Scott A. Steinmetz, M.D.
[redacted]

Harbhajan Ajrawat, M.D., Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Scott A. Steinmetz, M.D., License Number: D47463
Case Number: 2225-0165 B

Dear Dr. Ajrawat and Members of Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. §14-403, I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D47463, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board initiated an investigation of my practice and that Panel B issued disciplinary charges against me, on April 28, 2026, under Health Occ. § 14-404(a)(3)(ii) (is guilty of unprofessional conduct in the practice of medicine); Health Occ. § 1-212; and the Board's sexual misconduct regulations, COMAR 10.32.17 *et seq.* Specifically, Panel B alleged that I engaged in sexual harassment at a medical facility. A copy of the charges is attached as Attachment 1. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these disciplinary charges. I acknowledge that for all purposes related to medical licensure in Maryland, the charges will be treated as proven.

I understand that by executing this Letter of Surrender, I am waiving my right to contest the charges in a formal evidentiary hearing at which I would have had the right to be represented by counsel, to confront witnesses, to give testimony, to call witnesses on

my own behalf, and all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Letter of Surrender. I also understand that in the event I apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Health Occ. §§ 1-607, 14-411(b)(2); Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substances Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered unless and until Panel B or its successor grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel B or its successor is not required to grant reinstatement, and, if it does grant reinstatement, Panel B or its successor may impose any terms and conditions Panel B considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that, if I file a petition for reinstatement, I will approach Panel B or its successor in the same position as an individual whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been represented by an attorney of my choice throughout proceedings before Panel B and have consulted with an attorney prior to signing this Letter of Surrender. I understand both the nature of Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature on File

Scott A. Steinmetz, M.D.

NOTARY

STATE OF MD

CITY/COUNTY OF Harford

I HEREBY CERTIFY that on this 1 day of July, 2026 before me, a Notary Public of the City/County aforesaid, personally appeared Scott A. Steinmetz, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was a voluntary act and deed.

AS WITNESS my hand and Notarial seal.

JAMES P. SALAMONE
NOTARY PUBLIC
HARFORD COUNTY, MARYLAND
MY COMMISSION EXPIRES AUGUST 13, 2028

Notary Public

My commission expires: 13 Aug 2028

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 6th day of August, 2026, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Scott A. Steinmetz, M.D.'s license to practice medicine in the State of Maryland.

Signature on File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

Attachment 1

IN THE MATTER OF	*	**BEFORE THE**
SCOTT A. STEINMETZ, M.D.	*	**MARYLAND STATE BOARD**
Respondent	*	**OF PHYSICIANS**
License Number: D47463	*	**Case Number: 2225-0165 B**

* * * * * * * * * * * * *

CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") hereby charges **SCOTT ALAN STEINMETZ, M.D.** (the "Respondent"), license number D47463, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol. & 2025 Supp.).

Panel B charges the Respondent with violating the following statutory and regulatory provisions:

> **Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> ...
>
> (3) Is guilty of:
>
> . . .
>
> (ii) Unprofessional conduct in the practice of medicine[.]

Panel B further charges the Respondent with violating the following provisions of Health Occ. § 1-212:

> (a) *Regulations* - Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:
>
> (1) Prohibit sexual misconduct; and
>
> (2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.
>
> (b) For the purposes of the regulations adopted in accordance with subsection (a) of this section, "sexual misconduct" shall be construed to include, at a minimum, behavior where a health care provider:
>
> (1) Has engaged in sexual behavior with a client or patient in the context of a professional evaluation, treatment, procedure, or other service to the client or patient, regardless of the setting in which professional service is provided;
>
> (2) Has engaged in sexual behavior with a client or patient under the pretense of diagnostic or therapeutic intent or benefit; or
>
> (3) Has engaged in any sexual behavior that would be considered unethical or unprofessional according to the code of ethics, professional standards of conduct, or regulations of the appropriate health occupations board under this article.

The pertinent provisions of the Board's sexual misconduct regulations, COMAR 10.32.17, provide:

> **.01 Scope**
>
> This chapter prohibits sexual misconduct by health care practitioners.
>
> **.02 Definitions**
>
> ...

B. Terms Defined.

...

(4) "Sexual harassment" means an unwelcome sexual advance, request for sexual favor, or other verbal or physical conduct of a sexual nature.

.03 Sexual Misconduct

A. Health care practitioners may not engage in sexual misconduct.

B. Health Occupations Article, §§ 14-404(a)(3) [...] includes, but is not limited to, sexual misconduct.

C. Sexual misconduct includes, but is not limited to:

(1) Engaging in sexual harassment of a patient, key third party, employee, student or coworker regardless of whether the sexual harassment occurs inside or outside of a professional setting [.]

Another relevant regulation includes:

COMAR 10.32.02.16 Ethics.

The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but these principles are not binding on the Board or the disciplinary panels.

The applicable principle contained in the Code of Medical Ethics of the American Medical Association is as follows:

9.1.3 Sexual Harassment in the Practice of Medicine

Sexual harassment can be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Sexual harassment in the practice of medicine is unethical. Sexual harassment exploits inequalities in status and power, abuses the rights and trust of those who are subjected

to such conduct; interferes with an individual's work performance, and may influence or be perceived as influencing professional advancement in a manner unrelated to clinical or academic performance harm professional working relationships, and create an intimidating or hostile work environment; and is likely to jeopardize patient care. Sexual relationships between medical supervisors and trainees are not acceptable, even if consensual. The supervisory role should be eliminated if the parties wish to pursue their relationship.

Physicians should promote and adhere to strict sexual harassment policies in medical workplaces. Physicians who participate in grievance committees should be broadly representative with respect to gender identity or sexual orientation, profession, and employment status, have the power to enforce harassment policies, and be accessible to the persons they are meant to serve.

AMA Principles of Medical Ethics: II, IV, VII

ALLEGATIONS OF FACT[1]

Panel B bases its charges on the following facts that it has cause to believe are true:

I. BACKGROUND INFORMATION

1. At all times relevant to the charges, the Respondent was and is licensed to practice medicine in Maryland. The Respondent was originally licensed to practice medicine in Maryland on June 5, 1995, under License Number D47463. The Respondent's license expires on September 30, 2027, subject to renewal.

2. The Respondent is board-certified in general surgery.

[1] The statements about the Respondent's conduct set forth in this document are intended to provide the Respondent with reasonable notice of the basis for the charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

3. At all times relevant to the charges, the Respondent maintained an office for the practice of medicine in Bel Air, Maryland.

4. At all times relevant to the charges, the Respondent was on the medical staff of a hospital (the "Hospital")[2] in the Baltimore metropolitan area until the Hospital suspended his employment on or around January 23, 2025, and then terminated his employment agreement on February 5, 2025.

II. PRIOR BOARD ACTION

5. The Respondent has prior disciplinary history with the Board.

October 19, 2004, Final Order

6. On October 19, 2004, the Board issued a Final Order under Case Number 2001-0242, in which it found as a matter of law that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care, in violation of H.O. § 14-404(a)(22). The Board reprimanded the Respondent and imposed remedial conditions.[3]

April 23, 2008, Consent Order

7. In 2008, the Board issued disciplinary charges against the Respondent after investigating a complaint that he engaged in inappropriate sexual contact with a female medical technician at a hospital where he had medical staff privileges ("Hospital A").

---

[2] For privacy and confidentiality reasons, the names of health care facilities and individuals referenced herein, will not be disclosed in this document. The Respondent may obtain this information from the administrative prosecutor.

[3] Based on this action, the Pennsylvania State Board of Medicine took disciplinary action which resolved when the Respondent agreed to a voluntary and permanent surrender of his medical license.

8. The Respondent resolved the Board's allegations by entering into a Consent Order with the Board, dated April 23, 2008, under Case Number 2005-0689, in which the Respondent agreed that he engaged in sexual misconduct and other improprieties with two female staff persons while practicing medicine at Hospital A.

9. Pursuant to the Consent Order, the Respondent agreed that his actions constituted immoral conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(i), and unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii).

10. Pursuant to the Consent Order, the Board reprimanded the Respondent and placed him on probation for three years, subject to conditions including successful completion of a tutorial in medical ethics and payment of a civil fine in the amount of ten thousand ($10,000.00) dollars. The Respondent reportedly completed the tutorial in medical ethics on or about November 17, 2008.[4]

September 26, 2012, Advisory Letter

11. On September 26, 2012, the Board issued an Advisory Letter to the Respondent after receiving two complaints and conducting preliminary investigations of the allegations. The Board advised the Respondent that the Board found the allegations concerning since they surfaced following the Respondent's prior discipline and completion of the Board mandated Medical Ethics Course. The Board strongly advised the Respondent to review the Board's sexual misconduct regulations which were

[4] A Board order dated July 3, 2013, stated that the Respondent successfully complied with the probationary terms and conditions imposed by the April 23, 2008, Consent Order.

enclosed with the Advisory Letter.

III. THE REPORTS

12. On or about January 31, 2025, the Board received a Mandated 10-Day Report[5] (the "Report") from the Hospital. The Report stated, among other things, that the Hospital had suspended the Respondent after an allegation of sexual harassment in the operating room (the "Drawers Incident")[6] was corroborated with sufficient information.

13. On or about February 27, 2025, the Board received a second Mandated 10-Day Report (the "Second Report") from the Hospital. The Second Report stated that on February 5, 2025, the Respondent had his medical staff suspension lifted, and his employment agreement was terminated.

14. After reviewing the Reports, the Board conducted an investigation and made determinations as detailed below.

IV. THE BOARD'S INVESTIGATION

15. As part of its investigation, the Board obtained Hospital documentation regarding its internal investigation, conducted under-oath interviews with Hospital personnel,[7] and provided the Respondent with the opportunity to respond to the allegation in writing and in an under-oath interview.

16. The Board's investigation determined that the Respondent regularly made sexual comments, sexual jokes, and sexual gestures when young female health care

---

[5] *See* Md. Code Ann., Health Occ. §§ 14-413, 14-414 (describing Mandated 10-Day Reports generally).
[6] Described *infra* pp. 9-11.
[7] Many of the Hospital personnel are employed by a company (the "Company") that provides all the anesthesia services/providers at the Hospital.

professionals[8] assisted him ("Female Assistants") with patient care, including the following incidents described below.

Internal Hospital Investigation

17. Prior to the Board's investigation, the Hospital's human resources department ("Human Resources") investigated the Drawers Incident.

18. The investigation included but was not limited to a questionnaire completed by health care professionals present during the Drawers Incident, as well as two interviews with the Respondent.

19. On June 13, 2025, the Board conducted an under-oath interview with a former senior-level employee at the Hospital (the "Senior Employee") who participated in the investigation, including two interviews with the Respondent.

20. The Senior Employee explained that once he determined that he "had enough corroboration," to suspend the Respondent medical staff privileges and Human Resources made the final determination to terminate the Respondent's employment.[9]

Board Interviews

21. The Board conducted under-oath interviews with health care professionals who worked with the Respondent, including some of whom were present during the Drawers Incident, and the Respondent. The Board also received text messages that were

[8] The female health care professionals included but were not limited to certified registered nurse anesthesiologists and physician assistants.

[9] The Senior Employee explained that, in addition to the Human Resources investigative process, a medical staffing process started simultaneously, and the Hospital's decision to terminate the Respondent's employment "cascaded" to the termination of the Respondent's privileges at the Hospital.

exchanged during the Drawers Incident.

"Drawers" Incident

22. On or around January 22, 2025, a certified registered nurse anesthetist (the "CRNA")[10] was assigned to the Respondent's operating room. She was preparing a patient (the "Patient") for a laparoscopic cholecystectomy[11] when the Respondent stated to her, "I am going to watch you work."

23. The Respondent proceeded to sit in the chair behind the CRNA, which was typically reserved for the anesthesiologist because it was near the Pyxis machine that stores the medication needed for surgery.

24. Based on the Respondent's positioning behind the CRNA and between the CRNA and the Pyxis machine, the CRNA turned around to face the Respondent and stated, "If you're going to sit there, if you're going to be in my space, then you need to help me. You need to reach in the drawer and get my medications or get my syringes," or words to that effect.

25. When the CRNA turned back towards the Patient, the CRNA felt:

> "[T]he presence of him getting very close to my back pocket or back of my pants, with his hands. I cannot be sure if he actually touched me or if I really just felt like he was pantomiming. I felt his presence very close and I was startled."

And the Respondent stated, "I'm just checking your drawers, like you said."

26. When the CRNA questioned the Respondent, the Respondent stated, "Oh,

[10] She received her CRNA license in 2023 and is currently employed by an anesthesia group (the "Company"). Her position as a CRNA at the Hospital was her first job assignment in this field.
[11] A laparoscopic cholecystectomy is the removal of a patient's gallbladder.

you told me to check your drawers," and laughed. It became obvious to the CRNA that the Respondent was making a joke of the play on words of the word "drawers,"[12] and he thought it was funny. She was very startled, flustered and felt her hands shaking.

27. A physician assistant (the "Physician Assistant") in the room was alerted to the Drawers Incident when the CRNA become upset and verbally responded to the Respondent.

28. During this interaction, the Patient was awake, was observed looking around and asked if everything was okay. The CRNA continued to care for the Patient but could feel herself "getting red" and "very teary." The Respondent, among other things, continued to repeatedly state that he was "just checking her drawers" and laugh.

29. Because the CRNA felt herself getting more upset, she sent text messages to arrange for another CRNA (the "Relief CRNA") to relieve her for the remainder of the procedure. Upon leaving the operating room, she stated she was "a little hysterical" and started "angry crying."[13] She immediately reported the Drawers Incident to a supervisor, the assistant chief anesthesiologist at the Hospital.

30. When the Respondent later encountered the CRNA in the break room, he apologized to her and said he was "just joking." The CRNA stated to the Respondent that she was not comfortable working with him in the surgery room in the future but did appreciate his apology.

---

[12] "Drawers" (often pronounced "draws") is slang for underpants or underwear, specifically referring to loose-fitting or long undergarments worn on the lower body. While considered old-fashioned or regional, it remains common slang in various dialects.

[13] The Physician Assistant stated that the CRNA appeared, "shaken, very shaken" in the anesthesia office.

31. The CRNA called the Physician Assistant a few days after the Drawers Incident and was still "very upset." The CRNA stated that she "felt it was unfair to come to work and feel like she couldn't perform her job safely, and that she felt like it was maybe wrong to report something from somebody who's been in the [operating room] for so long…[.]"

Pantomimed Oral Sex

32. On multiple occasions, Female Assistants needed to climb under a draped patient and be on their knees to fix medical equipment.[14]

33. Multiple witnesses recounted that when this occurred, the Respondent "pantomime[d] to the room that the female assistants were giving him oral sex" or asked the Female Assistant to touch closer to where he was and around his waist area.

Orgasm Sounds

34. On one occasion, the CRNA scratched the Respondent's back at his request prior to tying up his gown[15] and the Respondent responded by "making orgasm sounds."

Sexual Jokes/Comments Regarding Patients

35. Health care professionals reported that the Respondent would make sexual jokes/comments about sexual body parts of anesthetized patients.

Unconsented Touching

36. The Chief CRNA stated under oath that several years ago, at a Company holiday party, the Respondent appeared "inebriated" and she observed him trying to

[14] Witnesses specifically mentioned an intravenous (IV) drip/line and electrocardiogram (EKG) stickers.
[15] The Physician Assistant stated to the Board that assistance with tying gowns is a customary practice.

touch a pregnant CRNA's abdomen after the pregnant CRNA told him not to, and the Respondent was threatening to touch her more effectively.

37. She reported the incident to other senior-level employees at the Company and they agreed that the Respondent's behavior was inappropriate. The Respondent was no longer invited to Company holiday parties.

Sexually Charged Operating Room

38. The Chief CRNA explained that she, among other things, is the clinical coordinator for student nurse anesthesiologists at the Hospital and the Respondent stated to her on multiple occasions that "only young, attractive female students were allowed on his cases." [16]

39. Based on reports that the Respondent made inappropriate jokes and comments of a sexual nature when Female Assistants were in his operating room, the Chief CRNA did not allow students to work in the Respondent's operating room.

40. When the Chief CRNA discussed this decision with the Respondent, she explained that "it's not a good learning environment and you're inappropriate" and stated that the Respondent's response was "playful," like it was a joke.

The Respondent's Interview

41. On or around December 5, 2025, the Board conducted an under-oath interview with the Respondent. The Respondent stated, among other things, that:

a. During the Drawers Incident, the CNRA asked him, "Can you get the

[16] The Physician Assistant also stated to the Board that the Respondent made this statement or statements to that effect.

lidocaine out of my drawers?"

b. He had never gone into the "anesthesia drawers" and reached into the CRNA's back pants pocket of her scrubs.

c. The CRNA was "oblivious that 'drawers' could mean pants" and there was "joking" and "laughing" during the Drawers Incident.

d. If an employee is distracted or feels threatened or harassed in the operating room, a complication could arise that impacts patient care

IV. GROUNDS FOR DISCIPLINE

The Respondent's actions, as set forth above, constitute, in whole or in part, unprofessional conduct in the practice of medicine, a violation of Health Occ. § 14-404(a)(3)(ii) and a violation of a Board sexual misconduct regulation, specifically COMAR 10.32.17.03(C)(1), a violation of Health Occ. § 1-212.

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a disciplinary panel of the Board finds that there are grounds for action under Health Occ. § 14-404(a)(3)(ii), Health Occ. § 1-212, and/or COMAR 10.32.17.03(C)(1), it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's regulations under COMAR 10.32.02.10, including revocation, suspension, or reprimand, and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION CONFERENCE

The Respondent may appear before Disciplinary Panel B, serving as the Disciplinary Committee for Case Resolution ("DCCR") in this matter, on **Wednesday,**

June 24, 2026, at 9:00 a.m. at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent. If this matter is not resolved before the DCCR, a prehearing conference and hearing will be scheduled before an Administrative Law Judge at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, Maryland 21031. The hearing will be conducted in accordance with the Administrative Procedure Act, Md. Code Ann., State Gov't §§ 10-201 *et seq*. (2021 Repl. Vol. & 2025 Supp.).

ANTHONY G. BROWN
ATTORNEY GENERAL OF MARYLAND

4/28/26
Date

Katherine Vehar-Kenyon | aw

Katherine Vehar-Kenyon, Assistant Attorney General
Administrative Prosecutor
Maryland Office of the Attorney General
Health Occupations Prosecution & Litigation Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21201
(410) 767-1874
katherine.veharkenyon@maryland.gov