during the transition.

PHYSICIANS

Ali A. Al-Attar, M.D., License #: D50098

Area of Practice: Internal Medicine (Suitland, MD)

Suspension for 3 years; all but 1 year stayed; fine in the amount of \$30,000; terms and conditions; after 1 year and completion of terms and conditions, physician may petition the Board to stay the suspension; should the Board allow the physician to practice he shall be placed on probation for 4 years subject to terms and conditions. The Board found that the physician violated eight separate grounds of the Maryland Medical Practice Act that included failure to meet standards of quality care, over utilization of health care, failure to keep adequate medical records, willfully makes or files a false record or report in the practice of medicine, and unprofessional conduct. Date of Action: April 22, 2009

Barry I. Aron, M.D., License #: D46143

Area of Practice: Obstetrics & Gynecology (LaPlata, MD)

Reprimand; Probation subject to terms and conditions. The Board found that the physician failed to meet the standards of quality care with regard to a patient in his practice of obstetrics. Date of Action: June 25, 2009

Panayiotis Baltatzis, M.D., License #: D28949

Area of Practice: Internal Medicine (Parkville, MD)

Probation for a minimum of 5 years subject to terms and conditions. The board found that the physician failed to meet the standards of quality care and failed to maintain adequate records in his care and treatment of six patients. Date of Action: October 20, 2009

Mark J. Baskerville, M.D., License #: D54897

Area of Practice: Anesthesiology & Emergency Medicine (Baltimore, MD)

Reprimand; Suspension until the physician's license is activated by the Oregon Medical Board. The Board took its action based on action by the Oregon Medical Board based on his substance abuse issues and the diversion of CDS from his workplace for his personal use. Date of Action: June 12, 2009

David E. Berman, M.D., License #: D54476

Area of Practice: Plastic Surgery (Sterling, VA)

Revocation. The physician pleaded guilty to the Misbranding of a Drug offered for Sale Under the Name of Another Drug in violation of federal law and thereby became subject to state statute that mandates revocation of license. Date of Action: October 22, 2009

Emmanuel Penrose A. Brown, M.D., License #: D53941

Area of Practice: Internal Medicine (Temple Hills, MD)

Suspension; immediately stayed; Probation subject to terms and conditions. The Board took action based on disciplinary action by the District of Columbia medical board based on the physician's care and treatment of a patient who had been transferred to a long term acute care facility. Date of Action: August 17, 2009

Shirley E. Brown-Ornish, M.D., License #: D53085

Area of Practice: Internal Medicine (Mitchellville, MD)

Reinstatement of license; Probation for 3 years subject to terms and condition. The Board has determined that it is appropriate to reinstate the physician's license, however, subject to probation with terms and conditions. Date of Action: May 6, 2009

Peter L. Campbell, M.D., License #: D26574

Area of Practice: Psychiatry (Springfield, VA)

Reprimand; Permanent Restriction from prescribing Schedule II, III and IV CDS in Maryland. The Board took reciprocal

action based on a sanction issued by the Virginia Board for the physician's failure to properly manage the care and treatment of eleven patients in his practice of psychiatry. Date of Action: October 14, 2009

Julian P. Choe, M.D., License #: D45519

Area of Practice: Internal Medicine (Frederick, MD)

Reprimand. The Board found that the physician committed unprofessional conduct in the practice of medicine in regard to a female patient during an office visit in February 2005. Date of Action: July 27, 2009

Nelson R. DeLara, M.D., License #: D16268

Area of Practice: Radiology (Phoenix, MD)

Reprimand. The Board found that the physician violated the standards of quality care and failed to keep adequate medical records in regard to his dictated findings of a CT study for a patient. Date of Action: June 2, 2009

Selwa J. Diwani, M.D., License #: D39713

Area of Practice: Family Medicine (Suitland MD)

Suspension for a minimum of 6 months and until terms and conditions are met; should the Board reinstate the physician's license Probation for 5 years subject to terms and conditions. The Board concluded that the physician engaged in unprofessional conduct in the practice of medicine, grossly overutilized health care services, and failed to meet the standards of quality care in its review of her treatment of six patients. Date of Action: June 10, 2009

James S. Dunn, Jr., M.D., License #: D56049,

Area of Practice: Obstetrics & Gynecology (Auburn, CA)

Suspension for 30 days. The Board took reciprocal action by the United States Department of the Air Force based on the physician's misconduct and treatment in regard to his patient at an Air Force medical facility. Date of Action: June 25, 2009

Michael Q. Durry, M.D., License #: D63673

Area of Practice: General Surgery (Randallstown, MD)

Reinstatement of license; Remaining terms and conditions of the 12/19/07 Consent Order continue in effect; Probation for 5 years subject to terms and conditions. The Board has determined that the physician's circumstances justify a reinstatement of his medical license, however, subject to conditions that the Board believes necessary to ensure protection of the public. Date of Action: May 8, 2009

Glenn R. Edgecombe, M.D., License #: D23826

Area of Practice: Family Practice (Clinton, MD)

Reprimand; Probation for a minimum of 18 months subject to terms and conditions. The Board found that the physician failed to maintain adequate medical records in its review of his care and treatment of a patient in his practice of family medicine. Date of Action: June 9, 2009

Mark H. Eig, M.D., License #: D24886

Area of Practice: Internal Medicine (Silver Spring, MD)

Reprimand; Probation for a minimum of 2 years subject to terms and conditions. The Board found that the physician failed to keep adequate medical records in his care and treatment of 6 patients. Date of Action: May 6, 2009

Charles O. Folashade, M.D., License #: D50759

Area of Practice: Internal Medicine (Salisbury, MD)

Summary Suspension. The Board determined that the public health, safety, or welfare required emergency action based on the physician prescribing drugs for illegitimate medical purposes, his sale of drugs to patients for financial gain, dispensing prescribing medications without a permit, and failure to provide medical records to another physician for continuity of care. Date of Action: May 15, 2009

Charles O. Folashade, M.D., License #: D50759

Area of Practice: Internal Medicine (Salisbury, MD)

Permanent surrender of medical license. The physician permanently surrendered his license based on the Board's investigation that found that he prescribed CDS for illegitimate medical purposes, sold drugs to patients for financial gain, dispensed prescription medications to patients without a dispensing permit, and failed to provide medical records to another physician for continuity of care. Date of Action: July 22, 2009

Eric C. Greenberg, M.D., License #: D50275

Area of Practice: Internal Medicine (Bethesda, MD)

Summary Suspension. The Board found that the public health, safety, or welfare imperatively requires emergency action based on, including but not limited to, a positive test for cocaine, prescribing medications to family members, and his prescribing practices of CDS. Date of Action: April 16, 2009

Douglas F. Greer, M.D., License #: D26005

Area of Practice: Ophthalmology (Washington, DC)

Revocation of License for five (5) years. The physician pleaded guilty to one count of healthcare fraud and one count of income tax fraud and thereby became subject to statute that mandates revocation of his license. Date of Action: July 23, 2009

Richard C. Habersat, M.D., License #: D18822

Area of Practice: Internal Medicine (Parkton, MD)

Reprimand; Probation for a minimum of 2 years and until terms and conditions have been satisfied. The physician failed to carefully monitor and aggressively treat adverse side effects of a patient on multiple narcotics when changing the patient's medications. Date of Action: May 28, 2009

John G. Harney, M.D., License #: D21716

Area of Practice: Internal Medicine (Baltimore, MD)

Revocation; the Board will not accept any application for reinstatement within 2 years from the date of revocation. The Board found the physician in violation of his November 28, 2007, consent order. Date of Action: July 29, 2009

Scott S. Haswell, M.D., License #: D34652

Area of Practice: Internal Medicine (Baltimore, MD)

Suspension for a minimum of 3 years with all but 1 year stayed and continuing until terms and conditions have been completed; should the Board reinstate the license, probation for 3 years. The Board concluded that the physician engaged in sexual misconduct with a patient in the fall of 2007. Date of Action: July 23, 2009

Donald J. Hayes, M.D., License #: D20985

Area of Practice: Family Practice (Catonsville, MD)

Reprimand; Probation for a minimum of 18 months subject to terms and conditions. The Board found that the physician failed to meet the standards of quality care and was guilty of unprofessional conduct in the practice of medicine based on a peer review of 7 patients and his dispensing a prescription drug after his dispensing permit had expired. Date of Action: June 25, 2009

Homer C. House, M.D., Former License #: D16465

Area of Practice: Orthopedic Surgery (Sherwood Forest, MD)

Application for Reinstatement denied. The Board found the physician provided substandard surgical care by a significant surgical error in regard to one patient and in regard to three other patients by the performance of unnecessary surgical procedures because of failure to comprehend the standard of quality care over a very long period of time. Date of Action: August 11, 2009

Daniel M. Howell, M.D., License #: D02975
Area of Practice: Family Practice (Hollywood, MD)
 Suspension; stayed; Probation for a minimum of 3 years subject to terms and conditions that include a prohibition from treating any patients for chronic pain management. The Board found that the physician failed to meet the standards of quality care in his care and treatment of 10 patients in his practice of family medicine. Date of Action: October 28, 2009

Saied Jamshidi, M.D., License #: D29224
Area of Practice: Neurological Surgery (Potomac, MD)
 Reprimand; Probation for a minimum of 2 years subject to terms and conditions. The physician had provided false responses to the Maryland Board on two separate renewal applications. Date of Action: October 28, 2009

Randolph P. Johnston, M.D., License #: D51715
Area of Practice: General Practice: Psychiatry (Frederick, MD)
 Permanent Surrender. The physician permanently surrendered his license to avoid further prosecution of the Board's public charges that he failed to meet standards of quality care and maintain adequate medical records based on inappropriate prescription of CDS to a patient with a known history of substance abuse. Date of Action: April 24, 2009

David R. Leaverton, M.D., License #: D24433
Area of Practice: Psychiatry (Arnold, MD)
 Suspension for one month; Probation for 2 years and until terms and conditions have been satisfied. The Board concluded that the physician engaged in boundary violations with a patient, prescribed medication to another patient prior to doing an initial evaluation, failed to maintain adequate documentation in regard to these patients, and in one instance billed one of the patient's visits to the other patient. Date of Action: May 28, 2009

Ofelia G. Loot-Gayoso, M.D., License #: D16328
Area of Practice: OB/GYN (Annapolis, MD)
 Surrender of License. The physician surrendered her license due to her retirement and to avoid further prosecution of pending disciplinary charges for failure to meet standards of quality care and maintain adequate medical records when treating an obstetrical patient. Date of Action: July 22, 2009

Paul J. Mackoul, M.D., License #: D47612
Area of Practice: OB/GYN (Bethesda, MD)
 Reprimand; Fine of \$2,500 to be paid within 30 days of effective date of the order. The physician was sanctioned by the District of Columbia (DC) Medical Board for failure to report a DC hospital adverse action, and failed to report on his 2005 Maryland renewal application the DC Board action when it was pending. Date of Action: April 8, 2009

Ram S. Makker, M.D., License #: D48367
Area of Practice: Internal Medicine (Roslyn Heights, NY)
 Revocation. The Board took reciprocal action based on a sanction issued by the New York medical board for the physician's failure to properly manage and treat eight patients in his practice of emergency medicine. Date of Action: October 14, 2009

James P. Matthews, M.D., License #: D59665
Area of Practice: Family Practice (Gaithersburg, MD)
 Reprimand; Probation for a minimum of 3 years subject to terms and conditions. The Board based its action on the physician's failure to meet the standards of quality care and his prescribing practices with regard to three patients in his practice of family medicine. Date of Action: October 28, 2009

Martin R. McLaren, M.D., License #: D16372
Area of Practice: Anesthesiology (Bethesda, MD)
 Revocation for five (5) years. The physician pleaded guilty to the felony of knowingly and willfully making a materially

false, fictitious and fraudulent statement and representation in connection with the delivery of health care benefits, items and services in violation of 18 U.S.C. §1035, and thereby became subject to state statute that mandates revocation of his license. Date of Action: July 23, 2009

Kathy A. Mesbahi, M.D., License #: D28710
Area of Practice: OB/GYN (Rockville, MD)
 Probation for 1 year subject to terms and conditions; cease and desist from the practice of laser surgery; fine of \$20,000; and cease and desist from aiding unlicensed individuals in the practice of medicine. The Board determined that the physician aided 2 unauthorized individuals in the practice of medicine. Date of Action: May 11, 2009

Clement I. Momah, M.D., License #: D46933
Area of Practice: Internal Medicine (Laurel, MD)
 Reinstatement of licensure denied; the Board will not entertain any subsequent petitions for reinstatement. The Board concluded that the physician has multiple permanent limitations and does not grant the reinstatement of his license to practice medicine. Date of Action: October 20, 2009

Spyros J. Monopolis, M.D., License #: D31365
Area of Practice: Child Psychiatry (Towson, MD)
 Suspension; stayed; Probation for a minimum of 2 years subject to terms and conditions. The Board found that the physician failed to meet the standards of quality care and failed to keep adequate medical records in his care and treatment of twelve patients in his practice of psychiatry in which he specialized in child and adolescent psychiatry. Date of Action: October 28, 2009

Simeon K. Obeng, M.D., License #: D57495
Area of Practice: Internal Medicine (Washington, DC)
 Suspension; immediately stayed; Probation subject to terms and conditions. The Board took action based on disciplinary action by the District of Columbia medical board based upon his care and treatment of a patient following a cardiopulmonary arrest. Date of Action: August 17, 2009

James I. Okoh, M.D., License #: D52865
Area of Practice: Diagnostic Radiology (Eden Prairie, MN)
 Reprimand. The Board took reciprocal action based on an action of the Florida medical board relating to a wrong site surgery. Date of Action: October 14, 2009

Deepak Seth, M.D., License #: D33407
Area of Practice: Internal Medicine (Dundalk, MD)
 Reprimand; terms and conditions. The Board found that the physician failed to meet the standards of quality care with regard to 5 patients in his practice of internal medicine. Date of Action: June 25, 2009

Todd B. Sheridan, M.D., License #: D64256
Area of Practice: Anatomic/Clinical Pathology (Baltimore, MD)
 Revocation. The physician pleaded guilty to a crime of moral turpitude and thereby became subject to statute that mandates revocation of license. Date of Action: September 28, 2009

Jack W. Snyder, M.D., License #: D66294
Area of Practice: Anatomic/Clinical Pathology (Potomac, MD)
 Suspension until the physician is reinstated by the Virginia medical board. The Board issued its order based on disciplinary action of the Virginia Department of Health Professions for conviction of a felony charge of false statements. Date of Action: September 9, 2009

Rajan Sood, M.D., License #: D29097
Area of Practice: (Bowie, MD)
 Suspension for 5 years with all but 9 months stayed and until terms and conditions are met; if license is reinstated, probation for 5 years subject to terms and conditions. The Board based its action on the physician's personal substance abuse

problems and unlawfully and inappropriately prescribing CDS. Date of Action: July 23, 2009

William E. Tiemann, M.D., License #: D65202
Area of Practice: Diagnostic Radiology (New Orleans, LA)
 Probation for 3 years and 2 months subject to terms and conditions. The Board took reciprocal action based on disciplinary action in Louisiana and by other states. The Louisiana action is based on the physician's substance abuse issues and his rehabilitation agreement with the Louisiana Board. Date of Action: June 25, 2009

Sylvia A. Warrenfeltz, M.D., License #: D50037
Area of Practice: Family Practice (Waynesboro, PA)
 Suspension subject to terms and conditions; should the Board terminate the suspension Probation for 3 years subject to terms and conditions. The Board found the physician guilty of failure to meet the standards of quality care, violated OSHA and MOSH regulations and CDC guidelines in regard to her office setting, and was guilty of unprofessional conduct in the practice of medicine. Date of Action: August 26, 2009

David J. Zuckerman, M.D., License #: D38315
Area of Practice: OB/GYN (Rockville, MD)
 Summary Suspension; immediately stayed; provided that the physician complies and continues to comply with certain terms and conditions. The Board found that the physician suffers from a medical or psychological condition that is likely to continue without proper care and treatment and which may be the cause of certain detrimental behavior that was manifested in a hospital setting. Date of Action: April 15, 2009

David J. Zuckerman, M.D., License #: D38315
Area of Practice: OB/GYN (Rockville, MD)
 Order Lifting Stay of Summary Suspension. The physician failed to submit a satisfactory plan that would ameliorate dangers to the public if he continued to practice. Date of Action: July 29, 2009

ALLIED HEALTH PRACTITIONERS

Elizabeth A. Beebe, P.A., License #: C03219
Area of Practice: Physician Assistant (Hagerstown, MD)
 Suspension for a minimum of one (1) year and subject to terms and conditions; should the Board lift the suspension a minimum of 5 years of Probation subject to terms and conditions. The Board took action based on the licensee's impairment issues and her illegitimate prescribing of CDS. Date of Action: August 26, 2009

Gerald J. Dauer, R.T., License #: R02847
Area of Practice: Radiologic Technologist (Greenbelt, MD)
 Summary Suspension. The Respondent performed, or was reasonably aware that his staff performed CT scans with contrast of patients, without consulting with, nor under the supervision of, a physician who was immediately and physically available in violation of state regulations. Date of Action: October 27, 2009

George A. Gravesande, RCP, License #: L03797
Area of Practice: Respiratory Care (Rockville, MD)
 Revocation. The healthcare practitioner was convicted of a crime of moral turpitude and thereby became subject to statute that mandates revocation of his license as a respiratory care practitioner. Date of Action: August 19, 2009

Debra Lynn Kastigar, NMT, MRT, License #: N01147, R07900
Area of Practice: Nuclear Medicine Technology & Radiography (Ocean Pine, MD)
 Revocation. The healthcare practitioner pleaded guilty to a crime of moral turpitude and thereby became subject

to statute that mandates revocation of her licenses to practice nuclear medicine technology and radiography. Date of Action: August 19, 2009

Kevin R. Kellman, RRT, License #: L01170

Area of Practice: Respiratory Therapy (Frederick, MD)

Suspension for 30 days; No direct patient care; if practitioner elects to resume patient care, notification to the Board in writing of the place of employment; Probation for a minimum of 2 years with terms and conditions. The practitioner engaged in unprofessional conduct and failed to meet standards of quality care for, including but not limited to, initiating a test on a patient without a physician's order. Date of Action: May 27, 2009

Kelly D. Natale, P.A., License #: C02017

Area of Practice: Physician Assistant (Annapolis, MD)

Suspension for a minimum of 3 months and until terms and conditions have been completed; thereafter the practitioner may petition to lift the suspension; should the Board lift the suspension, Probation for a minimum of 5 years subject to terms and conditions. The Board concluded that the practitioner was guilty of unprofessional conduct in the practice of medicine and is addicted to, or habitually abused narcotic and controlled dangerous substances. Date of Action: May 28, 2009

Kelly D. Natale, P.A., License #: C02017

Area of Practice: Physician Assistant (Annapolis, MD)

Termination of Suspension; Probation for a minimum of five (5) years subject to terms and conditions specified in the May 28, 2009, Consent Order. The health care provider satisfactorily complied with the requirements of the May 28, 2009, Consent Order during the period of suspension. Date of Action: October 13, 2009

Steven S. Rand, P.A., License #: C00503

Area of Practice: Physician Assistant (Baltimore, MD)

Reprimand; Probation until the practitioner has satisfactorily complied with certain terms and conditions. The practitioner engaged in one instance of unauthorized access of a fellow employee's medical record. Date of Action: May 28, 2009

Earl J. Wilson, RCP, License #: L04767

Area of Practice: Respiratory Care Therapy (Baltimore, MD)

Reprimand; Probation for a minimum of 1 year subject to terms and conditions. The Board took action based on the health care provider's impairment issues and his taking CDS from a hospital's Pyxis system without authorization. Date of Action: October 28, 2009

UNLICENSED

Karmine E. Blanks, No License (Raleigh, NC)

Order to Cease and desist from the unauthorized practice of medicine; civil fine of \$10,000. The individual practiced medicine without a license, misrepresented herself as a person authorized to practice, and used terms and words with the intent to represent that she practices medicine. Date of Action: July 6, 2009

David Harness, RCP, No License, Area of Practice:

Respiratory Care Practice (Casselberry, FL)

Denial of Application for a license to practice Respiratory Care. The Board took its action based on the fact that the Applicant was found guilty of a crime of moral turpitude and lacks good moral character because of his conviction for solicitation for prostitution. Date of Action: September 23, 2009

Shane D. Lloyd, MRT, Applicant, No License

Area of Practice: Medical Radiation Technology (Boonsboro, MD)

Application for certification as a medical radiation technologist is denied. The Board found that the applicant has an

extensive history for crimes involving moral turpitude and vehicular and non-vehicular drug and alcohol related offenses. Date of Action: April 22, 2009

Mina Nazemzadah, No License

Rockville, MD 20852

Cease and desist from unauthorized practice of medicine; fine of \$5,000. The individual practiced medicine without a license in violation of the Medical Practice Act. Date of Action: May 11, 2009

Aghdas Rahmati, No License

Rockville, MD 20852

Cease and desist from unauthorized practice of medicine; fine of \$1,000. The individual practiced medicine without a license in violation of the Medical Practice Act. Date of Action: May 11, 2009

Raquel Rosas, Unlicensed

Adamstown, MD 20710

\$500 fine to be paid within 30 days of the date of the order; and cease and desist from any acts that constitute misrepresenting herself as a practitioner of medicine. Date of Action: August 5, 2009

Christine Shuman, Unlicensed (Washington, DC)

Fine of \$50,000 payable within six months of the date of the Consent Order. The individual practiced medicine without a license and falsely represented that she was authorized to practice medicine. Date of Action: October 19, 2009

Gregory N. Villabona, M.D., No License

(Dover, DE)

Application for licensure to practice medicine is denied. The physician was disciplined in Delaware for acts that would be grounds for disciplinary action in Maryland, that is, immoral and unprofessional conduct in the practice of medicine; the Delaware Board issued orders on September 22, 2003, November 1, 2005, June 7, 2007, and on June 3, 2008. Date of Action: July 28, 2009

ADMINISTRATIVE FINES

Carl I. Margolis, M.D., License #: D15236

Area of Practice: Anatomic Clinical Pathology (Rockville, MD)

Fine of \$3,400; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: June 18, 2009

Ciro A. Montanez, M.D., License #: D14156

Area of Practice: (Largo, MD)

Fine of \$5,000; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: July 8, 2009

Raymond A. Nze, M.D., License #: D34184

Area of Practice: Unspecified (Baltimore, MD)

Fine of \$1,900; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: August 17, 2009

Irene Oung, M.D., License #: D21103

Area of Practice: Pediatrics (Baltimore, MD)

Fine of \$1,400; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on her 2007 renewal application. Date of Action: June 24, 2009

Ravi Passi, M.D., License #: D28656

Area of Practice: Internal Medicine (Rockville, MD)

Administrative fine of \$550; terms. The physician affirmed in his 2007 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: May 13, 2009

Donovan B. Parkes, M.D., License #: D34730

Area of Practice: (Woodstock, MD)

Fine of \$3,750; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: June 18, 2009

Harry G. Randall, II, M.D., License #: D11124

Area of Practice: Ophthalmology (Baltimore, MD)

Fine of \$1,275; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: June 18, 2009

Gordon D. Raphael, M.D., License #: D28918

Area of Practice: Internal Medicine (Bethesda, MD)

Administrative fine of \$650; terms. The physician affirmed in his 2007 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: May 26, 2009

Leslie E. Sanders, M.D., License #: D09878

Area of Practice: Psychiatry (Savannah, GA)

Administrative fine of \$750; terms. The physician affirmed in his renewal application that he had obtained the required CME credit hours when he had not. Date of Action: May 26, 2009

Sameer B. Shammis, M.D., License #: D24138

Area of Practice: Orthopaedic Surgery (Fort Washington, MD)

Fine of \$1,000; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: July 14, 2009

Nahid B. Sobhani, M.D. License #: D21851,

Area of Practice: Plastic Surgery, 87 Thomas Johnson Drive, #101, Frederick, MD 21702

Administrative fine of \$800; terms. The physician affirmed in her 2007 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: May 13, 2009

Judith L. Stiff, M.D., License #: D21452

Area of Practice: Anesthesiology (Baltimore, MD)

Administrative fine of \$100; terms. The physician affirmed in her 2007 renewal application that she had obtained the required CME credit hours when she had not. Date of Action: May 18, 2009

Egberto Toro, M.D., License #: D30468

Area of Practice: Pediatrics (Joppa, MD)

Administrative fine of \$500; terms. The physician affirmed in his 2007 renewal application that he had obtained the required CME credit hours when he had not. Date of Action: June 1, 2009

Quang Ngoc Tu, M.D., License #: D30887

Area of Practice: (Catonsville, MD)

Fine of \$1,375; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: June 18, 2009

Barbara Tymkiw, M.D., License #: D38148

Area of Practice: OB/GYN (Annapolis, MD)

Fine of \$1,200; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on her 2007 renewal. Date of Action: July 14, 2009

Samson G. Vimalananda, M.D.,

License #: D20273

Area of Practice: Psychiatry (Towson, MD)

Fine of \$2,700; terms and conditions. The physician failed to provide documentation of 50 credit hours of Category I CME and signed the certification regarding CME requirements on his 2007 renewal. Date of Action: July 14, 2009

2009 H1N1 Update

Maryland surveillance efforts have determined an increase in influenza activity, starting early September, 2009. Statewide surveillance systems have detected increased visits for influenza-like illness symptoms to both doctor's offices and emergency rooms. With the onset of school, increased school and college outbreaks have been detected. Influenza activity in Maryland has been reported to CDC as widespread. DHMH has initiated surveillance for antiviral resistance, detecting none to date. CDC reports its first documented case of probable transmission of oseltamivir-resistant H1N1 from summer camp youth on oseltamivir chemoprophylaxis. CDC currently reports a nationwide increase in influenza activity, notably in the Southeast region. No increase in 2009 H1N1 influenza severity has been detected, and WHO reports ongoing activity in Southern Hemispheres. See www.dhmd.state.md.us/swineflu and www.marylandfluwatch.org.

2009 H1N1 Vaccination Efforts

As of September 14, Maryland DHMH reports a total of 2,140 pre-registrants for the 2009 H1N1 vaccine. Provider agreements and mechanisms for tracking administered doses will be sent to pre-registrants this month. Final details on insurance reimbursement for vaccine administration are forthcoming. Mechanisms for tracking adverse effects of virus are under development. Passive surveillance for adverse effects will be performed, in part, through provider reporting to the VAERS (Vaccine Adverse Events Reporting) System (www.vaers.hhs.gov). Active surveillance for severe side effects will be performed by CDC, in conjunction with Maryland DHMH. Details on all of the above will be updated on www.dhmd.state.md.us/swineflu.

DHHS has released information on recent clinical trials of monovalent 2009 H1N1 vaccine. A robust immune response was noted in all separate formulations of vaccine reported, among healthy adults, 8-10 days after a single dose of vaccine, suggesting that one dose of vaccine may convey adequate immunity among adults. Adverse events were localized, similar to seasonal influenza vaccine. Clinical trials among children and pregnant women are expected in upcoming weeks. DHMH awaits CDC recommendations regarding vaccine dosing, as this will have important implications for vaccine distribution and for provider vaccination planning. For more information: <http://h1n1.nejm.org/>

Update on 2009 H1N1 Treatment and Prophylaxis Guidelines

CDC has issued updated guidelines on influenza (both seasonal and 2009 H1N1) antiviral treatment and chemoprophylaxis. These guidelines reflect concern regarding the ongoing development of antiviral resistance. Treatment is recommended for all hospitalized patients with confirmed, probable or suspected influenza, and treatment should be empirically initiated on all those with presumptive influenza at higher risk of complications (children <2 years, elderly, pregnant women, and those with chronic medical conditions). Reliance on clinical judgment, rather than laboratory confirmation, is crucial, given the limited availability and the operational delay in laboratory results. Treatment should be initiated within 48 hours of symptom development for optimal response, although antivirals are recommended for all hospitalized patients regardless of symptom duration. Negative rapid antigen influenza tests do not rule out influenza (10-70% sensitivity). http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm. CDC has placed emphasis on early treatment as an alternative to chemoprophylaxis after a suspected exposure in order to minimize widespread antiviral use. See: <http://www.cdc.gov/h1n1flu/recommendations.htm>

DHMH alerts providers to those patients most vulnerable for hospitalization and death. CDC reports highest 2009 H1N1 childhood mortality rates among youth with cerebral palsy and other neurologic/developmental

disorders, as well as those with asthma and diabetes mellitus. Pregnant women are disproportionately vulnerable, especially in the third trimester. Finally, higher mortality rates observed most frequently among adults with diabetes mellitus, chronic pulmonary diseases and other underlying medical conditions. Discussing, in advance, an influenza treatment/management plan with such patients may be of utility.

Maryland DHMH thanks the medical community for its continued partnership during this extraordinary public health event.

Court of Special Appeals Ruling on Supervision of Nurse Anesthetists

Case Note: *State Board of Physicians v. Bernstein*, 167 Md. App. 714 (2006); *Bernstein v. Maryland Board of Physicians*, No. 02217, September Term, 2007.

The Board received a complaint from the son of a woman who had undergone hip replacement surgery and who had emerged from anesthesia with significant neurological deficits. The anesthesia had been provided by a nurse anesthetist who was supervised by an anesthesiologist, Dr. Bernstein. The Board charged Dr. Bernstein with a failure to properly supervise the nurse anesthetist. At the hearing on these charges, there was testimony from two expert witnesses that in an operation this serious on a medically-compromised, 82-year-old woman, the standard of care required that the anesthesiologist perform certain minimum supervisory functions, including (1) either physically examining the patient or personally reviewing the chart and any laboratory data; (2) interacting personally with the patient and explaining the anesthesia options and obtaining informed consent; (3) being present at induction and intubation; and (4) checking the progress of the anesthesia within one hour of intubation. The Board credited this testimony and did not credit the testimony of Dr. Bernstein's two experts, who testified that the only standard for the supervision of a nurse anesthetist was that set out in the Board of Nursing's regulations, and that those regulations placed virtually no requirements on a supervising anesthesiologist. The Board reprimanded Dr. Bernstein for failure to adequately supervise the nurse anesthetist during this hip replacement procedure.

The Circuit Court for Baltimore County reversed the Board's decision, ruling essentially that an anesthesiologist need not supervise a nurse anesthetist at all. Upon further appeal, however, the Court of Special Appeals reversed, ruling that the record supported the Board's decision and that these supervisory requirements must be met. *State Board of Physicians v. Bernstein*, 167 Md. App. 714 (2006). That court remanded the case to the Board for it to decide if it would make the same ruling based on the testimony of only one expert. On remand, in a second decision, the Board made the same ruling, reiterating its finding that the standard of quality care required an anesthesiologist to supervise the nurse anesthetist in these circumstances. In the Matter of Steven Bernstein, M.D., Final Decision and Order on Remand, Case No. 1999-0400 (2006) (available on the Board's website).

Dr. Bernstein appealed to the circuit court again and to the Court of Special Appeals. Both courts affirmed the Board's second decision. According to the Court of Special Appeals' opinion, the Board of Nursing's regulations governing nurse anesthetists do not address the standard of care required

(continued on next page)

Court of Special Appeals Ruling on Supervision of Nurse Anesthetists *(continued from page 5)*

of an anesthesiologist and do not preclude the Board from determining from the facts of each case whether the anesthesiologist provided adequate supervision. *Bernstein v. Maryland Board of Physicians*, No. 02217, September Term, 2007. The Court of Special Appeals thus affirmed the

Board's decision that the standard of quality care requires an anesthesiologist who accepts responsibility for a patient in these circumstances to supervise the nurse anesthetist who is actually providing the anesthesia to the patient.

Physician Errors in Health Care Facilities

Based on its surveying in Maryland health care facilities, the Office of Health Care Quality (OHCQ) has identified several problems with physician practices in these facilities. OHCQ refers issues relating to physician practice to the Board of Physicians (Board) for investigation and possible disciplinary action.

While the details may differ, all of these incidents have a common theme: **a physician should not sign blank forms in the practice of medicine any more than the physician would sign a blank check.** Signing blank forms could lead to misuse or actual fraud, and it could lead to disciplinary actions by the Board.

Assisted Living Facilities: A physician who visits residents in a facility signed blank order forms (no patient names or orders listed). The certified medication technician filled in medication orders and faxed them to the pharmacy independently, without consultation with the physician or delegating nurse. Prescribing medication is the practice of medicine. The certified medication technologist has practiced medicine without a license, a felony under Maryland law and subject to a civil fine up to \$50,000.

However, more importantly to physicians, the Board may construe the physician's actions in signing blank order forms as unprofessional conduct in the practice of medicine as well as practicing medicine with an unauthorized individual. Both of these could subject the physician to disciplinary action by the Board.

Nursing Homes. Similarly, a physician signed a blank *Instructions on Life-Sustaining Treatment Options* form at the time of a patient's admission. This form is used to document the patient's goals of care and instructions about life-sustaining treatment options. Once signed, the form could be completed in the future by an unauthorized individual, with or without input from the patient and/or surrogate. The individual completing the form may have practiced medicine without a license, and the physician's actions could be found to be practicing medicine with an unauthorized person and/or unprofessional conduct in the practice of medicine.

Hospices and Nursing Homes: Physicians have signed blank *Maryland Emergency Medical Services (EMS) Do Not Resuscitate (DNR) and Medical Care Order* forms in bulk. These forms were left

with a social worker, nurse, or administrative person. The act of a physician pre-signing the forms, thus certifying that the physician had discussed end-of-life care options with and obtained informed consent from the patient or surrogate when the physician had not done this, may be construed as filing a false report in the practice of medicine, which are grounds for discipline by the Board. The action of the physician may also be considered unprofessional conduct in the practice of medicine and aiding an unauthorized person (specifically, whomever fills in the blank form) in the practice of medicine.

Nursing Homes: Physicians signed blank *Certification of Medical Condition forms and Certification of Incapacity* forms with no patient's name on the form. The physician's signature on these forms certifies that a patient is in an end-stage condition, persistent vegetative state, or a terminal condition or is incapable of making medical decisions. Once the form has been signed, an unauthorized person could complete the form and use it for any patient. The Board may view certifying that the physician had examined the patient when the physician had not, as sunprofessional conduct and willfully making a false report in the practice of medicine, both grounds for discipline.

Hospitals: A physician signed hospital restraint and seclusion order forms that were otherwise blank. These signed blank forms could be used for the future restraint or seclusion of any patient. The Board may construe pre-signing blank restraint and seclusion forms as unprofessional conduct in the practice of medicine and willfully making a false report in the practice of medicine, grounds for discipline by the Board.

Death Certificates. Generally, a physician is asked to sign a death certificate with the patient's name written on the top tear-off portion of the form. The physician completes the accompanying worksheet for a specified deceased individual. The signed death certificate and completed worksheet are given to the funeral home. However, if a physician signs blank death certificates or uses them in other ways, these signed death certificates can be used for fraudulent purposes. Since completion of death certificates is part of the practice of medicine, the Board could investigate and impose disciplinary sanctions on the physician.

Reminder for Physician Assistants

Practicing without a delegation agreement: In response to recent inquiries, the Board wishes to clarify that in order for a physician to supervise a physician assistant, the physician and the PA must have a Board-approved delegation agreement on file with the Board. If a PA's supervising physician permanently severs the relationship, the delegation agreement is no longer valid.

HO Article, § 15-301(e), Annotated Code of Maryland states "a physician assistant is the agent of the supervising physician in the performance of all practice-related activities, including the oral, written, or electronic ordering of diagnostic, therapeutic, and other medical services." The agreement between the principal (supervising physician) and the agent (the PA) does not survive the death or permanent departure of the principal. A new supervising physician must submit a new delegation agreement for Board approval. Physicians and PAs practicing without a valid delegation agreement may be subject to disciplinary action.

HIV Testing in Maryland

June 2009

John Barlett, MD, Johns Hopkins University School of Medicine

Heather Hauck, MSW, Maryland DHMH AIDS Administration

The Centers for Disease Control and Prevention's (CDC) "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings" published in the September 22, 2006 Morbidity and Mortality Weekly Report (MMWR) recommends that all individuals between the ages of 13–64 should be offered a routine, voluntary HIV test in health care settings, not based on risk.

The HIV epidemic in Maryland is a generalized one with more than 32,000 people diagnosed and reported with HIV/AIDS throughout the state. Maryland is fifth among states/territories in CDC's 2007 estimated AIDS prevalence case rate rankings. Based on the Centers for Disease Control and Prevention (CDC) statistics, the Maryland DHMH AIDS Administration estimates that there are approximately 6,000 - 9,000 people in Maryland who are HIV positive and undiagnosed. Research has indicated that people who are undiagnosed account for 54% of the transmissions of HIV to another person.¹

According to the data from the Maryland DHMH AIDS Administration, the HIV epidemic disproportionately impacts African Americans and men; it impacts individuals in all age ranges. African Americans represent 75 percent of the new cases of HIV. Men account for more than 63 percent of the new cases of HIV. More than 57 percent of new infections occur in individuals who are between the ages of 30 and 49 years old. Approximately 20 percent of the new cases of HIV are found in individuals who are older than 50 years. Heterosexual sex is the primary mode of HIV transmission.

There are two reasons to offer a voluntary HIV test to your patients:

1. People who know they have HIV infection reduce their risk of transmitting HIV to others. The CDC data show that if individuals with HIV but not aware of it, become aware of their status through HIV testing, the rate of transmissions would go down 31%.

2. People with HIV need care. Currently available medications are the biggest advance in treatment of a major disease in the past 50 years. The calculations are that the average 25 year old man with AIDS in 1994 lived to be 28 and in 2009 (25 years later) would live to 64 years! However, we are getting too many people diagnosed late in the disease when they have already had major complications—the average CD4 count at entry to care is 280 cells/ml., meaning most have had HIV for 5-8 years.

People with undiagnosed HIV do not think they are at risk for HIV, and their providers do not think so either. The CDC recommendations to offer a voluntary HIV test to everyone ages of 13 – 64, regardless of risk, in order to increase the number of individuals with HIV who know their status.

Based on all of these factors, the Maryland DHMH AIDS Administration advises healthcare providers to offer an HIV test to all patients over the age of 13 years old as part of their routine care. In an effort to increase HIV testing, the General Assembly made changes to the HIV counseling and testing law in 2008. This law provides the opportunity for routine, voluntary HIV testing by eliminating the need for a separate written consent form in health care settings and by providing more flexibility in the HIV pretest counseling process while still ensuring that the individuals have sufficient information to make informed decisions about an HIV test. For more information on the changes in Maryland law, please contact the Maryland DHMH AIDS Administration at 410-767-5064.

To reduce the spread of HIV in Maryland, the public health system relies on information reported by medical providers, laboratories, and facilities. All physicians must report an individual to DHMH within 48 hours of the diagnosis of HIV/AIDS or of entry into the physician's care. If an obstetrician delivers an infant born to a woman who tested positive for HIV, the obstetrician should report the birth to DHMH within 48 hours of the infant's birth. All reports are on the DHMH 1140 at <http://edcp.org/html/reprtabl.html>.

¹Marks, et al AIDS 2006;20:1447-50

Ordering Respiratory Care Services

According to The Joint Commission (TJC), the Centers for Medicare and Medicaid Services (CMS) requires a physician to direct and order respiratory care services. A supervising physician may delegate the ordering for respiratory care services to a physician assistant as long as ordering respiratory care services is within the supervising physician's scope of practice. However, if the supervising physician delegates the responsibility of ordering respiratory services to a physician assistant, the supervising physician must co-sign the order. Co-signing orders is no longer a requirement for Maryland physician assistants, but the CMS requirement supersedes Maryland law concerning co-signing orders. <http://www.jointcommission.org/NR/rdonlyres/E6D8E36C-DC96-4F87-843B-98E72E7DB49B/0/jconlineOct2809.pdf>

Online Renewals for RCPs Slated for Spring 2010!

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